Clear Form

CONTRA COSTA HEALTH SERVICES

Contra Costa Public Health Laboratory

2500 Alhambra Ave., Room 209, Martinez, CA 94553 ph. 925-370-5775 fax. 925-370-5252

CLIA ID Number 05D0643758

REQUIRED FIELDS

SUBMITTING FACILITY NAME:

LAB USE ONLY

Requested by: _____ ☐ MD ☐ NP ☐ PA

Address: _____ **Zip Code:** _____ **Phone:** _____

PATIENT DEMOGRAPHICS -- Please print clearly.

Last Name **First Name** **Medical Record Number/Soc. Sec. Number**

Address: **City:** **Zip Code:**

Date of Birth: **Sex:** ☐ M ☐ F **Pregnancy:** ☐ Yes ☐ No ☐ N/A

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown

Ethnicity: ☐ Hispanic / Latino ☐ Non Hispanic / Latino ☐ Unknown

Date Collected: **Time:**

SPECIMEN TYPE/SOURCE -- Please check appropriate box(es).

☐ Blood ☐ Urine ☐ Rectum ☐ Cervix
☐ Sputum ☐ Cerebral Spinal ☐ Vagina ☐ Lesion: _____
☐ Urethra ☐ Nasal Swab ☐ Stool
☐ Oropharyngeal/Throat ☐ Nasopharyngeal ☐ Other: _____

Syphilis Serology

☐ RPR/VDRL
☐ Confirmatory TPPA

Viral Serology

☐ Rubella Antibody
☐ Hepatitis A IgG Antibody
☐ Hepatitis A IgM Antibody
☐ ***Hepatitis B Surface Antigen***
☐ Hepatitis B Surface Antibody
☐ Hepatitis B Core Antibody
☐ Hepatitis B Core IgM Antibody
☐ ***Hepatitis C Antibody***

Other Immunology

☐ Measles Ab Total (IgG & IgM)
☐ Mumps Ab Total (IgG & IgM)
☐ Varicella Ab Total (IgG & IgM)

HIV Serology

☐ ***HIV 1/2 Ag/Ab Combo Assay***

Quantitative Viral Load

☐ HIV-1 RNA Quant Viral Load
☐ Hepatitis C Quant Viral Load
☐ Hepatitis B Quant Viral Load
Other: _____

Mycobacteriology

☐ AFB Smear/Culture
☐ AFB Definitive ID
☐ PCR for M. tuberculosis complex
☐ TB Quantiferon

Mycology

☐ Fungus Culture
☐ Fungus Definitive ID
Other: _____

Parasitology

☐ Ova & Parasites
☐ Malaria Smear
☐ Parasite Identification
Other: _____

Nucleic Acid Amplification-TMA

☐ GC and Chlamydia Detection
☐ Trichomonas vaginalis
☐ Herpes Simplex Virus
Other: _____

Bacteriology

☐ Salmonella
☐ Shigella
☐ Campylobacter
☐ E. coli 0157/Shiga Toxin
☐ B. pertussis Culture/PCR
Other: _____

Water

☐ Water Testing (Presence/Absence)
Other: _____

Virology

☐ Respiratory Panel
☐ Gastrointestinal Panel
☐ Measles PCR
☐ Mumps PCR
☐ Norovirus PCR
☐ Influenza Virus PCR
☐ SARS-CoV-2/COVID-19 NAAT
Other: _____

Comments:

PLEASE CHECK TEST(S) REQUESTED