

ALAMEDA COUNTY PUBLIC HEALTH LABORATORY

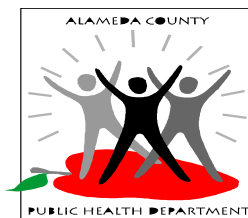
2901 Peralta Oaks Ct, 2nd Floor

OAKLAND, CA 94605

CLIA NO.: 05D2090025

Vici Varghese, Ph.D. HCLD(ABB), Laboratory Director

(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.: _____

Address: _____

City: _____ State: _____
ZIP: _____City: _____ State: _____
ZIP: _____

Ordering Clinician: _____

Phone No: _____ QIC: _____

COMPLETE BILLING INFORMATION MUST BE PROVIDED (no billing for mandated services)**BILL TO:**

Patient SSN: _____

☐ MediCal

MEDI-CAL # _____

☐ Alliance

ALLIANCE # _____

☐ CMSP

Referring Physician: _____

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: _____

PREGNANCY STATUS: _____

TIME TAKEN: _____

DISEASE SUSPECTED: _____

PATIENT HISTORY: _____

REASON FOR TESTING: ☐ Clearance

DATE OF ONSET: _____

☐ Case☐ ContactTreated: ☐ No ☐ Yes☐ Confirmation☐ Carrier☐ Other _____

Date of Treatment: _____

SPECIMEN SOURCE:

Drug Therapy: _____

☐ Serum ☐ Stool ☐ Sputum
☐ Plasma ☐ Urine ☐ Induced Sputum
☐ Blood ☐ CSF ☐ Aspirate☐ Tissue _____
☐ Swab _____
☐ Wound _____☐ Other _____**TESTING ORDERED****ENTERIC BACTERIOLOGY**

- ☐ Salmonella
- ☐ Shigella
- ☐ Salmonella typhi
- ☐ Stool Culture
- ☐ E. coli O157
- ☐ 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)