

.....  
Sender's surgery address and telephone number

Dear Doctor

The bearer of this letter has had sexual contact with someone diagnosed with the following sexually transmitted infection(s):

- Chlamydia
- Gonorrhoea
- Lymphogranuloma venereum (LGV)
- Mycoplasma Genitalium
- Syphilis
- Trichomoniasis
- Genital herpes
- Chancroid
- Donovanosis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV
- Tuberculosis
- Other, specify .....

Or, the following syndrome(s):

- Pelvic Inflammatory Disease (PID)
- Epididymitis

Guidelines recommend that contacts of confirmed cases should be **examined** and **investigated** for sexually transmitted infections and receive **treatment** if required for the infection(s) indicated above.

If the test results come back positive, please notify the infection (if required) and ensure that contact tracing is undertaken.

See the contact tracing guidelines on the Silver Book for further information:  
<http://ww2.health.wa.gov.au/Silver-book/Contact-tracing-managing-sex-partners>

Yours sincerely

Doctor

**PLEASE COMPLETE THIS SLIP AND SEND or FAX TO THE ADDRESS AT THE TOP OF THIS LETTER**

.....  
Respondent's surgery address and telephone number

Dear Doctor

I have examined and tested the contact of your patient for.....

They have received the following treatment.....

Yours sincerely

Doctor