

	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	
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		Revised 6.30.26 SS Red Font Indicates Required Information 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. 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 ☐ Rubella Antibody RB ☐ WNV Antibody WNI MYCOLOGY Fungus Culture for ID FC Candida auris NAAT 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