San Diego County Public Health Laboratory

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Test Requisition Form

Patient Information

(*) denotes required information

*Last Name | *First Name | Middle Name

*DOB | *Pregnancy Status | *Gender ☐M ☐F ☐M/F ☐F/M

*Address

*City, State, Zip

*Phone # | MRN/ID#

*Race ☐American Indian/ Alaska Native ☐Asian Pacific Islander ☐Black/African American ☐White ☐Unknown ☐Decline

*Ethnicity ☐Hispanic/ Latino ☐Not Hispanic/ Latino ☐Unknown ☐Decline

For More Information on Extended Race and Ethnicity Click Here.

Extended Race

Extended Ethnicity

Submitter Information

NEW submitters are required to complete a Client Agreement Form before submitting specimen(s).

*Ordering Physician (FIRST NAME LAST NAME)

The physician or alternate contact completing this form confirms that they are compliant to the HIPPA Privacy Rule (45 CFR Parts 160 and 164) and that the fax number listed is a secure line to send test results.

*National Provider ID (NPI)

Please use the link below to find your physician's NPI: https://npiregistry.cms.hhs.gov/search

*Facility Name

*Address

*Phone

Email

*Alternate Contact (ie. PHN/CDI/Epi)

Clinical Information (ie. date of onset/exposure, travel history, previous lab results)

Specimen Information

SUBMIT ONE TEST REQUISITION FORM PER SPECIMEN SOURCE

Collection Information	*Specimen Source					
*Date	☐ Blood	☐ Urethra	☐ Stool	☐ BAL	☐ Nasal	☐ Aspirate (specify type):
Time	☐ Serum	☐ Vaginal	☐ Rectal	☐ Nasopharyx	☐ CSF	☐ Body fluid (specify type):
Collected By	☐ Plasma	☐ Vaginal (self collected)	☐ Throat	☐ Buccal	☐ Tissue, Skin, Nail (specify location):	
Collection series #:___of___	☐ Urine	☐ Cervix	☐ Sputum ☐ Induced	☐ Oropharynx	☐ Other (specify):	

*Test(s) Requested

Bacteriology

- ☐ Aerobic Bacterial Culture
- ☐ Aerobic Bacterial Identification (*Attach worksheet/results)
- ☐ N. gonorrhoeae Culture ☐ GC Smear
- ☐ Enteric Pathogens ID (specify organism): (*Attach worksheet/results)
- ☐ Enteric Pathogens Culture (specify organism):
- ☐ Rule Out (specify organism): (*Attach worksheet/results)

Mycobacteriology

- ☐ AFB Smear. Culture. Susceptibility
- ☐ MTB Complex Susceptibility Only
- ☐ GeneXpert MTB/RIF PCR
- ☐ MTB complex Isolate (Title 17) (*Attach worksheet/results)

Parasitology

- ☐ Ova and Parasite Exam
- ☐ Cryptosporidium DFA ☐ Giardia DFA
- ☐ Malaria Confirmation
- ☐ Blood Parasite Identification
- ☐ Coccidian Identification (*Cyclospora sp.* and *Isospora sp.*)
- ☐ Send Out (specify test):

Serology

- ☐ SARS-CoV-2 IgG
- ☐ HIV- 1/2 Ag/Ab Reflex Panel
- ☐ Syphilis Reflex Panel (reverse algorithm)
- ☐ QuantiFERON-TB ☐ *Not Incubated ☐ *Incubated Time in/out:_____/_____
- ☐ Hepatitis B Core Ab Total Reflex Panel
- ☐ Hepatitis C Ab Reflex Panel
- ☐ Measles IgG

Molecular

- ☐ Chlamydia/Gonorrhea NAAT
- ☐ Trichomonas NAAT
- ☐ HIV-1 Viral Load
- ☐ HSV 1/2 PCR
- ☐ 2019-nCoV ☐HCW ☐Resident ☐Other
- ☐ COVID-19-WGS Ct Value: (*Enter Ct value of specimen)
- ☐ Send Out (specify test):

Molecular*

- ☐ Hepatitis A PCR (pre-approved only)[1]
- ☐ Influenza PCR Previous test results ☐ A ☐ B
  ☐ Outpatient ☐ Hospitalized ☐ ICU
  ☐ Outbreak ☐ Inmate ☐ Fatal
  Outbreak case#
- ☐ Mumps PCR (pre-approved only)[2]
- ☐ Measles PCR (pre-approved only)[2]
- ☐ Norovirus PCR (pre-approved only)[1]
- ☐ Mpox Rule Out Clade I (pre-approved only)[1]
- ☐ SDPHL Dengue PCR (pre-approved only)[1]

☐ Other Test(s) Consult with Lab

Enter Test Name Here

1-This test must be approved by the San Diego County Epidemiology Program, please call 619-692-8499.
2-This test must be approved by the San Diego County Immunization Program, please call 866-358-2966 option 5.
Submitters may incur fees for testing, in accordance with the board-approved fee schedule available on the San Diego County Public Health Laboratory website.
*Specimen(s) tested at San Diego County Public Health Modular Laboratory located at 5587 Overland Avenue, San Diego, CA 92123 CLIA# 05D2274872