San Joaquin County Public Health Services
health grows here

SAN JOAQUIN COUNTY
PUBLIC HEALTH LABORATORY
1601 E. HAZELTON AVE., STOCKTON, CA 95205
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Phone: 209-468-3460 Fax: 209-468-0639
CLIA # 05D0643989

LABORATORY USE ONLY

LAB NUMBER _____ DATE / TIME RECEIVED _____

Red Font Indicates Required Information

Revised 5.7.25 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

Race: Asian Black White American Indian/Alaskan 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. **TBCI**
- 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

- Rubeola 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

Please complete all the fields including Ethnicity/Race/Pregnancy Status and Specimen Source Box Choices. Specimens may be rejected if the requisition is not complete

Laboratory Use Only

Expected Transport Temperature:

☐ Room Temperature (15-25 °C) ☐ Refrigerated (2-8 °C) ☐ Frozen (≤ 20 °C)

VFC400-SP Data Logger:

☐ R-1 ☐ R-2 ☐ F-1

Data Logger Reading: _____ **or** **IR Gun Reading:** _____

Temperature Evaluation:

☐ Temperature acceptable for testing

☐ Temperature not received at appropriate temperature. **Specimen will be rejected**

☐ Temperature not received at appropriate temperature. **Referred for Supervisory review**

R-1: VS24-4732 R-2: VS24-4719 F-1: VS24-4727 **IR Gun: Model 448437803-97 S/N 240441800**