



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

RevSS4.17.25

**Cultures For Identification Submission Form**  
Use for Bacteriology, Mycobacteriology, Mycology, Malaria and Title 17 submissions

Asterisk Indicates Required Fields

Patient Information

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ MI: \_\_\_\_\_ Age: \_\_\_\_\_ Units: \_\_\_\_\_  
Ethnicity\*: \_\_\_\_\_ Race\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_ Pregnancy Status\*: \_\_\_\_\_ DOB\*: \_\_\_\_\_  
Patient Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_  
County\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_  
Suspected Disease: \_\_\_\_\_ Onset Date: \_\_\_\_\_ Medical Record: \_\_\_\_\_  
CalREDIE #: \_\_\_\_\_ Travel History: \_\_\_\_\_

Submitting Lab Information

Submitter Name\*: \_\_\_\_\_ Submitter Specimen #: \_\_\_\_\_  
Submitter Address\*: \_\_\_\_\_ Submitter City\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_  
Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ordering Provider Information

Physician Name\*: \_\_\_\_\_ Physician NPI#: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_  
Physician Address: \_\_\_\_\_ Physician City: \_\_\_\_\_  
Physician State: \_\_\_\_\_ Physician Zip: \_\_\_\_\_

Specimen Submittal Information

Date Collected\*: \_\_\_\_\_ Time: \_\_\_\_\_ Material Submitted: \_\_\_\_\_  
Specimen Media: \_\_\_\_\_ Specimen Source\*: \_\_\_\_\_ Title 17\* (Y/N/UNK) \_\_\_\_\_  
Specimen Source Site: \_\_\_\_\_ Reason for Submittal:  Title 17  Culture for Identification  Other  
 Select Agent Rule-out  CRE/CRPA/CRAB  
Brief clinical history, symptoms, therapy:

Submitter Identification of Organism\*: \_\_\_\_\_

(Please attach a copy of any supplementary identification paperwork)

**Important: Enter pre-submission specimen information on the top of 2nd page**

Culture made from original clinical sample were:	Pure	Mixed	
If mixed list other organisms:			
Laboratory colony counts where applicable (e.g., urine):	Number of times organism submitted:		
Isolated from patient:			
Medium on which primary growth was obtained:			
Medium on which organism is being submitted:			
Condition of incubation prior to mailing:	Temperature	Atmosphere	Length
Date Inoculated:			

**Title 17 Information (California Code of Regulations (CCR), Section 2505, March 2024)**

When a laboratory receives a specimen or request for the laboratory diagnosis of a suspected human case of one of the following diseases, the laboratory must communicate immediately with the San Joaquin County Communicable Disease section at 209-468-3822: **Anthrax, Botulism, Brucellosis, Glanders, Melioidosis, Novel Influenza, Plague, Smallpox, Tularemia, Viral hemorrhagic Fever agents.** Please refer to the Title 17 document for additional reporting or specimen submittal requirements for the Public Health Laboratory.

**Specimens or isolates listed below must be submitted as soon as possible to San Joaquin County PHL**

**(m)(1) Specimens:**

- Malaria positive blood film slides
- *Neisseria meningitidis* eye specimens
- Shiga toxin-positive fecal broths
- Zika virus immunoglobulin M (IgM)-positive sera

**(m)(2) Isolates:**

- Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
- *Listeria monocytogenes* isolates
- *Mycobacterium tuberculosis* isolates
- *Neisseria meningitidis* isolates from sterile sites
- *Salmonella* isolates
- Shiga toxin producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
- *Shigella* isolates
- *Candida auris* isolates from a sterile site. (within 10 working days)

**(m)(3) Additional Instructions for (m)(2) isolates:**

If a laboratory test result indicates infection with any one of the pathogens listed in (m)(2), then the testing laboratory must attempt to obtain a bacterial culture isolate for submission to a public health laboratory in accordance with (m)(2). This requirement includes identification of Shiga toxin in a clinical specimen. If latent tuberculosis infection is identified, an attempt to obtain a bacterial isolate is not required. The testing laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

Laboratory Use Only	
<b>Temperature Observations</b>	
Evidence of Cooling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials: _____
Ice Pack Present <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Transport Temperature (Record one)</b>	
IR Gun Temperature: _____	
VFC400-SP Temperature _____	
<b>Sample Volume</b>	
Adequate sample Volume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments/Irregularities: _____	

IR Gun: Model 4484,37803-97 S/N 240441800