

PUBLIC HEALTH LABORATORY

TEST REQUISITION FORM

12750 ERICKSON AVENUE
DOWNEY, CA 90242
(562) 658-1300

PATIENT NAME (LAST, FIRST)				DATE/TIME RECEIVED	DATE/TIME REPORTED
				SUBMITTER	
PATIENT ID NUMBER	RACE	M	F	DATE OF BIRTH	
SPECIMEN SOURCE	PATIENT LOCATION / CLINIC	DATE/TIME TAKEN	REQUESTING PHYSICIAN / REFERRING LABORATORY		SUBMITTER ACCESSION #

INFORMATION FOR SYPHILIS SEROLOGY

- Prenatal Congenital
- Screening (STD Clinic patient, without history, findings or contact)
- Syphilis, history of treatment
- Suspected syphilis, not yet treated
 - Primary Secondary
- Suspected late-latent syphilis/tertiary
- Referred for suspected syphilis
 - Untreated Treated
- Contact to infectious syphilis

INFORMATION FOR MICROBIOLOGICAL EXAM

- PHN Code # _____
 Outbreak # _____
- Possible Child Abuse (Consult Laboratory)
 - Possible Medico-Legal Case (Consult Laboratory)

INFORMATION FOR VIRAL CULTURE

- Date of onset _____
 Suspected virus _____

TEST REQUEST

- | | | |
|--|--|--|
| <input type="checkbox"/> AEROBIC BACTERIAL ID | <input type="checkbox"/> CRYPTOSPORIDIUM/CYCLOSPORA/ ISOSPORA | <input type="checkbox"/> MALARIA CONFIRMATION |
| <input type="checkbox"/> AEROBIC BACTERIAL CULTURE SPECIFY _____ | <input type="checkbox"/> E. COLI 0157, CULTURE | <input type="checkbox"/> MICROSPORIDIUM EXAM |
| <input type="checkbox"/> AFB, AMPLIFIED M. TUBERCULOSIS DIRECT TEST | <input type="checkbox"/> E. HISTOLYTICA EIA | <input type="checkbox"/> N. GONORRHOEAE - CULTURE ^a |
| <input type="checkbox"/> AFB, CULTURE FOR IDENTIFICATION | <input type="checkbox"/> FOOD - SPECIFY _____ | <input type="checkbox"/> N. GONORRHOEAE - NAAT |
| <input type="checkbox"/> AFB, SMEAR "ONLY" | <input type="checkbox"/> FUNGAL CULTURE AND ID | <input type="checkbox"/> OVA AND PARASITE EXAM |
| <input type="checkbox"/> AFB, SMEAR, CULTURE, SUSCEPTIBILITY | <input type="checkbox"/> FUNGAL CULTURE ID | <input type="checkbox"/> PINWORM PREP. |
| <input type="checkbox"/> AFB, SUSCEPTIBILITY | <input type="checkbox"/> FUNGAL ID, DNA PROBE | <input type="checkbox"/> QUANTIFERON |
| <input type="checkbox"/> ANAEROBIC BACTERIAL ID | <input type="checkbox"/> <input type="checkbox"/> COCCIDIODES IMMITIS | <input type="checkbox"/> RESPIRATORY VIRUS CULTURE |
| <input type="checkbox"/> ANAEROBIC BACTERIAL CULTURE SPECIFY _____ | <input type="checkbox"/> <input type="checkbox"/> HISTOPLASMA CAPSULATUM | <input type="checkbox"/> RESPIRATORY PATHOGEN PCR PANEL |
| <input type="checkbox"/> ARBOVIRUS AB PANEL | <input type="checkbox"/> HEPATITIS A TOTAL AB | <input type="checkbox"/> RICKETTSIAL AB PANEL |
| <input type="checkbox"/> BLOOD SMEAR, PARASITE EXAM | <input type="checkbox"/> HEPATITIS A IgM | <input type="checkbox"/> ROTAVIRUS AG DETECTION |
| <input type="checkbox"/> BORDETELLA CULTURE | <input type="checkbox"/> HEPATITIS B CORE AB | <input type="checkbox"/> RSV AG DETECTION |
| <input type="checkbox"/> BORDETELLA PCR | <input type="checkbox"/> HEPATITIS B SURFACE AB | <input type="checkbox"/> SALMONELLA SHIGELLA CULTURE |
| <input type="checkbox"/> CAMPYLOBACTER CULTURE | <input type="checkbox"/> HEPATITIS B SURFACE AG | <input type="checkbox"/> SHIGA-LIKE TOXIN SCREEN |
| <input type="checkbox"/> C. TRACHOMATIS CULTURE | <input type="checkbox"/> HEPATITIS C VIRUS AB | <input type="checkbox"/> STOOL CULTURE - SPECIFY _____ |
| <input type="checkbox"/> C. TRACHOMATIS/N. GONORRHOEAE NUCLEIC ACID AMPLIFICATION TEST | <input type="checkbox"/> HISTOPLASMA AB | <input type="checkbox"/> STREP PNEUMO URINARY AG |
| <input type="checkbox"/> C. BOTULINUM - TOXIN | <input type="checkbox"/> HIV-1 AB | <input type="checkbox"/> SYPHILIS REFLEX PANEL |
| <input type="checkbox"/> C. BOTULINUM - CULTURE | <input type="checkbox"/> HIV-1 RESISTANCE, GENOTYPING | <input type="checkbox"/> T. VAGINALIS, NAAT |
| <input type="checkbox"/> CMV CULTURE | <input type="checkbox"/> HIV-1, VIRAL LOAD, PCR | <input type="checkbox"/> VIBRIO CULTURE |
| <input type="checkbox"/> COCCIDIODES REFLEX PANEL | <input type="checkbox"/> HIV-1 WESTERN BLOT | <input type="checkbox"/> VIRAL CULTURE COMPREHENSIVE |
| <input type="checkbox"/> CRYPTOSPORIDIUM/GIARDIA | <input type="checkbox"/> HSV I/II PCR | <input type="checkbox"/> VIRAL IDENTIFICATION |
| | <input type="checkbox"/> HSV CULTURE | <input type="checkbox"/> WEST NILE VIRUS AB |
| | <input type="checkbox"/> HSV-2 IgG AB | <input type="checkbox"/> WORM IDENTIFICATION |
| | <input type="checkbox"/> INFLUENZA VIRUS A/B PCR | <input type="checkbox"/> YERSINIA CULTURE |
| | <input type="checkbox"/> LEAD, BLOOD | <input type="checkbox"/> OTHER _____ |
| | <input type="checkbox"/> M. TUBERCULOSIS, MOLECULAR DETECTION OF DRUG RESISTANCE | _____ |