



SAN JOAQUIN COUNTY  
PUBLIC HEALTH LABORATORY  
1601 E. HAZELTON AVE.  
STOCKTON, CA 95205  
Harmeet Kaur, Ph.D.,  
HCLD (ABB), Director  
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CLIA # 05D0643989

**LABORATORY USE ONLY**

LAB. NUMBER \_\_\_\_\_

DATE/TIME RECEIVED \_\_\_\_\_

Ebola PCR ver. 6.24.26

**SUBMITTING AGENCY INFORMATION**

Site Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Physician/NPI#: \_\_\_\_\_ / \_\_\_\_\_

**(REQUIRED INFORMATION)**

Phone (XXX) XXX-XXXX: \_\_\_\_\_  
Fax (XXX) XXX-XXXX: \_\_\_\_\_  
Submitter Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

County of Residence \_\_\_\_\_

Medical Record # \_\_\_\_\_ Accession # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M F  Trans M  Trans F

Ethnicity:  Hispanic  non-Hispanic

Race:  Asian  Black  White  American Indian/Alaskan Native  
 Pacific Islander  Unknown Other, Specify: \_\_\_\_\_

Pregnancy Status:  Pregnant  Not Pregnant  Unknown  N/A

Diagnosis Code/ICD 10 Code: \_\_\_\_\_

IF PATIENT IS DECEASED, Specify Date of Death: \_\_\_\_\_

**BILLING INFORMATION:** (Please Submit a copy of the Insurance card and verification)

Submitter  Medi-Cal  Medicare  FPACT  Health Plan of San Joaquin  Health Net  Other: \_\_\_\_\_  
 No Charge (Title 17 or Surveillance)

Policy #: \_\_\_\_\_

DATE SPECIMEN TAKEN (MM/DD/YYYY): \_\_\_\_\_ TIME SPECIMEN TAKEN (HH:MM) \_\_\_\_\_ AM PM

EDTA (Purple Top) Blood x 2 4 mL each tube Store samples at 4-8 degrees C.

Testing	Case History	Patient Symptoms
<p><b>BioFire Global Fever-Special Pathogens Panel</b></p> <p><i>Bacillus anthracis, Francisella tularensis, Leptospira spp., Yersinia pestis, Chikungunya virus, Crimean-Congo hemorrhagic fever virus, Dengue virus (1,2,3,4), Ebolavirus spp. (Bundibugyo, Reston, Sudan, Tai Forest, Zaire), Lassa virus, Marburgvirus, West Nile Virus, Yellow fever virus, Leishmania spp. including L. donovani and L. infantum, Plasmodium falciparum, Plasmodium vivax/ovale</i></p> <p><b>Coordination with San Joaquin County Public Health Services is Required PRIOR to sending specimens.</b></p>	<p>Date Symptoms Onset: _____</p> <p>Reason For Testing:</p> <p style="padding-left: 40px;"><b>Contact</b></p> <p style="padding-left: 40px;"><b>Symptomatic Patient</b></p> <p style="padding-left: 40px;"><b>Screen</b></p> <p style="padding-left: 40px;"><b>Other</b></p> <p>Travel History if applicable:</p>	<p><b>Fever</b></p> <p><b>Aches and pains in muscles and joints</b></p> <p><b>Severe headaches</b></p> <p><b>Weakness and fatigue</b></p> <p><b>Sore Throat</b></p> <p><b>Loss of appetite</b></p> <p><b>Unexplained bleeding</b></p> <p><b>Nausea</b></p> <p><b>Abdominal Pain</b></p> <p><b>Diarrhea</b></p> <p><b>Vomiting</b></p>

**Public Health Laboratory  
County of Santa Clara**

2220 Moorpark Ave., 2nd Fl., San Jose, CA 95128

(408) 885-4272 FAX (408) 885-4275

Brandon Bonin, DrPH, HCLD (ABB) Laboratory Director  
CLIA NO.: 05D0643967 / NPI NO: 1528165883

