



SAN JOAQUIN COUNTY
PUBLIC HEALTH LABORATORY
1601 E. HAZELTON AVE., STOCKTON, CA 95205
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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 | |
|--|--|
| <p>Expected Transport Temperature:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Room Temperature (15-25 °C) </div> <div style="text-align: center;"> <input type="checkbox"/> Refrigerated (2-8 °C) </div> <div style="text-align: center;"> <input type="checkbox"/> Frozen (≤ 20 °C) </div> </div> <p>VFC400-SP Data Logger:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> F-1 </div> <p>Data Logger Reading: _____ or IR Gun Reading: _____</p> <p>Temperature Evaluation:</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Temperature acceptable for testing </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Temperature not received at appropriate temperature. Specimen will be rejected </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Temperature not received at appropriate temperature. Referred for Supervisory review </div> | |