



SAN JOAQUIN COUNTY PUBLIC HEALTH
 LABORATORY 1601 E. HAZELTON AVE.
 STOCKTON, CA 95205
 Harmeet Kaur, Ph.D., HCLD (ABB), Lab Director
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 CLIA # 05D0643989

LABORATORY USE ONLY	
LAB NUMBER _____	DATE / TIME RECEIVED _____

Revised 3.24.2023 HK/ SS

SUBMITTER Agency/County Name: _____ Site Name: _____ Street Address: _____ City, State, Zip _____ Physician /NPI#: _____ Phone: _____, Fax: _____	Patient Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Middle Initial </div> Street Address: _____ City _____ State _____ Zip _____ County: _____ Phone: _____ Medical Record #: _____ Accession # _____ Birth date: _____ GENDER: M <input type="checkbox"/> F <input type="checkbox"/> Trans M <input type="checkbox"/> Trans F <input type="checkbox"/> Pregnancy Status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Diagnosis Code/ICD 10 Code: _____ IF PATIENT IS DECEASED, Specify Date of Death: _____
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Billing Information-Check box for billing source (REQUIRED) Submit copy of insurance card and verification

Policy # _____

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

No charge (Title 17 or CD/Health Officer Approval)
 Contract

Specimen Information

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

SPECIMEN SOURCE: (check one from below)

Blood
 CSF
 Nasal pharyngeal
 Rectal
 Sputum
 Urethra
 Vaginal
 Bronchial alveolar lavage
 Cervix
 Feces
 Lesion
 Serum
 Throat
 Urine
 Plasma
 other _____

Laboratory Tests Requested (*denotes tests requiring CD/Health Officer Approval prior to submission)

BACTERIOLOGY <input type="checkbox"/> Enteric culture (stool) <input type="checkbox"/> Enteric culture for ID (isolate) <input type="checkbox"/> Non-enteric culture for ID <input type="checkbox"/> Food testing* <input type="checkbox"/> Bordetella pertussis culture/PCR <input type="checkbox"/> Shiga toxin PCR <input type="checkbox"/> Streptococcus culture MYCOBACTERIOLOGY <input type="checkbox"/> Acid Fast Culture <input type="checkbox"/> Acid Fast Smear <input type="checkbox"/> Drug Susceptibility (Mtb only) <input type="checkbox"/> Mycobacteria I.D. <input type="checkbox"/> Mycobacterial DNA Probe <input type="checkbox"/> Mycobacterium tuberculosis NAAT (GeneXpert) <input type="checkbox"/> QuantiFERON TB Gold Plus	STD SCREENING <input type="checkbox"/> Gonorrhea culture <input type="checkbox"/> Gonorrhea NAAT <input type="checkbox"/> Chlamydia NAAT <input type="checkbox"/> Trichomonas NAAT SYPHILIS <input type="checkbox"/> RPR <input type="checkbox"/> TP-PA <input type="checkbox"/> VDRL (Spinal Fluid only) HIV <input type="checkbox"/> HIV Ab/Ag Screen <input type="checkbox"/> HIV Confirmation <input type="checkbox"/> HIV Qualitative NAAT <input type="checkbox"/> HIV Quantitative Viral Load HEPATITIS <input type="checkbox"/> Hepatitis C Qualitative NAAT <input type="checkbox"/> Hepatitis C Quantitative Viral Load	VIROLOGY <input type="checkbox"/> Norovirus NAAT* <input type="checkbox"/> Enterovirus NAAT* <input type="checkbox"/> Flavivirus NAAT* <input type="checkbox"/> Respiratory NAAT Panel <input type="checkbox"/> Gastrointestinal NAAT Panel <input type="checkbox"/> Influenza diagnostic NAAT <input type="checkbox"/> Influenza subtyping NAAT <input type="checkbox"/> Herpes 1 & 2 / VZV NAAT <input type="checkbox"/> Measles NAAT* <input type="checkbox"/> Mumps NAAT* <input type="checkbox"/> Influenza SARS-CoV-2 (Flu SC2) Multiplex <input type="checkbox"/> SARS-CoV-2 NAAT <input type="checkbox"/> SARS-CoV-2 Whole Genome sequencing (WGS)* VIRAL SEROLOGY <input type="checkbox"/> Rubella Antibody <input type="checkbox"/> WNV Antibody <input type="checkbox"/> SARS -COVID Total Antibody*	MYCOLOGY <input type="checkbox"/> Fungus Culture for ID PARASITOLOGY <input type="checkbox"/> Blood Smear <input type="checkbox"/> Helminth Identification <input type="checkbox"/> Arthropod Identification Title 17 Submission/Surveillance <input type="checkbox"/> Title 17 submission <input type="checkbox"/> Surveillance <input type="checkbox"/> Other
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*Testing will require approval of the San Joaquin/ or other County Public Health partners prior to submittal