



SAN JOAQUIN COUNTY
 PUBLIC HEALTH LABORATORY
 1601 E. HAZELTON AVE.
 STOCKTON, CA 95205
 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#: _____ Phone: _____ Fax: _____ <p style="text-align: center; color: red;">(REQUIRED information)</p>	Patient Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last Name First Name Middle Initial </div> Street Address: _____ City _____ State _____ Zip _____ Medical Record #: _____ Accession # _____ Birth date: _____ GENDER : M <input type="checkbox"/> 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: _____
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DATE SPECIMEN TAKEN: _____ TIME SPECIMEN TAKEN: _____

Nasal Pharyngeal (NP)
 Sputum
 Bronchial Alveolar Lavage
 Throat
 Oropharyngeal (OP)
 NP + OP
 Other: _____

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
<input type="checkbox"/> 2019-nCoV NAAT Other Information:	Date Symptoms Onset: _____ Is Patient Hospitalized?: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Patient In ICU?: <input type="checkbox"/> Yes <input type="checkbox"/> No Fatal Case?: <input type="checkbox"/> Yes <input type="checkbox"/> No PHS Consulted?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized Patient with Symptoms compatible to COVID 19 <input type="checkbox"/> Yes <input type="checkbox"/> No Symptomatic Health Care worker <input type="checkbox"/> Yes <input type="checkbox"/> No Other Symptomatic individuals (Older adults, Immunocompromised, Chronic medical complications) <input type="checkbox"/> Yes <input type="checkbox"/> No Contact with 2019-nCoV Patient <input type="checkbox"/> Yes <input type="checkbox"/> No Patients coming from congregate areas including jails, shelters, and skilled nursing facilities <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT LABORATORY FOR REQUEST FORM FOR REFERENCE SPECIMENS AND OTHER TESTS
 COMMENT: _____