

NAPA-SOLANO-YOLO-MARIN 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	Date collected
Address (street, city, zip)		Pregnancy status <input type="checkbox"/> Pregnant <input type="checkbox"/> Not pregnant <input type="checkbox"/> 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)

<input type="checkbox"/> Blood (whole)	<input type="checkbox"/> NP swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Throat	Other/location:
<input type="checkbox"/> Bronchial wash	<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> Stool	<input type="checkbox"/> Tissue (specify location)	
<input type="checkbox"/> CSF	<input type="checkbox"/> Serum	<input type="checkbox"/> Urine	<input type="checkbox"/> Lesion (specify location)	

TESTS REQUESTED—PLEASE CHECK APPROPRIATE BOX(ES)

<p>BACTERIOLOGY & DIRECT TESTS</p> <input type="checkbox"/> Enteric PCR: basic panel ¹ <input type="checkbox"/> Enteric PCR: extended panel ² <input type="checkbox"/> Enteric stool culture <input type="checkbox"/> Pathogen(s): _____ <input type="checkbox"/> Complete workup ³ <input type="checkbox"/> Stool culture for clearance Pathogen(s): _____ <input type="checkbox"/> Title 17 isolate (culture): _____ _____ <input type="checkbox"/> Isolate ID/rule-out Pathogen: _____ <input type="checkbox"/> CRE PCR confirmation <input type="checkbox"/> Rapid Strep A test <input type="checkbox"/> Throat culture for streptococci <input type="checkbox"/> Miscellaneous/wound culture + sensitivity <input type="checkbox"/> Urine culture + sensitivity <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine microscopy <input type="checkbox"/> Urine pregnancy test <input type="checkbox"/> Gram stain <input type="checkbox"/> Wet mount <input type="checkbox"/> Fecal occult blood test <small>¹Campylobacter, Salmonella, Shigella, STEC ²Basic panel + Vibrio, Y. enterocolitica, Plesiomonas, EHEC ³Campylobacter, Salmonella, Shigella, STEC, Vibrio</small>	<p>MYCOBACTERIOLOGY</p> <input type="checkbox"/> Acid fast smear + culture <input type="checkbox"/> Acid fast smear only <input type="checkbox"/> Acid fast blood culture <input type="checkbox"/> MTB/RIF GeneXpert <input type="checkbox"/> Mycobacterium ID by HPLC <input type="checkbox"/> TB genotyping (TB isolates only)* <input type="checkbox"/> Quantiferon TB Gold Plus <p>MYCOLOGY</p> <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal ID (isolate) <input type="checkbox"/> KOH stain <p>OTHER MOLECULAR TESTING</p> <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Influenza PCR <input type="checkbox"/> Measles PCR <input type="checkbox"/> Mumps PCR <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Pertussis PCR <input type="checkbox"/> STD PCR panel: Chlamydia + Gonorrhea + Trichomonas <input type="checkbox"/> Zika PCR (urine or serum)	<p>SEROLOGY (serum preferred for all tests)</p> <input type="checkbox"/> COVID-19 Total Ab (call lab in advance) <input type="checkbox"/> HIV screening <input type="checkbox"/> HIV confirmation <input type="checkbox"/> RPR/VDRL syphilis screening <input type="checkbox"/> RPR/VDRL syphilis titer/prozone <input type="checkbox"/> TP-PA syphilis confirmation <input type="checkbox"/> Hepatitis B antigen screening* <input type="checkbox"/> Hepatitis C antibody screening* <input type="checkbox"/> Zika IgM ELISA <p>PARASITOLOGY</p> <input type="checkbox"/> Ova and parasites (stool) <input type="checkbox"/> Cryptosporidium + Giardia detection <input type="checkbox"/> Parasite ID: _____ <input type="checkbox"/> Blood parasites. Travel history: _____ <p>USE TEST-SPECIFIC FORM</p> <input type="checkbox"/> Blood lead test <input type="checkbox"/> Tick ID & Borrelia test <input type="checkbox"/> Water testing <p>OTHER*</p> <input type="checkbox"/> Specify: _____ _____ <small>*Sent to reference laboratory.</small>
--	---	---

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

DATE/TIME RECEIVED