San Joaquin County
Public Health Services
health grows here

SAN JOAQUIN COUNTY PUBLIC HEALTH
LABORATORY 1601 E. HAZELTON AVE.
STOCKTON, CA 95205
Harmeet Kaur, Ph.D., HCLD (ABB), Lab Director
Phone: 209-468-3460 Fax: 209-468-0639
CLIA # 05D0643989

LABORATORY USE ONLY

LAB. NUMBER _____ DATE/TIME RECEIVED _____

SUBMITTER

Agency/County Name: _____

Site Name: _____

Street Address: _____

City, State, Zip: _____

Physician/NPI#: _____

(REQUIRED information)

Phone: _____

Fax: _____

Patient Name: _____ _____ _____
Last Name **First Name** **Middle Initial**

Street Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____

County of Residence _____

Medical Record # _____ Accession # _____

Birth date: _____ GENDER : M ☐ F ☐ Trans M ☐ Trans F ☐

Ethnicity: ☐ Hispanic ☐ non-Hispanic

Race: ☐ Asian ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Unknown ☐ Other, Specify: _____

Pregnancy Status: ☐ Pregnant ☐ Not Pregnant ☐ Unknown ☐ N/A

Diagnosis Code/ICD 10 Code: _____

IF PATIENT IS DECEASED, Specify Date of Death: _____

DATE SPECIMEN TAKEN: _____ **TIME SPECIMEN TAKEN**: _____

Calredie Number (If available):

Specimen Source:

☐ Dry Swab (Lesions) using sterile Nylon, Polyester or Dacron swabs ☐ Body site _____

Note: Swabs may be submitted dry or in viral Transport medium (VTM)

Testing	Case History (REQUIRED information) Missing information from below might lead to the specimen rejection	Triage Information (REQUIRED information) Missing information from below might lead to the specimen rejection
☐ **Poxvirus PCR**	**Date onset symptoms (Rash):** _____ **Vaccination History** ☐ **Yes** ☐ **No** **If Yes, Date of Smallpox vaccine (Vaccinia):** _____ **Travel History** ☐ **Yes** ☐ **No** **Travel Information:** _____ **PHS Consulted?** ☐ **Yes** ☐ **No**	**Symptomatic**: ☐ **Yes** ☐ **No** **Disease Suspected:** _____ **Clinical Findings and Symptoms**: **Exposure History:** _____ **Contact with other individual** ☐ **Yes** ☐ **No**