NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY

2201 COURAGE DRIVE MS 9-200, FAIRFIELD, CA 94533; TELEPHONE (707) 784-4410; FAX (707) 423-1979
www.solanocounty.com/depts/ph/bureaus/laboratory

SUBMITTER INFORMATION

Organization name:

Address:

Phone: **Fax:**

PATIENT DEMOGRAPHICS—ALL FIELDS ARE MANDATORY (Refer to website for race and ethnicity responses)				
Last name	First name	Birthdate *(mm/dd/yyyy)*	☐ Male ☐ Female ☐ _____	Date collected *(mm/dd/yyy)*
Address (street, city, zip)		Pregnancy status ☐ Pregnant ☐ Not pregnant ☐ Unknown	Medical record #	Time collected
Phone	Race		Ethnicity	

TEST SITE INFORMATION— ALL FIELDS ARE MANDATORY		
Practitioner name, NPI #	Accession #	Diagnosis code (ICD-10-CM)

SPECIMEN SOURCE/TYPE—PLEASE CHECK APPROPRIATE BOX(ES)

☐ Blood (whole)	☐ NP swab	☐ Sputum	☐ Throat	Other/location:
☐ Bronchial wash	☐ Pleural fluid	☐ Stool	☐ Tissue (specify location)	
☐ CSF	☐ Serum	☐ Urine	☐ Peritoneal fluid	

TESTS REQUESTED—PLEASE CHECK APPROPRIATE BOX(ES)

BACTERIOLOGY & DIRECT TESTS

- ☐ Enteric stool culture
  - ☐ Pathogen(s): _____
  - ☐ Complete workup[1]
- ☐ Stool culture for clearance
  Pathogen(s): _____
- ☐ Title 17 isolate (culture):
  _____
- ☐ Isolate ID/rule-out**
  Pathogen: _____
- ☐ CRO PCR screening/isolate confirmation[2]**
- ☐ Throat culture for streptococci
- ☐ Miscellaneous/wound culture + antibiotic susceptibility
- ☐ Urine culture + antibiotic susceptibility
- ☐ Gram stain

[1]*Campylobacter, Salmonella, Shigella, STEC, Vibrio*

[2]*CRO= Carbapenemase resistant organisms: Klebsiella pneumoniae, Escherichia coli, K. oxytoca, Enterobacter spp., Pseudomonas aeruginosa (CRPA), Acinetobacter baumanii (CRAB)*

MYCOBACTERIOLOGY

- ☐ Acid fast smear only
- ☐ MTB/RIF GeneXpert
- ☐ Acid fast smear+culture
- ☐ Acid fast blood culture*
- ☐ Mycobacterium ID by MALDI-TOF
- ☐ TB genotyping (TB isolates only)*
- ☐ Quantiferon TB Gold Plus
- ☐ Nocardia (modified acid fast)

MYCOLOGY

- ☐ Fungal culture
- ☐ Fungal ID (isolate)**
- ☐ KOH stain

OTHER MOLECULAR TESTING

- ☐ COVID-19 PCR
- ☐ COVID-19 WGS
- ☐ Influenza PCR screening
- ☐ Influenza PCR confirmation
- ☐ Enterovirus PCR
- ☐ Measles PCR
- ☐ Mumps PCR
- ☐ Norovirus PCR
- ☐ Pertussis PCR
- ☐ Respiratory Syncytial Virus (RSV) PCR

SEROLOGY (serum preferred for all tests)

- ☐ RPR/VDRL syphilis screening
- ☐ RPR/VDRL syphilis titer/prozone
- ☐ TP-PA syphilis confirmation
- ☐ Hepatitis B antigen screening*
- ☐ Hepatitis C antibody screening*
- ☐ HIV screening*

OTHER*

- ☐ Specify:
  _____

*To be sent to reference laboratory. Include comments.

PARASITOLOGY

- ☐ Ova and parasites (stool)
- ☐ Cryptosporidium + Giardia detection
- ☐ Parasite ID: _____
- ☐ Blood parasites. Travel history:
  _____

USE TEST-SPECIFIC FORM

- ➢ Blood lead test
- ➢ Tick ID & Borrelia test
- ➢ Water testing

**Outside laboratory results/observations required.

COMMENTS/SPECIAL INSTRUCTIONS **(For non-routine specimens being referred, provide clinical, travel, and laboratory history):**

DATE/TIME RECEIVED