



**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	Race			<input type="checkbox"/> Family PACT	
<input type="checkbox"/> Disease Control	<input type="checkbox"/> STD Clinic				<input type="checkbox"/> Alaska Native	Other payment source
<input type="checkbox"/> Other:	<input type="checkbox"/> VA Hospital	<input type="checkbox"/> American Indian	Primary Diagnosis Code			
Submitter Name and Address		Date of Birth		Medical Record #	Secondary Diagnosis Code	
Submitter Phone #		Ethnicity		Insurance / HAP #		
Submitter Secure Fax		Authorizing Provider Name /Signature				
				<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	
				<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hawaiian Native	
				<input type="checkbox"/> Pacific Islander		
				<input type="checkbox"/> White		
				<input type="checkbox"/> Other Race		

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

Specimen collection instructions are on the back of this form. Unlabeled or improperly collected samples will be rejected