



SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY

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CLIA # 05D0644185

LABORATORY REFERENCE SERVICES SUBMISSION FORM

MYCOBACTERIOLOGY – MYCOLOGY – GENERAL BACTERIOLOGY – MALARIA –VIROLOGY

Patient Information:

Last Name _____ First Name _____ M.I. _____ DOB ____ / ____ / ____ Sex _____

Street Address _____ City _____ Zip Code _____

County _____ Phone _____ Medical Record # _____ Occupation _____

Date of Onset ____ / ____ / ____ Race _____ Ethnicity Hispanic or Latino Not Hispanic nor Latino n/a

Pregnancy Status Yes No Unknown Not Applicable

Significant Clinical or Travel History _____

Submitting Agency/Laboratory Information

Submitter Name _____

Address _____

Phone _____ Fax _____

Attending Physician Information: (Mandatory)

Name _____

Address _____

County _____ Phone _____

Specimen Information:

Submitter's Specimen Identification# _____ Specimen Source _____ Date collected ____ / ____ / ____
Required

Service Requested _____

Submitter's Identification _____ (Attach copy of your worksheet)

Significant Findings _____

_____ (Use reverse for additional space)

Reason for Submission:

- Required by Title 17** – (Primary *Mycobacterium tuberculosis* isolates, multi-drug resistant *M. tuberculosis* isolates, *Salmonella sp.*, *Shigella sp* Isolates, Organism or Specimens listed Section 2505 subsection (l) (m1-3) and blood film slides with malarial parasites)
- Select Agent Identification or Rule-Out** (Anthrax, Brucella, Tularemia, Plague, etc.)
- New or Emerging Pathogen Screening** (Prior approval from Health Officer or Lab Supervisor required)
- Reference Services:** (Culture for Identification, serotyping, drug susceptibilities, etc).

Please refer to fee schedule for service cost. Please note that any isolates/specimens forwarded through this laboratory to other reference laboratories for service will be charged a handling fee.

Note:

Positive findings of Reportable Conditions covered by Title 17 are reported to the local Health Officer of the jurisdiction where the patient resides.