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 _____

Influenza Testing 08.04.2022

SUBMITTER

Agency/County Name:_____

Site Name:_____

Street Address:_____

City, State, Zip:_____

Physician/NPI#:_____

Phone:_____ Fax:_____

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

Street Address:_____

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

Medical Record #:_____ Accession #_____

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

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

Diagnosis Code/ICD 10 Code:_____

IF PATIENT IS DECEASED, Specify Date of Death: _____

Billing Information-Check box for billing source (REQUIRED)

PROVIDE SPECIMEN SITE:_____

CHECK SPECIMEN SOURCE AND TEST (S) BELOW:

☐ Submitter ☐ Medi-Cal ☐ Medicare ☐ FPACT ☐ Health Plan of San Joaquin ☐ Health Net ☐ other insurance _____

Policy #_____ ☐ No charge (Title 17 or CD/Health Officer Approval) ☐ Contract

Submit copy of insurance card and verification

Required Information: SARS-CoV-2 testing status: ☐ **Detected** ☐ **Not-Detected** ☐ **Unknown**

CHECK SPECIMEN SOURCE AND TEST (S) BELOW

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

☐ Nasal Pharyngeal ☐ Sputum ☐ Bronchial Alveolar Lavage
☐ Throat ☐ Nares ☐ other _____

Viral Test Request	Case History	Patient Symptoms
☐ **Respiratory Viral Pathogens NAAT** (Influenza A & B, Adeno, RSV, Para 1,2,3, hMPV, Rhinovirus)	**Date Symptoms Onset:** _____	☐ **Fever ≥ 37.8°**
☐ **Influenza Diagnostic PCR** (Influenza A & B)	**Is Patient Hospitalized?** ☐ **Yes** ☐ **No**	☐ **Cough**
☐ **Influenza Subtyping**	**Is Patient In ICU?** ☐ **Yes** ☐ **No**	☐ **Sore Throat**
	Fatal Case? ☐ **Yes** ☐ **No**	☐ **Myalgia**
		☐ **Nausea/vomiting**
		☐ **Diarrhea**
		☐ **Shortness of Breath**
		☐ **Other**

CONTACT LABORATORY FOR REQUEST FORM FOR REFERENCE SPECIMENS AND OTHER TESTS

COMMENT:_____