



**SACRAMENTO COUNTY
PUBLIC HEALTH LABORATORY**

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California Public Health Laboratory # 1188

CLIA # 05D0644185

Medicare # 55L0008561 NPI # 1992876692

Lab Order Bar Code or Label

Submitter		Patient Name (Last, First, M.I.)		Sex/Gender	Payment Source
<input type="checkbox"/> Chest Clinic	<input type="checkbox"/> Juvenile Hall	Patient Address (Street, City, State, Zip, County)		Pregnancy Status Yes / No	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Clara's House	<input type="checkbox"/> Main Jail				<input type="checkbox"/> Medicare
<input type="checkbox"/> Coroner	<input type="checkbox"/> RCCC				<input type="checkbox"/> Family PACT
<input type="checkbox"/> Disease Control	<input type="checkbox"/> STD Clinic				Race
<input type="checkbox"/> Other:	<input type="checkbox"/> VA Hospital				
Submitter Name and Address		Date of Birth	Medical Record #		
		Patient Phone #	Ethnicity		
			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Alaska Native	
			<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian	
				<input type="checkbox"/> Asian	
				<input type="checkbox"/> Black or African American	
				<input type="checkbox"/> Hawaiian Native	
				<input type="checkbox"/> Pacific Islander	
				<input type="checkbox"/> White	
				<input type="checkbox"/> Other Race	
Submitter Secure Fax	Submitter Phone	Authorizing Provider Name /Signature		Insurance / HAP #	

Additional Information

FOR LABORATORY USE ONLY

SPECIMENS MUST BE LABELED WITH PATIENT'S NAME AND MEDICAL RECORD # OR DOB, AND DATE COLLECTED. Please attach a separate form for each submitted specimen. Multiple tests for an individual specimen may be selected on one form.

Date & Time Specimen(s) Collected	Specimen Source(s):	<input type="checkbox"/> Urine	<input type="checkbox"/> Blood	<input type="checkbox"/> CSF	<input type="checkbox"/> Stool	<input type="checkbox"/> Vagina	<input type="checkbox"/> Cervix	<input type="checkbox"/> Rectal
		<input type="checkbox"/> Sputum	<input type="checkbox"/> Throat	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Nasal-Midturbinat	<input type="checkbox"/> Urethra	<input type="checkbox"/> Penis	
	Wound (specify type and site)			Other (specify type and site)				

MYCOBACTERIOLOGY (AFB)		VIROLOGY PCR	
<input type="checkbox"/> Acid Fast Culture & Smear (Mycobacteriology)		<input type="checkbox"/> Adenovirus/ human Metapneumovirus/Rhinovirus PCR	
<input type="checkbox"/> M.tuberculosis PCR with Smear and Culture		<input type="checkbox"/> Hepatitis C (HCV) Viral Load	
<input type="checkbox"/> QuantiFERON®		<input type="checkbox"/> HIV Viral Load	
BACTERIOLOGY		<input type="checkbox"/> Influenza A/ B/Respiratory Syncytial Virus PCR (reflex Influenza subtyping)	
<input type="checkbox"/> Autoclave Sterilization Verification		<input type="checkbox"/> Influenza virus PCR (reflex Influenza subtyping)	
<input type="checkbox"/> Chlamydia/Gonorrhea Nucleic Acid Amplification Test		<input type="checkbox"/> Measles PCR	
<input type="checkbox"/> Clearance: specify enteric pathogen: _____		<input type="checkbox"/> Mumps PCR	
<input type="checkbox"/> Enteric Screen: Salmonella/Shigella/E.coli O157/Shiga Toxin		<input type="checkbox"/> Non-Variola Orthopox / Orthopox PCR (MPox Virus)	
<input type="checkbox"/> Gonorrhea Culture Screen		<input type="checkbox"/> Norovirus PCR	
<input type="checkbox"/> Miscellaneous source culture (genital, wound, ear, eye, etc)		<input type="checkbox"/> Parainfluenza PCR (HPIV-1,HPIV-2,HPIV-3,HPIV-4)	
<input type="checkbox"/> Shiga Toxin Test ONLY		<input type="checkbox"/> SARS-CoV-2 PCR	
<input type="checkbox"/> Sputum Comprehensive Bacterial Culture		<input type="checkbox"/> Trichomonas Vaginalis	
<input type="checkbox"/> Streptococcus Group A Screen (silica gel beads)		<input type="checkbox"/> Varicella-Zoster Virus PCR (fresh exudate / scab)	
<input type="checkbox"/> Urine Culture (midstream) NOTE: AST not performed at SCPHL		SEROLOGY	
PARASITOLOGY		<input type="checkbox"/> HIV Antibody Screen & Confirmation (serum/plasma)	
<input type="checkbox"/> Malaria & other blood parasites		<input type="checkbox"/> RPR Syphilis Screening (reflex to TPPA for confirmation)	
<input type="checkbox"/> Ova & Parasite Screen (stool)		<input type="checkbox"/> West Nile Virus Antibody Screen & Confirmation	
<input type="checkbox"/> Parasitic Arthropod/Worm Identification		PUBLIC HEALTH	
MYCOLOGY		<input type="checkbox"/> Title 17 Submission (specify organism: _____)	
<input type="checkbox"/> Fungal /Yeast Culture & ID (specify: _____)		<input type="checkbox"/> Culture for Identification/ Rule-out (Attach copy of your worksheet)	
Specimen collection instructions are on the back of this form. Unlabeled or improperly collected samples will be rejected		<input type="checkbox"/> SPECIAL REQUESTS: Contact laboratory prior to submission	
		Please provide brief but complete case history below	

