Health Care Agency
Public Health Laboratory
1729 W. 17th Street • Santa Ana, CA 92706
(714) 834-8385 • Fax: (714) 564-4068

Red indicates required information

CLIENT INFORMATION (REQUIRED)

OTHER CLINICIAN INFORMATION (if different from above)

NAME / CLINIC CODE / PHONE #

STREET ADDRESS

CITY / STATE / ZIP

PATIENT INFORMATION

MEDICAL RECORD NUMBER / CLIENT PATIENT NO.:

PATIENT NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS / APT #

CITY / STATE / ZIP / PHONE

DATE OF BIRTH | AGE | GENDER ☐ MALE ☐ FEMALE ☐ OTHER_____

RACE/ETHNICITY

SPECIMEN SOURCE (REQUIRED)

☐ Throat ☐ Genital ☐ Vaginal Swab ☐ Ear ☐ Aerosol (D1, D2, D3, F)
☐ NP Swab ☐ Stool ☐ Rectal Swab ☐ Sputum ☐ Respiratory Processed
☐ Nasal Swab ☐ CSF ☐ Urine ☐ BAL ☐ Other _____(Specify)

☐ Serum ☐ Plasma ☐ Whole Blood ☐ Wound ☐ Tissue
☐ Lesion Specify Site:_____

COLLECTION INFORMATION

DATE (MM/DD/YYYY) | TIME (HH:MM) ☐ AM ☐ PM

COLLECTED BY

REFERENCE TEST (REQUIRED) - WRITE IN BELOW

☐ B4 Bacterial Culture for Identification, Aerobic
☐ B5 Bacterial Culture for Identification, Anaerobic
☐ B13 Gonorrhea, Culture for Identification
☐ B20 Salmonella/Shigella, Culture for Identification
☐ M2 Mycology/Aerobic Actinomycetes Culture for Identification
☐ T2 Mycobacterium Culture for Identification
☐ T6 Mycobacterium tuberculosis Culture for Identification and Susceptibility
☐ T7 Mycobacterium tuberculosis Culture for Reportable Disease Only

ICD-10:

Pregnancy Status ☐ Yes ☐ No ☐ Unknown

CLINICAL TEST (REQUIRED)

BACTERIOLOGY

☐ B1 Aeromonas Culture
☐ B2 Bacterial Culture and Sensitivity, Aerobic
☐ B3 Bacterial Culture and Sensitivity, Anaerobic
☐ B6 Bordetella pertussis Screen
☐ B7 Campylobacter Culture
☐ B8 Clostridium botulinum Toxin
☐ B9 Diphtheria Culture
☐ B10 Escherichia coli (STEC) Culture
☐ B12 Gonorrhea Culture
☐ B14 Gonorrhea, Microscopic Exam
☐ B16 Legionella Culture
☐ B17 Occult Blood
☐ B19 Salmonella/Shigella Culture
☐ B21 Streptococcus Group A Culture
☐ B22 Syphilis Darkfield, Microscopic Exam
☐ B25 Urinalysis
☐ B27 Vibrio Culture
☐ B29 Yersinia Culture

MYCOLOGY

☐ M1 Mycology Primary Culture
☐ M3 Candida auris Screen

MYCOBACTERIOLOGY

☐ T1 Mycobacterium Culture and Sensitivity
☐ T4 Mycobacterium tuberculosis complex NAAT
☐ T5 Mycobacterium tuberculosis, Antimicrobial Drug Levels

PARASITOLOGY

☐ P1 Arthropod Identification
☐ P2 Cryptosporidium/Giardia Screen
☐ P3 Cyclospora Screen
☐ P4 Entamoeba histolytica/Entamoeba dispar Differentiation
☐ P5 Helminth Identification
☐ P6 Isospora Screen
☐ P7 Malaria/Blood Parasites Screen
☐ P8 Microsporidium Screen
☐ P9 Ova and Parasite Exam
☐ P11 Pinworm Exam
☐ P12 Pneumocystis Screen

VIROLOGY/MOLECULAR

☐ V1 Chlamydia/Gonorrhea NAAT
☐ V2 Rabies DFA
☐ V8 Influenza PCR
☐ V17 Trichomonas NAAT
☐ V19 SARS-CoV-2 (COVID-19) PCR
☐ V23 HSV & VZV NAAT

VIRAL LOAD

☐ S68 HIV 1 Viral Load, APTIMA

SEROLOGY

☐ S18 Hepatitis Acute Panel
Hepatitis A IgM Antibody
Hepatitis B Core IgM Antibody
Hepatitis B Surface Antigen Screen
Hepatitis C Antibody w/ reflex
☐ S19 Hepatitis A IgM Antibody
☐ S67 Hepatitis A Total Antibody
☐ S20 Hepatitis B Core IgM Antibody
☐ S21 Hepatitis B Core Total Antibody
☐ S22 Hepatitis B Surface Antigen Screen
☐ S23 Hepatitis B Surface Antigen Antibody
☐ S24 Hepatitis C Antibody w/ reflex
☐ S31 HIV 1, 2 Antigen/Antibody Screen
☐ S43 Measles Antibody
☐ S61 Toxoplasma Antibody
☐ S80 Syphilis RPR, titer only
☐ S85 SARS-CoV-2 IgG Antibody
☐ S90 Syphilis Screen Immunossay

SEROLOGY OTHER

☐ S32 Immunology Other Antibody

Specify

F042-05.1360 (06/22) - DTP472

Cultured Referred As: (REQUIRED) _____

Other Tests / Notes:

LABORATORY COPY