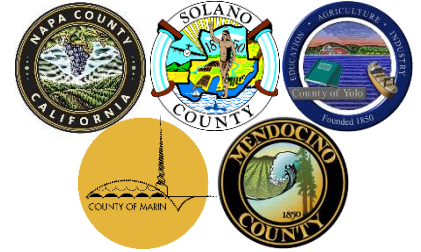


NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY

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 <input type="checkbox"/> Enteric stool culture <input type="checkbox"/> Pathogen(s): _____ <input type="checkbox"/> Complete workup ¹ <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 + antibiotic susceptibility <input type="checkbox"/> Urine culture + antibiotic susceptibility <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, Vibrio</small>	MYCOBACTERIOLOGY <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 or MALDI-TOF <input type="checkbox"/> TB genotyping (TB isolates only)* <input type="checkbox"/> Quantiferon TB Gold Plus MYCOLOGY <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal ID (isolate) <input type="checkbox"/> KOH stain OTHER MOLECULAR TESTING <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)*	SEROLOGY (serum preferred for all tests) <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 PARASITOLOGY <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: _____ USE TEST-SPECIFIC FORM ➤ Blood lead test ➤ Tick ID & Borrelia test ➤ Water testing OTHER* <input type="checkbox"/> Specify: _____ *Sent to reference laboratory.
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COMMENTS/SPECIAL INSTRUCTIONS (For non-routine specimens being referred, provide clinical, travel, and laboratory history):

DATE/TIME RECEIVED