SPECIMEN COLLECTION GUIDELINES

TEST	SPECIMEN SOURCE	COLLECTION DEVICE	MAXIMUM SPECIMEN STABILITY	SPECIAL NOTES
MYCOBACTERIOLOGY (AFB)				
Acid Fast Culture/Smear	Any source	Sterile Container	Refrigerate - DO NOT FREEZE	Blood, Bone Marrow, CSF, store at room temperature
M. tuberculosis PCR (GeneXpert®) with Smear and Culture	3 ml minimum volume Sputum, bronchial or tracheal aspirates (0.5 ml minimum volume for decontaminated specimens)	Sterile plastic container	Store @ 2° to 8°C until transported or processed	Transport specimen to Laboratory as soon as possible
QuantiFERON®	Whole blood - DO NOT spin, refrigerate or freeze	Celtestis tubes supplied by lab - fill tubes to black line	Stable @ room temp <16 hours	Lab MUST receive specimen within 16 hours of collection.
BACTERIOLOGY				
Autoclave Sterilization Verification	Autoclaved Spore Ampule	Spore Ampule	Store @ 2° to 8° until use	Unautoclaved ampule from same lot should also be submitted for control
Chlamydia/Gonorrhea Nucleic Acid Amplification Test	First 20 mls urine stream; throat, rectal, penile, vaginal swab	Aptima Urine Specimen Collection Tube, Aptima Multitest Swab Specimen Collection Kit	30 days @ RT°C in Aptima tube	
Clearance: Salmonella/Shigella/STEC	Stool	Enteric Collection Kit	72 hr. max @ room temp	
Enteric Screen: Salm/Shig/E. coli 0157:H7/Shigatoxin	Stool	Enteric Collection Kit	72 hr. max @ room temp	
Gonorrhea Culture Screen	Genital/Oral/Rectal	Martin-Lewis GC plate, CO ₂	72 hr @ 35°C plus CO ₂ , swabs submitted within 6 hr	Required for medical-legal, oral and rectal specimens
Miscellaneous Source Culture	Genital, wound, eye, ear, etc	Amies Charcoal Swab	72 hr. @ room temp	
Shiga Toxin Test ONLY	Positive Broth	GN or MAC broth	24 hr @ 36°C, 4 days @ 4°C	
Sputum (comprehensive culture)	Deep Sputum	Sterile Container	72 hr. @ 4°C	Specimen screened for acceptability
Strep. Group A culture screen	Throat	Desiccant Tube (silica gel beads)	7 days at room temp.	
Urine Culture	Midstream urine	Sterile Container	24 hr. @ 4°C	Midstream catch
PARASITOLOGY				
Malaria & Blood Parasite Smear	Blood	Dried thin & thick smears or EDTA blood tube	EDTA blood must be received within one (1) hour	Call Laboratory for special instructions
Ova & Parasite Screen	Stool	O & P collection kit	Stable @ room temp	
Parasite Arthropod ID	Arthropod	Clean container	Stable @ room temp	
Pinworm	Perianal area	Paddle Collection Slide	Stable @ room temp	
Trichomonas Vaginalis	Vaginal Swab	Aptima Multitest Swab Specimen Collection Kit	30 days @ room temp in Aptima tube	
Worm Identification	Any source	Sterile saline - NOT FORMALIN	Stable @ room temp	Call Laboratory for special instructions
VIROLOGY /IMMUNOLOGY				
Adv/hMPV/RV	NP	Viral Transport Media	48 hours at 4°C	
Hepatitis C (HCV) Viral Load	Serum	Serum Separator Tube	6 hours @ room temp	Centrifuge within 6 hrs of collection
	Plasma	Tubes containing EDTA or ACD	6 hours @ room temp	Centrifuge within 6 hrs of collection
HIV Viral Load	Plasma	Tubes containing EDTA or ACD	24 hours @ room temp	Centrifuge within 24 hrs of collection
Flu A/B/RSV PCR	NP	Viral Transport Media	48 hours at 4°C	
HIV Antibody Screen	Blood	Serum separator tube	Allow to clot and refrigerate.	
Influenza virus PCR	Nasal aspirates / washes / NP and throat swabs	Viral Transport Media	48 hours at 4°C	Freeze specimens if transport will be delayed beyond 48 hours
Measles virus PCR	NP and Throat swabs / Urine	Viral Transport Media	48 hours at 4°C	Call Laboratory prior to submission
Norovirus PCR	Stool, Vomit	Sterile container	Refrigerate - DO NOT FREEZE	Call Laboratory for special instructions
Parainfluenza PCR	NP	Viral Transport Media	48 hours at 4°C	
RPR (Syphilis Screen)	Blood	Serum separator tube	Allow to clot and refrigerate	
TP-PA (confirm Reactive RPRs)	Blood	Serum separator tube	Allow to clot and refrigerate	
Varicella-Zoster PCR	Serous exudates from lesion or vesicular fluid	Microscope slide or swab in viral transport medium	Transport to lab within 12 hrs of collection for culture	Vesicle swab or scab
West Nile Virus Screen	Blood and CSF	Serum separator tube / sterile tube	Blood: 5 days @ 4°C CSF frozen @ -20°C	Allow to clot before refrigeration
SARS-CoV-2 PCR	NP, OP, or nasal swabs	Viral Transport Media	48 hours at 4°C	Freeze specimens if transport will be delayed beyond 48 hours
MYCOLOGY				
Fungus Culture	Skin, Hair, Nail	Sterile container	Stable @ room temp	
PUBLIC HEALTH				
Title 17 and Cultures for ID	Pure culture isolates (Exception-tightly sealed Shiga toxin + broths)	Solid tubed nutrient media such as nutrient agar or chocolate slant-tightly sealed and parafilmed		Call Laboratory for special instructions