

**SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY**

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California Public Health Laboratory # 1188

CLIA # 05D0644185

Medicare # 55L0008561

NPI # 1992876692

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 Address		Date of Birth	Medical Record #		
		Patient Phone #	Ethnicity		
				<input type="checkbox"/> Alaska Native	Primary Diagnosis Code
				<input type="checkbox"/> American Indian	Secondary Diagnosis Code
				<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	Insurance / HAP #
				<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 (1st 20ml) for CT/GC	<input type="checkbox"/> Urine (midstream) for C&S	<input type="checkbox"/> Blood	<input type="checkbox"/> Stool	<input type="checkbox"/> Rectal	
		<input type="checkbox"/> Sputum	<input type="checkbox"/> Throat	<input type="checkbox"/> Nasopharyngea	<input type="checkbox"/> Vagina	<input type="checkbox"/> Cervix	<input type="checkbox"/> Urethra
		Wound (specify type and site)			Other (specify type and site)		

MYCOBACTERIOLOGY (AFB)

Acid Fast Culture & Smear (Mycobacteriology)

M.tuberculosis PCR (GeneXpert®) with Smear and Culture

QuantiFERON®

BACTERIOLOGY

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 **ONLY**

Sputum (comprehensive bacterial culture & Gram Stain)

Streptococcus Group A Screen (silica gel beads)

Urine Culture (midstream)

PARASITOLOGY

Malaria & other blood parasites

Ova & Parasite Screen (stool)

Parasitic Arthropod/Worm Identification

Pinworm (Paddle Collection Slide)

VIROLOGY / IMMUNOLOGY

Darkfield Fresh Exudate - Syphilis Detection

HIV Antibody Screen & Confirmation (serum/plasma)

Influenza virus PCR w/ subtyping

Measles PCR

Norovirus PCR

Respiratory Virus Antigen Screen by DFA

RPR (Syphilis Screen) (serum)

TP-PA (Confirmation for Reactive RPRs) (serum)

Varicella-Zoster Virus DFA

Varicella-Zoster Virus PCR (fresh exudate / scab)

Viral Isolation / Detection **Sent to State** (specify: _____)

West Nile Virus Antibody Screen & Confirmation (serum)

Zika virus PCR (Includes Dengue and Chikungunya)

MYCOLOGY

Fungal /Yeast Culture & ID (specify: _____)

PUBLIC HEALTH

Title 17 Submission (specify organism: _____)

Culture for Identification/ Rule-out (Attach copy of your worksheet)

SPECIAL REQUESTS: Contact laboratory prior to submission

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