Health Care Agency
Public Health Laboratory
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(714) 834-8385 • Fax: (714) 834-7968

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

HCA MEDICAL RECORD NUMBER

PATIENT NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS / APT #

CITY / STATE / ZIP / PHONE

DATE OF BIRTH	AGE	GENDER ☐ MALE ☐ FEMALE

CLIENT PATIENT NUMBER

SPECIMEN SOURCE (REQUIRED)

☐ Throat ☐ Stool ☐ Rectal Swab ☐ Sputum ☐ Aerosol (D1, D2, D3, F)
☐ NP ☐ CSF ☐ Urine ☐ BAL ☐ Respiratory Processed
☐ Genital ☐ Oral Fluid ☐ Ear ☐ Gastric Aspirate ☐ Other __________(Specify)
☐ Serum ☐ Plasma ☐ Whole Blood ☐ Wound ☐ Tissue
___Acute ___Convalescent Onset Date_________ ☐ Lesion Specify Site:____________

COLLECTION INFORMATION

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

COLLECTED BY

REFERENCE TEST (REQUIRED) OR

- ☐ 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
- ☐ V4 Viral Culture for Identification

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Culture Referred As: (REQUIRED)

CLINICAL TEST (REQUIRED)

BACTERIOLOGY

- ☐ B1 Aeromonas Culture
- ☐ B2 Bacterial Culture and Sensitivity, Aerobic
- ☐ B3 Bacterial Culture and Sensitivity, Anaerobic
- ☐ B6 Bordetella pertussis Culture and PCR
- ☐ B7 Campylobacter Culture
- ☐ B8 Clostridium botulinum Toxin
- ☐ B9 Diphtheria Culture
- ☐ B10 Escherichia coli (STEC) Culture
- ☐ B12 Gonorrhea Culture
- ☐ B14 Gonorrhea, Microscopic Exam
- ☐ B15 Haemophilus ducreyi Culture
- ☐ 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

MYCOBACTERIOLOGY

- ☐ T1 Mycobacterium Culture and Sensitivity
- ☐ T3 Mycobacterium Smear
- ☐ 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
- ☐ P10 Paragonimus Screen
- ☐ P11 Pinworm Exam
- ☐ P12 Pneumocystis Screen

VIROLOGY

- ☐ V1 Chlamydia/Gonorrhea NAAT
- ☐ V2 Rabies DFA
- ☐ V3 Viral Culture
- ☐ V5 Viral Culture, Herpes Simplex Virus
- ☐ V8 Influenza PCR

VIRAL LOAD

- ☐ S68 HIV 1 Viral Load, TaqMan v2

SEROLOGY

- ☐ S18 Hepatitis Acute Panel
  - Hepatitis A IgM Antibody
  - Hepatitis B Core IgM Antibody
  - Hepatitis B Surface Antigen Screen
  - Hepatitis C Antibody
- ☐ S19 Hepatitis A IgM Antibody
- ☐ S67 Hepatitis A IgG 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
- ☐ S31 HIV 1, 2 Antigen/Antibody Screen
- ☐ S28 HIV 1 Oral Fluid Screen
- ☐ S43 Measles Antibody
- ☐ S58 Syphilis Screen
- ☐ S59 Syphilis TP-PA Confirmation
- ☐ S61 Toxoplasma Antibody

SEROLOGY OTHER

- ☐ S32 Immunology Other Antibody

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Specify

Other Tests / Notes: