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), Director
Phone: 209-468-3460
Fax: 209-468-0639
CLIA # 05D0643989

LABORATORY USE ONLY

LAB. NUMBER _____ DATE/TIME RECEIVED _____

COVID/Influenza Requisition version 8 10.22.2024

SUBMITTING AGENCY INFORMATION

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: _____

BILLING INFORMATION: (Please Submit a copy of the Insurance card and verification)

☐ Submitter ☐ Medi-Cal ☐ Medicare ☐ FPACT ☐ Health Plan of San Joaquin ☐ Health Net ☐ Other: _____

☐ No Charge (Title 17 or Surveillance)

Policy #: _____

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

☐ Nasal Pharyngeal (NP) ☐ Sputum ☐ Bronchial Alveolar Lavage ☐ Mid-Turbinate ☐ Other_____
☐ Throat ☐ Oropharyngeal (OP) ☐ NP + OP ☐ Nares ☐ Conjunctival Swab

Testing

- ☐ **COVID-19 NAAT**
- ☐ **Multiplex Flu + COVID-19 NAAT (Symptomatic patients only)**
- ☐ **COVID-19 Whole Genome Sequencing (WGS)**
- ☐ **Influenza Diagnostic PCR (Influenza A & B)**
- ☐ **Novel/Avian Influenza (H5N1) Rule-Out**
- ☐ **Surveillance Influenza Subtyping** ☐ **Flu A** ☐ **Flu B**
- ☐ **BioFire Respiratory Panel* (22 Targets: 18 Virus, 4 Bacteria)**

Case History

Date Symptoms Onset: _____

Is Patient Hospitalized?	☐ **Yes**	☐ **No**
Is Patient In ICU?	☐ **Yes**	☐ **No**
Fatal Case?	☐ **Yes**	☐ **No**
PHS Consulted?	☐ **Yes**	☐ **No**
Patient in Long Term Care?	☐ **Yes**	☐ **No**
Patient receive Flu vaccination?	☐ **Yes**	☐ **No**

SARS-CoV-2 Testing Status
(Required for all Non-COVID-19 Testing)

☐ **Detected** ☐ **Not Detected** ☐ **Unknown**

Patient Symptoms

- ☐ **Fever ≥ 37.8°**
- ☐ **Cough**
- ☐ **Sore Throat**
- ☐ **Myalgia**
- ☐ **Nausea/Vomiting**
- ☐ **Diarrhea**
- ☐ **Shortness of Breath**
- ☐ **Conjunctivitis**
- ☐ **Other:** _____

*BioFire Respiratory Panel will require Billing Information