



Contra Costa Public Health Laboratory

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CLIA ID Number 05D0643758

REQUIRED FIELDS

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SUBMITTING FACILITY NAME: _____	LAB USE ONLY
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Requested by: _____ MD NP PA

Address: _____

Phone: _____

PATIENT DEMOGRAPHICS -- Please print clearly.

Last Name	First Name	Medical Record Number/Soc. Sec. Number
Address: _____		
City _____		
Date of Birth: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date Collected: _____	Time: _____	

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

<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Rectum	<input type="checkbox"/> Skin
<input type="checkbox"/> Cervix	<input type="checkbox"/> Sputum	<input type="checkbox"/> Cerebral Spinal	<input type="checkbox"/> Peritoneal Fluid
<input type="checkbox"/> Vagina	<input type="checkbox"/> Bronchial Lavage	<input type="checkbox"/> Stool	<input type="checkbox"/> Lesion: _____
<input type="checkbox"/> Penile	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Other: _____	

Syphilis Serology	Mycobacteriology	Bacteriology
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<input type="checkbox"/> 01 RPR/VDRL <input type="checkbox"/> 02 Confirmatory TPPA <input type="checkbox"/> TPPA Regardless	<input type="checkbox"/> 14 AFB Smear/Culture <input type="checkbox"/> 15 AFB Definitive ID <input type="checkbox"/> PCR for M. tuberculosis complex <input type="checkbox"/> TB Quantiferon	<input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> 28 Campylobacter <input type="checkbox"/> E. coli 0157/Shiga Toxin <input type="checkbox"/> B. pertussis Culture/PCR Other: _____
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Viral Serology	Mycology	Water
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<input type="checkbox"/> 03 Rubella Antibody <input type="checkbox"/> 05 Hepatitis A IgG Antibody <input type="checkbox"/> 06 Hepatitis A IgM Antibody <input type="checkbox"/> 07 Hepatitis B Surface Antigen <input type="checkbox"/> 08 Hepatitis B Surface Antibody <input type="checkbox"/> 09 Hepatitis B Core Antibody <input type="checkbox"/> 10 Hepatitis B Core IgM Antibody <input type="checkbox"/> 11 Hepatitis C Antibody	<input type="checkbox"/> 18 Fungus Culture <input type="checkbox"/> 19 Fungus Definitive ID Other: _____	<input type="checkbox"/> Water testing (Presence/Absence) Other: _____
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Other Immunology	Parasitology	Virology
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<input type="checkbox"/> Measles Ab Total (IgG & IgM) <input type="checkbox"/> Measles IgM Antibody <input type="checkbox"/> Mumps Ab Total (IgG & IgM) <input type="checkbox"/> Mumps IgM Antibody <input type="checkbox"/> Varicella Ab Total (IgG & IgM) <input type="checkbox"/> Varicella IgM Antibody	<input type="checkbox"/> 20 Ova & Parasites <input type="checkbox"/> 21 Pinworm Slide <input type="checkbox"/> 22 Malaria Smear <input type="checkbox"/> 25 Cryptosporidium <input type="checkbox"/> Cyclospora <input type="checkbox"/> Parasite Identification Other: _____	<input type="checkbox"/> 38 Herpes Virus PCR <input type="checkbox"/> Respiratory Panel <input type="checkbox"/> Gastrointestinal Panel <input type="checkbox"/> Measles PCR <input type="checkbox"/> Mumps PCR <input type="checkbox"/> Zika Virus IgM/ PCR <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Rotavirus EIA <input type="checkbox"/> Influenza Virus PCR <input type="checkbox"/> Enterovirus PCR
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HIV Serology	GC and Chlamydia	Quantitative Viral Load
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<input type="checkbox"/> 13 HIV 1/2 Ag/Ab Combo Assay	<input type="checkbox"/> GC and Chlamydia Detection Other: _____	<input type="checkbox"/> HIV-1 RNA Quant Viral Load <input type="checkbox"/> Hepatitis C Quant Viral Load <input type="checkbox"/> Hepatitis B Quant Viral Load Other: _____
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Genotyping	Other:	
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<input type="checkbox"/> HIV-1 Genotype <input type="checkbox"/> Hepatitis C Virus Genotype	Comments: _____	
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PLEASE CHECK TEST(S) REQUESTED