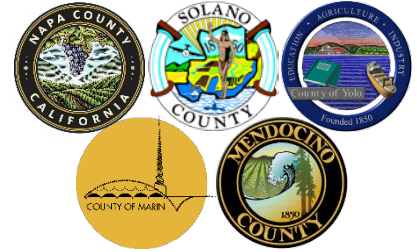


NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY

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	<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)
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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)

BACTERIOLOGY & DIRECT TESTS

- Enteric stool culture
 - Pathogen(s): _____
 - Complete workup¹
- Stool culture for clearance
Pathogen(s): _____
- Title 17 isolate (culture):

- Isolate ID/rule-out
Pathogen: _____
- CRE PCR confirmation
- Rapid Strep A test
- Throat culture for streptococci
- Miscellaneous/wound culture + antibiotic susceptibility
- Urine culture + antibiotic susceptibility
- Urinalysis
- Urine microscopy
- Urine pregnancy test
- Gram stain
- Wet mount
- Fecal occult blood test

¹Campylobacter, Salmonella, Shigella, STEC, Vibrio

MYCOBACTERIOLOGY

- Acid fast smear + culture
- Acid fast smear only
- Acid fast blood culture
- MTB/RIF GeneXpert
- Mycobacterium ID by HPLC or MALDI-TOF
- TB genotyping (TB isolates only)²
- Quantiferon TB Gold Plus

MYCOLOGY

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

OTHER MOLECULAR TESTING

- COVID-19 PCR
- Enterovirus PCR
- Influenza PCR
- Measles PCR
- Mumps PCR
- Norovirus PCR
- Pertussis PCR
- STD PCR panel: Chlamydia + Gonorrhea + Trichomonas
- Zika PCR (urine or serum)

SEROLOGY (serum preferred for all tests)

- HIV screening
- HIV confirmation
- RPR/VDRL syphilis screening
- RPR/VDRL syphilis titer/prozone
- TP-PA syphilis confirmation
- Hepatitis B antigen screening²
- Hepatitis C antibody screening²
- Zika IgM ELISA

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

OTHER²

- Specify: _____

²To be sent to reference laboratory. Include comments.

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

DATE/TIME RECEIVED