

**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

Lab use only

**SUBMITTER INFORMATION**

**PATIENT DEMOGRAPHICS—PLEASE FILL COMPLETELY AND CLEARLY**

Patient last name	First name	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date collected
Address		Medical record no.	Time collected	

**TEST SITE INFORMATION— PLEASE FILL COMPLETELY AND CLEARLY**

Practitioner name	Practitioner NPI #	Accession #	Diagnosis code
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**SPECIMEN SOURCE/TYPE—PLEASE CHECK APPROPRIATE BOX(ES)**

<input type="checkbox"/> Blood (whole)	<input type="checkbox"/> CSF	<input type="checkbox"/> Serum	<input type="checkbox"/> Throat	Other:
<input type="checkbox"/> Bronchial wash	<input type="checkbox"/> Isolate	<input type="checkbox"/> Sputum	<input type="checkbox"/> Lesion, location:	
<input type="checkbox"/> Cervical	<input type="checkbox"/> NP swab	<input type="checkbox"/> Stool		

**TESTS REQUESTED—PLEASE CHECK APPROPRIATE BOX(ES)**

<p><b>BACTERIOLOGY &amp; DIRECT TESTS</b></p> <input type="checkbox"/> Enteric stool culture Pathogen(s): _____ <input type="checkbox"/> Stool culture for clearance Pathogen(s): _____ <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> E. coli O157/STEC culture <input type="checkbox"/> CRE confirmation <input type="checkbox"/> Isolate ID/rule-out Organism: _____ <input type="checkbox"/> Rapid Strep test <input type="checkbox"/> Throat culture <input type="checkbox"/> Wound culture + sensitivity <input type="checkbox"/> Urine culture + sensitivity <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine microscopy <input type="checkbox"/> Gram stain <input type="checkbox"/> Wet mount <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Occult blood test <input type="checkbox"/> KOH stain	<p><b>MYCOBACTERIOLOGY</b></p> <input type="checkbox"/> Acid fast smear + culture <input type="checkbox"/> Acid fast smear only <input type="checkbox"/> TB GeneXpert <input type="checkbox"/> Acid fast blood culture <input type="checkbox"/> Mycobacterium ID (HPLC) <input type="checkbox"/> Quantiferon TB Gold Plus <input type="checkbox"/> T.SPOT.TB* <p><b>MYCOLOGY</b></p> <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Fungal ID <p><b>MOLECULAR TESTING</b></p> <input type="checkbox"/> Chlamydia + Gonorrhea + Trichomonas PCR <input type="checkbox"/> Herpes 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	<p><b>SEROLOGY</b></p> <input type="checkbox"/> HIV (serum) <input type="checkbox"/> RPR syphilis screening <input type="checkbox"/> RPR syphilis titer/prozone <input type="checkbox"/> TP-PA syphilis confirmation <input type="checkbox"/> Hepatitis B or C antibody* <p><b>PARASITOLOGY</b></p> <input type="checkbox"/> Ova and parasites (stool) <input type="checkbox"/> Cryptosporidium + Giardia <input type="checkbox"/> Parasite ID: _____ <input type="checkbox"/> Blood parasites. Travel history: _____ <p><b>USE TEST-SPECIFIC FORM</b></p> ➤ Blood lead test ➤ Tick ID & Borrelia test ➤ Zika testing <p><b>OTHER</b></p> <input type="checkbox"/> Specify: _____ _____ *Referred to another laboratory.
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**COMMENTS/SPECIAL INSTRUCTIONS:**

DATE/TIME RECEIVED

DATE/TIME REPORTED