

**SACRAMENTO COUNTY****PUBLIC HEALTH LABORATORY**

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Director: Mark W. Pandori PhD HCLD (ABB)

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
Chest Clinic	Juvenile Hall					
Clara's House	Main Jail	Patient Address (Street, City, State, Zip, County)			Pregnancy Status	Yes No
Coroner	RCCC					
Disease Control	STD Clinic				Race	
Other	VA Hospital				Alaskan Native	
Submitter Name and Address		Date of Birth	Medical Record #		Asian	
		Patient Phone #	Ethnicity		Black or African American	
			Hispanic or Latino		Hawaiian Native	
			Not Hispanic or Latino		Native American	
Submitter Secure Fax	Submitter Phone	Authorizing Provider Name /Signature			Pacific Islander	
					White	
					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):	Blood	Cervix	CSF	Nasal-Midturbinate	Nasopharyngeal	Penis	Rectal
		Stool	Sputum	Throat	Urethra	Urine	Vagina	
		Wound (specify type and site)			Other (specify type and site)			

MYCOBACTERIOLOGY (AFB)**MOLECULAR TESTING, NON-BACTERIAL**

Acid Fast Culture & Smear (Mycobacteriology)

Adenovirus/ human Metapneumovirus/Rhinovirus PCR

M.tuberculosis PCR with Smear and Culture

HIV Viral Load

QuantiFERON®

Influenza A/B/RSV/SARS-CoV-2 Four-plex (order this even if you want just one agent)

BACTERIOLOGY

Autoclave Sterilization Verification

Influenza virus PCR (reflex Influenza subtyping)

Chlamydia/Gonorrhea Nucleic Acid Amplification Test

Measles PCR

Clearance: specify enteric pathogen: _____

Mumps PCR

Enteric Screen: Salmonella/Shigella/E.coli O157/Shiga Toxin

Non-Variola Orthopox / Orthopox PCR (MPox Virus)

Gonorrhea Culture Screen

Norovirus PCR

Miscellaneous source culture (genital, wound, ear, eye, etc)

Parainfluenza PCR (HPIV-1,HPIV-2,HPIV-3,HPIV-4)

Shiga Toxin Test **ONLY**

Trichomonas Vaginalis

Sputum Comprehensive Bacterial Culture

SEROLOGYStreptococcus Group A Screen (**Silica Gel Beads**)

HIV Antibody Screen & Confirmation (serum/plasma)

Urine Culture (**Midstream**) NOTE: AST not performed at SCPHL

RPR Syphilis Screening (reflex to TPPA for confirmation)

PARASITOLOGY

West Nile Virus Antibody Screen & Confirmation

Malaria & other blood parasites

TITLE 17 / CULTURE FOR ID

Ova & Parasite Screen (stool)

Title 17 Submission (specify organism: _____)

Parasitic Arthropod/Worm Identification

Culture for Identification/ Rule-out (*Attach copy of your worksheet*)**MYCOLOGY****SPECIAL REQUESTS: Contact laboratory prior to submission**

Fungal /Yeast Culture & ID (specify: _____)

*Please provide brief but complete case history below***Specimen collection instructions are on the back of this form.
Unlabeled or improperly collected samples will be rejected**