San Joaquin County Public Health Services
health grows here

SAN JOAQUIN COUNTY PUBLIC HEALTH
LABORATORY 1601 E. HAZELTON AVE.
STOCKTON, CA 95205
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CLIA # 05D0643989

LABORATORY USE ONLY

LAB. NUMBER _____ DATE/TIME RECEIVED _____

COVID/Influenza Requisition version 5 08.04.2022

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:** _____

☐ Nasal Pharyngeal **(NP)** ☐ Sputum ☐ Bronchial Alveolar Lavage ☐ Mid-Turbinate ☐ Other _____
☐ Throat ☐ Oropharyngeal **(OP)** ☐ **NP + OP** ☐ Nares

Testing	**Case History** **(REQUIRED information)** Missing information from below might lead to the specimen rejection	**WGS Triage Information:** **(REQUIRED information for WGS)** Missing information from below might lead to the specimen rejection
☐ **COVID-19 NAAT** ☐ **Multiplex Flu + COVID-19 NAAT* (Symptomatic patients only)** ☐ **COVID-19 Whole Genome Sequencing (WGS)** ☐ **Influenza Diagnostic PCR** (Influenza A & B) ☐ **Surveillance Influenza Subtyping** ☐**Flu A** ☐**Flu B** ☐ **Respiratory Viral Pathogens NAAT** (Influenza A & B, Adeno, RSV, Para 1,2,3, hMPV, Rhinovirus)	**Date Symptoms Onset:** _____ **Is Patient Hospitalized?** ☐ **Yes** ☐ **No** **Is Patient In ICU?** ☐ **Yes** ☐ **No** **Fatal Case?** ☐ **Yes** ☐ **No** **PHS Consulted?** ☐ **Yes** ☐ **No** **Covid Vaccine received (Mfr):** _____ **1st dose:** _____ **2nd dose:** _____ **Possible reinfection (>90 days):** ☐ **Yes** ☐ **No**	**Recent International travel especially to those countries where Omicron has been detected** ☐ **Yes** ☐ **No** **Exposure to persons with recent international travel especially to countries in which the Omicron variant has been detected.** ☐ **Yes** ☐ **No** **Specimens that show S gene target failure (SGTF) by PCR.** ☐ **Yes** ☐ **No** **Possible re-infection (symptoms with positive molecular test > 90 days from initial infection).** ☐ **Yes** ☐ **No** **Infection >14 days after vaccination completion** ☐ **Yes** ☐ **No**