

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 (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date collected (mm/dd/yyyy)
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"/> Peritoneal fluid	

TESTS REQUESTED—PLEASE CHECK APPROPRIATE BOX(ES)

<p>BACTERIOLOGY & DIRECT TESTS</p> <input type="checkbox"/> CRO PCR screening/isolate confirmation ^{2**} <input type="checkbox"/> Enteric stool culture <input type="checkbox"/> Pathogen(s): _____ <input type="checkbox"/> Complete workup ¹ <input type="checkbox"/> Isolate ID/rule-out ^{**} Pathogen: _____ <input type="checkbox"/> Miscellaneous/wound culture + antibiotic susceptibility <input type="checkbox"/> Stool culture for clearance Pathogen(s): _____ <input type="checkbox"/> Title 17 isolate (culture): _____ <input type="checkbox"/> Throat culture for streptococci <input type="checkbox"/> Urine culture + antibiotic susceptibility <input type="checkbox"/> Gram stain <p>MYCOLOGY</p> <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal ID (isolate) ^{**} <input type="checkbox"/> KOH stain <p>¹Campylobacter, Salmonella, Shigella, STEC, Vibrio ²CRO= Carbapenemase resistant organisms: Klebsiella pneumoniae, Escherichia coli, K. oxytoca, Enterobacter spp., Pseudomonas aeruginosa (CRPA), Acinetobacter baumannii (CRAB)</p>	<p>MYCOBACTERIOLOGY</p> <input type="checkbox"/> Acid fast smear only <input type="checkbox"/> Acid fast blood culture* <input type="checkbox"/> Acid fast smear+culture <input type="checkbox"/> MTB/RIF GeneXpert <input type="checkbox"/> Mycobacterium ID by MALDI-TOF <input type="checkbox"/> Nocardia (modified acid fast) <input type="checkbox"/> Quantiferon TB Gold Plus <input type="checkbox"/> TB genotyping (TB isolates only)* <p>OTHER MOLECULAR TESTING</p> <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> COVID-19 WGS <input type="checkbox"/> Influenza PCR screening <input type="checkbox"/> Influenza PCR confirmation <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Measles PCR <input type="checkbox"/> Mumps PCR <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Pertussis PCR <input type="checkbox"/> Respiratory Syncytial Virus (RSV) PCR <input type="checkbox"/> STD PCR panel: Chlamydia + Gonorrhea + Trichomonas	<p>SEROLOGY (serum preferred for all tests)</p> <input type="checkbox"/> Hepatitis B antigen screening* <input type="checkbox"/> Hepatitis C antibody screening* <input type="checkbox"/> HIV screening* <input type="checkbox"/> RPR syphilis screening <input type="checkbox"/> RPR syphilis titer/prozone <input type="checkbox"/> VDRL syphilis screening* <input type="checkbox"/> VDRL syphilis titer/prozone* <input type="checkbox"/> TP-PA syphilis confirmation <p>OTHER*</p> <input type="checkbox"/> Specify: _____ <p style="text-align: center;"><i>*To be sent to reference laboratory. Include comments.</i></p> <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> <ul style="list-style-type: none"> ➤ Blood lead test ➤ Tick ID & Borrelia test ➤ Water testing <p><i>**Outside laboratory results/observations required.</i></p>
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COMMENTS/SPECIAL INSTRUCTIONS (For non-routine specimens being referred, provide clinical, travel, and laboratory history):