

 <b>SACRAMENTO COUNTY</b> <b>PUBLIC HEALTH LABORATORY</b> 4600 Broadway, Suite 2300, Sacramento, CA. 95820 Phone: (916) 874-9231 Fax: (916) 854-8941		Director: Mark W. Pandori PhD HCLD (ABB) California Public Health Laboratory # 1188 CLIA # 05D0644185 Medicare # 55L0008561 NPI # 1992876692		Lab Order Bar Code or Label																								
<b>Submitter</b> Chest Clinic      Juvenile Hall Clara's House      Main Jail Coroner      RCCC Disease Control      STD Clinic Other      VA Hospital		<b>Patient Name (Last, First, M.I.)</b>  <b>Patient Address (Street, City, State, Zip, County)</b>   		<b>Sex/Gender</b>  <b>Pregnancy Status</b> Yes      No																								
<b>Submitter Name and Address</b>  		<b>Date of Birth</b>  <b>Medical Record #</b>  		<b>Race</b> Alaskan Native Asian Black or African American Hawaiian Native Native American Pacific Islander White Other Race																								
				<b>Payment Source</b> Medi-Cal Medicare Family PACT Other payment source																								
<b>Submitter Secure Fax</b>  		<b>Submitter Phone</b>  		<b>Insurance / HAP #</b>  																								
				<b>Other Race</b>																								
<b>Additional Information</b>  																												
<b>FOR LABORATORY USE ONLY</b>  																												
<b>SPECIMENS MUST BE LABELED WITH PATIENT'S NAME <u>AND</u> MEDICAL RECORD # OR DOB, <u>AND</u> DATE COLLECTED.</b>				<b>Please attach a separate form for each submitted specimen. Multiple tests for an individual specimen may be selected on one form.</b>																								
<b>Date &amp; Time Specimen(s) Collected</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:15%;"><b>Specimen Source(s):</b></td> <td style="width:15%;">Blood</td> <td style="width:15%;">Cervix</td> <td style="width:15%;">CSF</td> <td style="width:15%;">Nasal-Midturbinat</td> <td style="width:15%;">Nasopharyngeal</td> <td style="width:15%;">Penis</td> <td style="width:15%;">Rectal</td> </tr> <tr> <td>Stool</td> <td>Sputum</td> <td>Throat</td> <td>Urethra</td> <td>Urine</td> <td>Vagina</td> <td></td> </tr> <tr> <td colspan="4">Wound (specify type and site)</td> <td colspan="4">Other (specify type and site)</td> </tr> </table>				<b>Specimen Source(s):</b>	Blood	Cervix	CSF	Nasal-Midturbinat	Nasopharyngeal	Penis	Rectal	Stool	Sputum	Throat	Urethra	Urine	Vagina		Wound (specify type and site)				Other (specify type and site)			
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<b>MYCOBACTERIOLOGY (AFB)</b> Acid Fast Culture & Smear (Mycobacteriology) M.tuberculosis PCR with Smear and Culture QuantiFERON®			<b>MOLECULAR TESTING, NON-BACTERIAL</b> Adenovirus/ human Metapneumovirus/Rhinovirus PCR HIV Viral Load Influenza A/B/RSV/SARS-CoV-2 Four-plex (order this even if you want just one agent) Influenza virus PCR (reflex Influenza subtyping) Measles PCR Mumps PCR Non-Variola Orthopox / Orthopox PCR (MPox Virus) Norovirus PCR Parainfluenza PCR (HPIV-1,HPIV-2,HPIV-3,HPIV-4) Trichomonas Vaginalis																									
<b>BACTERIOLOGY</b> Autoclave Sterilization Verification Chlamydia/Gonorrhea Nucleic Acid Amplification Test Clearance: specify enteric pathogen: _____ Enteric Screen: Salmonella/Shigella/E.coli O157/Shiga Toxin Gonorrhea Culture Screen Miscellaneous source culture (genital, wound, ear, eye, etc) Shiga Toxin Test <b>ONLY</b> Sputum Comprehensive Bacterial Culture Streptococcus Group A Screen ( <b>Silica Gel Beads</b> ) Urine Culture ( <b>Midstream</b> ) NOTE: AST not performed at SCPHL			<b>SEROLOGY</b> HIV Antibody Screen & Confirmation (serum/plasma) RPR Syphilis Screening (reflex to TPPA for confirmation) West Nile Virus Antibody Screen & Confirmation																									
<b>PARASITOLOGY</b> Malaria & other blood parasites Ova & Parasite Screen (stool) Parasitic Arthropod/Worm Identification			<b>TITLE 17 / CULTURE FOR ID</b> Title 17 Submission (specify organism: _____) Culture for Identification/ Rule-out ( <i>Attach copy of your worksheet</i> ) <b>SPECIAL REQUESTS: Contact laboratory prior to submission</b> <i>Please provide brief but complete case history below</i>																									
<b>MYCOLOGY</b> Fungal /Yeast Culture & ID (specify: _____)																												
<b>Specimen collection instructions are on the back of this form. Unlabeled or improperly collected samples will be rejected</b>																												