

**Public Health Laboratory
County of Santa Clara**

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Submit form with sample to Public Health Lab

LABORATORY USE ONLY

LAB NUMBER

DATE/TIME

INFORMATION BELOW MUST BE PROVIDED BEFORE REQUISITION WILL BE PROCESSED

Patient Name (Last)		(First)		(M)		Sex	Date of Birth (DOB)	Social Security No. (SSN)	
						M F			
Address		Street		City		State		Zip	
Patient Telephone Number		Patient ID Number		Medical Record Number		Submitting Laboratory's Specimen ID Number			
Date Specimen Taken		Date of Onset		Next CHDP Visit		Patient History/ Travel History			
Reason For Testing		Clearance		Screen		Immunity Status		Other	
Contact									
Type of Specimen									
Blood		CSF		Urine		Cervix		Rectal	
Serum		Wound		Sputum		Gastric		Skin	
						Urethral		Throat	
						Plasma (Heparin)		Naso-Pharyngeal	
								Feces	
								Other	

ORDERING PHYSICIAN INFORMATION

Name (physician's name)	UPIN #	ICD-9 code (diagnosis code required)
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**COMPLETE INFORMATION & A COPY OF INSURANCE CARD
MUST BE ATTACHED OR SUBMITTER WILL BE BILLED**

**SUBMITTER INFORMATION
IMPRINT PLATE OR INPUT MANUALLY**

Responsible Party		Relationship (circle one)		Name	
		Self Spouse Child Other			
Address		Street		Address	
		City		City	
		Zip		State	
				Zip	
Responsible Person:		Telephone		Telephone	
				Fax	
Bill to / Insurance Number:				Contact	
Submitter		Medi-Cal		Blue Cross - Medi-Cal	
CHDP		VHP		Other	
				Medicare	

Check Test Being Ordered and Source

BACTERIOLOGY:

- Gonorrhea Smear
- Cervix
- Pharyngeal
- [] Rectal
- [] Urethra
- [] Gonorrhea Culture
- [] Pharyngeal
- [] Rectal
- [] Urine Culture
- [] B. pertussis DFA
- [] B. pertussis culture
- [] MRSA
- [] Streptococcus (Strep A)
- [] Enteric culture (primary stool)
- Salmonella / Shigella / E. coli O157 (circle one)
- [] Shiga-Toxin Immunoassay

SEROLOGY:

- [] RPR (red or tiger top)
- [] previous positive
- [] TPPA
- [] Darkfield microscopy
- [] Ext. genitalia
- [] Int. genitalia
- [] Oral

MYCOBACTERIOLOGY / TB:

- [] Quantiferon-TB Gold In-Tube Assay
- [] NAAT - GenXpert
- [] Culture
- [] Sensitivities (1st line drugs)
- [] Molecular Beacon
- [] Pyrosequencing

VIROLOGY:

- [] Respiratory Panel Culture
- [] Respiratory Panel - direct smear
- [] Chlamydia - direct smear
- [] Cervix
- [] Eye
- [] Rectal
- [] Throat
- [] Urethra
- [] Herpes 1/2 DFA

VIRAL SEROLOGY (red or tiger top):

- [] HBsAg
- [] HBcore Total
- [] HCV
- [] HIV (serum)
- [] HIV (oral fluid)
- [] Measles IgG
- [] Measles IgM
- [] Herpes 1/2 IgG
- [] West Nile Virus

PARASITOLOGY:

- [] Ova and Parasites
- [] Pinworm
- [] Cryptosporidia
- [] Helminth identification
- [] Arthropod identification
- [] Blood film
- [] Malaria speciation
- [] B. burgdorferi (tick ID & test)

CHEMISTRY/ TOXICOLOGY:

- [] Blood Lead - capillary screen
- [] Blood Lead - venous confirmation

MOLECULAR TESTING:

- [] Gonorrhea - molecular method
- [] Cervix
- [] Urethra
- [] Urine
- [] Pharyngeal
- [] Rectal
- [] Chlamydia - molecular method
- [] Cervix
- [] Urethra
- [] Urine
- [] Pharyngeal
- [] Rectal
- [] Bordetella pertussis
- [] Influenza (A/B)
- [] Influenza subtyping
- [] Avian Influenza
- [] Norovirus
- [] Measles
- [] Mumps
- [] Dengue

MYCOLOGY

- [] Fungal culture
- [] Yeast culture

SPECIAL TEST REQUEST(S)