Submit form with sample to Public Health Lab

LABORATORY USE ONLY

LAB NUMBER

DATE/TIME

**INFORMATION BELOW MUST BE PROVIDED BEFORE REQUISITION WILL BE PROCESSED**

Patient Name (Last)		(First)		(M)		Sex	Date of Birth (DOB)	Social Security No. (SSN)	
						M F			
Address		Street		City		State		Zip	
Patient Telephone Number		Patient ID Number		Medical Record Number		Submitting Laboratory's Specimen ID Number			
Date Specimen Taken		Date of Onset		Next CHDP Visit		Patient History/ Travel History			
Reason For Testing		Clearance		Screen		Immunity Status		Other	
Contact									
Type of Specimen									
Blood	CSF	Urine	Cervix	Rectal	Urethral	Throat	Naso-Pharyngeal	Feces	
Serum	Wound	Sputum	Gastric	Skin	Plasma (Heparin)	Other			

**ORDERING PHYSICIAN INFORMATION**

Name (physician's name)	UPIN #	ICD-9 code (diagnosis code required)
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**COMPLETE INFORMATION & A COPY OF INSURANCE CARD  
MUST BE ATTACHED OR SUBMITTER WILL BE BILLED**

**SUBMITTER INFORMATION  
IMPRINT PLATE OR INPUT MANUALLY**

Responsible Party	Relationship (circle one) Self Spouse Child Other			Name
Address	Street	City	Zip	Address
Responsible Person:	Telephone			City
Bill to / Insurance Number:				State
Submitter	Medi-Cal	Blue Cross - Medi-Cal	Medicare	Zip
CHDP	VHP	CAAH	Other	Telephone
				Fax
				Contact

**Check Test Being Ordered and Source**

**BACTERIOLOGY:**

- Gonorrhea Smear
- Cervix
- Pharyngeal
- [ ] Rectal
- [ ] Urethra
- [ ] Gonorrhea Culture
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Urine Culture
- [ ] B. pertussis DFA
- [ ] B. pertussis culture
- [ ] MRSA
- [ ] Streptococcus (Strep A)
- [ ] Enteric culture (primary stool)
- Salmonella / Shigella / E. coli O157 (circle one)
- [ ] Shiga-Toxin Immunoassay

**SEROLOGY:**

- [ ] RPR (red or tiger top)
- [ ] previous positive
- [ ] TPPA
- [ ] Darkfield microscopy
- [ ] Ext. genitalia
- [ ] Int. genitalia
- [ ] Oral

**MYCOBACTERIOLOGY / TB:**

- [ ] Quantiferon-TB Gold In-Tube Assay
- [ ] NAAT - GenXpert
- [ ] Culture
- [ ] Sensitivities (1st line drugs)
- [ ] Molecular Beacon
- [ ] Pyrosequencing

**VIROLOGY:**

- [ ] Respiratory Panel Culture
- [ ] Respiratory Panel - direct smear
- [ ] Chlamydia - direct smear
- [ ] Cervix
- [ ] Eye
- [ ] Rectal
- [ ] Throat
- [ ] Urethra
- [ ] Herpes 1/2 DFA

**VIRAL SEROLOGY (red or tiger top):**

- [ ] HBsAg
- [ ] HBcore Total
- [ ] HCV
- [ ] HIV (serum)
- [ ] HIV (oral fluid)
- [ ] Measles IgG
- [ ] Measles IgM
- [ ] Herpes 1/2 IgG
- [ ] West Nile Virus

**PARASITOLOGY:**

- [ ] Ova and Parasites
- [ ] Pinworm
- [ ] Cryptosporidia
- [ ] Helminth identification
- [ ] Arthropod identification
- [ ] Blood film
- [ ] Malaria speciation
- [ ] B. burgdorferi (tick ID & test)

**CHEMISTRY/ TOXICOLOGY:**

- [ ] Blood Lead - capillary screen
- [ ] Blood Lead - venous confirmation

**MOLECULAR TESTING:**

- [ ] Gonorrhea - molecular method
- [ ] Cervix
- [ ] Urethra
- [ ] Urine
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Chlamydia - molecular method
- [ ] Cervix
- [ ] Urethra
- [ ] Urine
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Bordetella pertussis
- [ ] Influenza (A/B)
- [ ] Influenza subtyping
- [ ] Avian Influenza
- [ ] Norovirus
- [ ] Measles
- [ ] Mumps
- [ ] Dengue

**MYCOLOGY**

- [ ] Fungal culture
- [ ] Yeast culture

**SPECIAL TEST REQUEST(S)**

- BioFire Global Fever - Special
- Pathogens Panel

