



LABORATORY USE ONLY

Lab Number _____ Date/Time _____

BOLD FIELDS ARE MANDATORY FOR SPECIMEN TESTING

PATIENT INFORMATION SUBMITTER INFORMATION

Med. Rec. No.: _____ Acct: _____ Agency: _____
 Name: _____ Address: _____
 (Last, First MI.)
 Sex/ETH: _____ D.O.B.: _____ City: _____ State: _____
 Address: _____ ZIP: _____
 City: _____ State: _____ Ordering Clinician: _____
 ZIP: _____ Phone No: _____ QIC: _____

COMPLETE BILLING INFORMATION MUST BE PROVIDED (no billing for mandated services)

BILL TO: _____ Patient SSN: _____
 MediCal MEDI-CAL # _____
 Alliance ALLIANCE # _____ Referring Physician: _____
 CMSP Physician License # _____
 Other: Provide copy of Card (front and back) National Provider ID # _____

DATE OF SERVICE: _____ ICD-10 CODE(S) / DIAGNOSIS: _____

SPECIMEN INFORMATION

DATE SPECIMEN TAKEN: M: _____ D: _____ Y: _____ PREGNANCY STATUS: _____
 TIME TAKEN: _____ PATIENT HISTORY: _____
 DISEASE SUSPECTED: _____ DATE OF ONSET: _____
 REASON FOR TESTING: Clearance Treated: No Yes
 Case Contact Date of Treatment: _____
 Confirmation Carrier Other _____ Drug Therapy: _____
SPECIMEN SOURCE:
 Serum Stool Sputum Tissue _____
 Plasma Urine Induced Sputum Swab _____
 Blood CSF Aspirate Wound _____ Other _____

TESTING ORDERED

ENTERIC BACTERIOLOGY

- Salmonella
- Shigella
- Salmonella typhi
- Stool Culture
- E. coli O 157
- STEC
- Shiga Toxin Gene 1/2 Detection (PCR)
- Other _____

BACTERIOLOGY

- (Analysis by whole genome sequencing)
- Aerobic Culture and Definitive ID
 - Anaerobic Culture and Def. ID
 - Bacterial Isolate Definitive ID
 - Neisseria sp. Definitive ID
 - Bordetella pertussis, Definitive ID
 - CRE (carbapenem resistant enterobacteriaceae)
 - Other _____

MYCOBACTERIOLOGY / AFB

- AFB Smear / Culture / ID
- AFB isolate Definitive ID
- TB Drug Susceptibility
- M. tuberculosis complex PCR
- Other _____

MYCOLOGY/ FUNGAL

- Fungal Culture and ID
- Fungal isolate Definitive ID
- Other _____

PARASITOLOGY

- Malaria
- Other _____

OTHER TESTS / REQUESTS:

HIV

- HIV EIA (Oral Fluid) (with reflex confirmation)
- HIV Screen (serum/plasma) (with reflex confirmation)
- Confirmatory HIV antibody (Bio-Rad Geenius*)
 *will include screening test

SYPHILIS SEROLOGY

- RPR (with TPPA as reflex confirmation)
- TPPA Only
- Other _____

OTHER IMMUNOLOGY

- Quantiferon-TB Gold

NAAT (nucleic acid amplification)

- SARS-CoV-2 (COVID-19)
 - Influenza A/B
 - Respiratory Syncytial Virus (RSV)
 - Measles
 - Mumps
 - Bordetella pertussis
 - Norovirus
- } Respiratory Virus Panel (each test to the left)