



**SACRAMENTO COUNTY**

**PUBLIC HEALTH LABORATORY**

4600 Broadway, Suite 2300, Sacramento, CA. 95820

Phone: (916) 874-9231 Fax: (916) 854-8941

Dr. Anthony H. Gonzalez, PhD, HCLD (ABB), Director

California Public Health Laboratory # 1188

CLIA # 05D0644185

Medicare # 55L0008561

NPI # 1992876692

Lab Order Bar Code or Label

<b>Submitter</b>		<b>Patient Name (Last, First, M.I.)</b>		Sex/Gender	<b>Payment Source</b>	
<input type="checkbox"/> Chest Clinic	<input type="checkbox"/> Juvenile Hall	<b>Patient Address</b> (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			<b>Race</b>		Other payment source
<input type="checkbox"/> Other:	<input type="checkbox"/> VA Hospital			<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <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 <input type="checkbox"/> Other Race		Primary Diagnosis Code
<b>Submitter Name and Address</b>		<b>Date of Birth</b>	<b>Medical Record #</b>			Secondary Diagnosis Code
		<b>Patient Phone #</b>	<b>Ethnicity</b>			Insurance / HAP #
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
<b>Submitter Secure Fax</b>	<b>Submitter Phone</b>	<b>Authorizing Provider Name /Signature</b>				

**Additional Information**

**FOR LABORATORY USE ONLY**

<b>SPECIMENS MUST BE LABELED WITH PATIENT'S NAME AND MEDICAL RECORD # OR DOB, AND 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>	<b>Specimen Source(s):</b>	<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-Midturbinare <input type="checkbox"/> Urethra <input type="checkbox"/> Penis	
	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**) NOTE: AST not performed at SCPHL

**PARASITOLOGY**

Malaria & other blood parasites

Ova & Parasite Screen (stool)

Parasitic Arthropod/Worm Identification

**VIROLOGY PCR**

Adenovirus/ human Metapneumovirus/Rhinovirus PCR

Influenza A/ B/Respiratory Syncytial Virus PCR (reflex Influenza subtyping)

Influenza virus PCR (reflex Influenza subtyping)

Measles PCR

Norovirus PCR

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

SARS-CoV-2 PCR

Varicella-Zoster Virus PCR (fresh exudate / scab)

Zika/Dengue/Chikungunya Virus PCR

**SEROLOGY**

HIV Antibody Screen & Confirmation (serum/plasma)

RPR Syphilis Screening (reflex to TPPA for confirmation)

West Nile Virus Antibody Screen & Confirmation

**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**