SAN JOAQUIN COUNTY
PUBLIC HEALTH LABORATORY
1601 E. HAZELTON AVE.
STOCKTON, CA 95205
Michael W. Edwards, Ph.D.,
HCLD (ABB), Director
(209) 468-3460

**LABORATORY USE ONLY**

LAB. NUMBER _____ DATE RECEIVED _____

Revised 8/2017

## SUBMITTER

Agency/County Name:_____

Site Name:_____

Street: _____

City, State, Zip _____

Physician: _____

NPI# _____

**Patient Name**:_____.

**Street** _____

**City** _____ **State** _____ **Zip** _____

**Medical Record** #:_____ Accession #_____

**Birth date**: _____ **Age**:_____ SEX : M ☐ ☐ F

Race: ☐ White ☐ Black ☐ Amer.Ind/Alaskan Native

☐ Asian/Pac. Island ☐ Other ☐ Unknown

Hispanic: ☐ Y ☐ N ☐ unknown

**DATE SPECIMEN TAKEN**:_____ **TIME SPECIMEN TAKEN**:_____

**Diagnosis Code/ICD 10 Code**:_____

## Billing Information-Check box for billing source

☐ Submitter ☐ Medi-Cal ☐ Medicare ☐ FPACT ☐ Health Plan of San Joaquin ☐ Health Net ☐ other insurance _____

Policy #_____ ☐ No charge (Title 17 or CD/Health Officer Approval) ☐ Contract

## Submit copy of insurance card and verification

CHECK SPECIMEN SOURCE AND TEST (S) BELOW

☐ blood ☐ CSF ☐ nasal pharyngeal ☐ rectal ☐ sputum ☐ urethra ☐ vaginal ☐ bronchial alveolar lavage
☐ cervix ☐ feces ☐ lesion ☐ serum ☐ throat ☐ urine ☐ plasma ☐ other _____

**Laboratory Tests Requested (*denotes tests requiring CD/Health Officer Approval prior to submission)**

### BACTERIOLOGY

☐ Enteric culture
☐ Enteric culture for ID
☐ Non-enteric culture for ID
☐ Streptococcus Culture
☐ Food testing*
☐ Bordetella pertussis culture/PCR

### STD Screening

☐ Wet Mount
☐ Bacterial vaginosis gram stain
☐ Syphilis Darkfield
Lesion site_____
☐ Gonorrhea Smear
☐ Gonorrhea culture
☐ Chlamydia culture
☐ Gonorrhea NAAT
☐ Chlamydia NAAT
☐ Trichomonas NAAT

### VIROLOGY

☐ Viral culture
☐ Norovirus NAAT*
☐ Enterovirus NAAT
☐ Flavivirus NAAT*
☐ Respiratory Viral Pathogens NAAT
☐ Influenza diagnostic NAAT
☐ Influenza subtyping NAAT
☐ Herpes NAAT
☐ Measles NAAT*
☐ Mumps NAAT*
☐ Zika/Dengue/Chikungunya NAAT*

### VIRAL SEROLOGY

☐ Rubella Antibody
☐ Rubeola Antibody
☐ Varicella Antibody
☐ Herpes simplex 1 & 2 Antibody
☐ WNV Antibody
☐ ZIKA IgM Antibody*

### HEPATITIS

☐ Hepatitis C Viral Load, Quantitative
☐ Hepatitis C Qualitative NAAT
☐ Hepatitis C Genotype NAAT

### HIV

☐ HIV Ab/Ag Screen
☐ HIV Viral Load
☐ HIV Qualitative NAAT
☐ HIV Confirmation

### SYPHILIS

☐ RPR Qualitative
☐ RPR Quantitative
☐ TP-PA
☐ VDRL (Spinal Fluid only)

### MYCOBACTERIOLOGY

☐ Acid Fast Smear
☐ Acid Fast Culture
☐ Mycobacteria I.D.
☐ Mycobacterial DNA Probe (specify target species)
☐ Mtb/rifampin NAAT (Genexpert)
☐ QuantiFERON TB Plus

### MYCOLOGY

☐ Fungus Smear
☐ Fungus Culture
☐ Coccidioides DNA Probe

### PARASITOLOGY

☐ Fecal concentrate
☐ Fecal trichrome stain
☐ Blood Smear
☐ Helminth Identification
☐ Arthropod Identification
☐ Parasite Reference
☐ Cryptosporidium/Giardia FA

CONTACT LABORATORY FOR REQUEST FORM FOR REFERENCE SPECIMENS AND OTHER TESTS

COMMENT:_____