



SAN JOAQUIN COUNTY
PUBLIC HEALTH LABORATORY
1601 E. HAZELTON AVE., STOCKTON, CA 95205
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CLIA # 05D0643989

LABORATORY USE ONLY

LAB NUMBER

DATE / TIME RECEIVED

Red Font Indicates Required Information

Revised 3.18.25 SS

SUBMITTER INFORMATION

Ordering Facility:

Facility Street Address:

City, State, Zip:

Phone: Fax/Email:

Ordering Provider Name:

Provider* NPI#:

Provider* Street Address (If Different)

Provider* City, State, Zip (If Different)

Diagnosis Code/ICD 10 Code:

Provider*=Ordering/Rendering Provider

Patient Name:

Last Name First Name Middle Initial

Street Address:

City State Zip

County:

Phone:

Medical Record #:

Accession #

*Birth date: GENDER: M F Trans M Trans F

*Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown

Asian Black White American Indian/Alaskan

Race: Pacific Islander Unknown Other, Specify:

Pregnancy Status: Pregnant Not Pregnant Unknown N/A

If the Patient is Deceased, Indicate Date of Death:

Billing Information-Check box for billing source (REQUIRED) Submit copy of insurance card and verification

Policy#

Submitter FPACT Health Plan of San Joaquin Health Net Contract Other
Medi-Cal

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

Xpert Carba-R NAAT CARBA-R
 Enteric culture (stool) E-D
 Enteric culture for ID (isolate) ECI
 Non-enteric culture for ID ZM
 Food testing* FOOD
 Bordetella pertussis culture/PCR
BP / BQ
Shiga toxin PCR STEC
Streptococcus culture S
Bacterial Culture (Ref) BCR

MYCOBACTERIOLOGY

Acid Fast Culture AC
Acid Fast Smear AS
Drug Susceptibility (Mtb only) AD
Mycobacteria I.D. TB CI
Mycobacterium tuberculosis NAAT
(GeneXpert) XMI
QuantiFERON TB Gold Plus QFT

STD SCREENING

Gonorrhea culture GC
 Gonorrhea NAAT GA
 Chlamydia NAAT CA
 Trichomonas NAAT TV
 M. genitalium NAAT MG

SYPHILIS

RPR RPR
 TP-PA TP-PA
 VDRL (Spinal Fluid only) VD

HIV

HIV Ab/Ag Screen HIVAGAB
HIV Confirmation HIVG
HIV Qualitative NAAT HIV-1 QL RNA
HIV Quantitative Viral Load HIV-1 QT RNA

REFERENCE SEROLOGY

Reference Serology RS

HEPATITIS

Hepatitis C Qualitative NAAT
HCV QL RNA
 Hepatitis C Quantitative Viral Load
HCV QT RNA

VIROLOGY

Norovirus NAAT* CVQ
 Enterovirus NAAT* EQ
 Flavivirus NAAT* FPCR
 Respiratory NAAT Panel RVP BIOFIRE
 Gastrointestinal NAAT Panel GI BIOFIRE
 Influenza diagnostic NAAT FLUAB
 Influenza subtyping NAAT ABI
 Herpes 1 & 2 / VZV NAAT HQ2
 Measles NAAT* RBQ
 Mpox NAAT NV ORTHO PCR
 Mumps NAAT* MPCR
 Influenza H5 NAAT*
Influenza SARS-CoV-2 Multiplex FLU SC2
 SARS-CoV-2 Whole Genome sequencing
(WGS)* COVID19-WGS

VIRAL SEROLOGY

Rubella Antibody RB
 WNV Antibody WNI

MYCOLOGY

Fungus Culture for ID FC

PARASITOLOGY

Blood Smear PB
 Helminth Identification
 Arthropod Identification A
O&P Concentrate OPC
O&P Smear OPS
Parasite Reference ZP

Title 17/Surveillance

Title 17 submission
Surveillance
Other
Health Office Approved

Laboratory Use Only

Temperature Observations

Evidence of Cooling? Yes No

Ice Pack Present Yes No

Initials: _____

Transport Temperature (Record one)

IR Gun Temperature: _____

VFC400-SP Temperature _____

Sample Volume

Adequate sample Volume? Yes No

Comments/Irregularities: _____