

ALAMEDA COUNTY PUBLIC HEALTH LABORATORY  
 2901 Peralta Oaks Ct, 2nd Floor  
 OAKLAND, CA 94605  
 CLIA NO.: 05D2090025  
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 (510) 382-4300 / FAX (510) 382-4333



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: \_\_\_\_\_

Sex/ETH: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Ordering Clinician: \_\_\_\_\_

ICD-10 CODE(S) / DIAGNOSIS: \_\_\_\_\_ 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: \_\_\_\_\_

**SPECIMEN INFORMATION**

DATE SPECIMEN TAKEN: \_\_\_\_\_ PREGNANCY STATUS: \_\_\_\_\_

TIME TAKEN: \_\_\_\_\_

DISEASE SUSPECTED: \_\_\_\_\_ PATIENT HISTORY: \_\_\_\_\_

REASON FOR TESTING:  Clearance  Contact

Case  Confirmation  Carrier  Other \_\_\_\_\_

DATE OF ONSET: \_\_\_\_\_ Treated:  No  Yes

DATE OF ONSET: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Drug Therapy: \_\_\_\_\_

**SPECIMEN SOURCE:**

Serum  Stool  Sputum  Tissue \_\_\_\_\_

Plasma  Urine  Induced Sputum  Swab \_\_\_\_\_

Blood  CSF  Other \_\_\_\_\_  Aspirate \_\_\_\_\_

**TESTING ORDERED**

|   |  |   |
|---|--|---|
| <p><b>ENTERIC BACTERIOLOGY</b></p> <p><input type="checkbox"/> Salmonella / Shigella</p> <p><input type="checkbox"/> Salmonella typhi</p> <p><input type="checkbox"/> Stool Culture</p> <p><input type="checkbox"/> E. coli O157</p> <p><input type="checkbox"/> STEC</p> <p><input type="checkbox"/> Shiga Toxin Gene 1/2 Detection (PCR)</p> <p><input type="checkbox"/> Other _____</p>  | <p><b>MYCOBACTERIOLOGY / AFB</b></p> <p><input type="checkbox"/> AFB Smear / Culture / ID</p> <p><input type="checkbox"/> AFB isolate Definitive ID</p> <p><input type="checkbox"/> TB Drug Susceptibility</p> <p><input type="checkbox"/> M. tuberculosis complex PCR</p> <p><input type="checkbox"/> Other _____</p> <p><b>MYCOLOGY/ FUNGAL</b></p> <p><input type="checkbox"/> Fungal Culture and ID</p> <p><input type="checkbox"/> Fungal isolate Definitive ID</p> <p><input type="checkbox"/> Other _____</p> | <p><b>HIV</b></p> <p><input type="checkbox"/> HIV EIA (Oral Fluid) (with reflex confirmation)</p> <p><input type="checkbox"/> HIV Screen (serum/plasma) (with reflex confirmation)</p> <p><input type="checkbox"/> Confirmatory HIV antibody (Bio-Rad Geenius*)</p> <p><i>*will include screening test</i></p> <p><b>SYPHILIS SEROLOGY</b></p> <p><input type="checkbox"/> RPR (with TPPA as reflex confirmation)</p> <p><input type="checkbox"/> TPPA Only</p> <p><input type="checkbox"/> Other _____</p> |
| <p><b>BACTERIOLOGY</b></p> <p>(Analysis by whole genome sequencing)</p> <p><input type="checkbox"/> Aerobic Culture and Definitive ID</p> <p><input type="checkbox"/> Anaerobic Culture and Def. ID</p> <p><input type="checkbox"/> Bacterial Isolate Definitive ID</p> <p><input type="checkbox"/> Neisseria sp. Definitive ID</p> <p><input type="checkbox"/> Bordetella pertussis, Definitive ID</p> <p><input type="checkbox"/> CRE (carbapenem resistant enterobacteriaceae)</p> <p><input type="checkbox"/> Other _____</p> | <p><b>PARASITOLOGY</b></p> <p><input type="checkbox"/> Malaria</p> <p><input type="checkbox"/> Other _____</p> <p><b>OTHER TESTS / REQUESTS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>  | <p><b>OTHER IMMUNOLOGY</b></p> <p><input type="checkbox"/> Quantiferon-TB Gold</p> <p><b>NAAT (nucleic acid amplification)</b></p> <p><input type="checkbox"/> Influenza A/B</p> <p><input type="checkbox"/> Bordetella pertussis</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> Mycobacterium tuberculosis complex</p> <p><input type="checkbox"/> Respiratory Syncytial Virus (RSV)</p> <p><input type="checkbox"/> Norovirus</p>  |