



Public Health
Laboratory

Lab Use Only
Date/Time Received:

Laboratory Test Request Form

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Submitter	Patient	Diagnosis Code
Name/Code:	Affix Printed Label if Available	ICD-10:
Location:	Last Name:	
Physician	First Name: MI:	Specimen Collection
Name:	Birthdate:	
NPI#	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	Date Collected: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
	City: Zip:	Time Collected: _____ :
	PV Number:	
	Patient ID #	
Lab Test Requested and Specimen Type Submitted		
Immunology	Molecular Biology	Microbiology
HIV	STD NAAT	Enteric Culture
<input type="checkbox"/> HIV Combo EIA <input type="checkbox"/> Red top blood <input type="checkbox"/> HIV MultiSpot <input type="checkbox"/> Serum	<input type="checkbox"/> Chlamydia NAAT <input type="checkbox"/> Urine <input type="checkbox"/> Gonorrhea NAAT <input type="checkbox"/> Cervical Swab <input type="checkbox"/> Chlam/GC NAAT <input type="checkbox"/> Vaginal Swab <input type="checkbox"/> Urethral Swab	<input type="checkbox"/> Salmonella/Shigella <input type="checkbox"/> Stool <input type="checkbox"/> Campylobacter <input type="checkbox"/> Urine <input type="checkbox"/> E.coli O157:H7 <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Shiga Toxin <input type="checkbox"/> Enteric Isolate for ID
Hepatitis	HIV Viral Load	Bacteria Culture
<input type="checkbox"/> HAV Ab <input type="checkbox"/> Red top blood <input type="checkbox"/> HBsAg <input type="checkbox"/> Serum <input type="checkbox"/> HBsAb <input type="checkbox"/> HBcAb <input type="checkbox"/> HCV Ab	<input type="checkbox"/> HIV-1 Viral Load <input type="checkbox"/> Purple Top Blood <input type="checkbox"/> Plasma	<input type="checkbox"/> Gonorrhea Culture <input type="checkbox"/> Cervical <input type="checkbox"/> Rectal <input type="checkbox"/> Genital Culture <input type="checkbox"/> Vaginal <input type="checkbox"/> Urine Culture <input type="checkbox"/> Urine <input type="checkbox"/> B-Strep Culture <input type="checkbox"/> Throat <input type="checkbox"/> Miscellaneous Culture <input type="checkbox"/> Other Source: <input type="checkbox"/> Bacteria Isolate for ID
Syphilis	Virus/ Bacterial PCR	Mycobacteriology
<input type="checkbox"/> Syphilis RPR <input type="checkbox"/> Red top blood <input type="checkbox"/> Syphilis TPPA <input type="checkbox"/> Serum <input type="checkbox"/> Plasma	<input type="checkbox"/> Influenza PCR <input type="checkbox"/> Throat Swab <input type="checkbox"/> Bordetella PCR <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Norovirus PCR <input type="checkbox"/> Nasal Wash <input type="checkbox"/> Enterovirus PCR <input type="checkbox"/> Stool <input type="checkbox"/> Other PCR: <input type="checkbox"/> Other Specimen Type:	<input type="checkbox"/> AFB Culture & ID <input type="checkbox"/> Sputum <input type="checkbox"/> MTB Susc Broth <input type="checkbox"/> Aerosol <input type="checkbox"/> MGIT Broth Culture <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> MTB NAAT <input type="checkbox"/> Other Source: <input type="checkbox"/> Title 17 Isolate <input type="checkbox"/> AFB Isolate for ID
Flow Cytometry	Other Tests	Mycology
<input type="checkbox"/> CD4/CD8 <input type="checkbox"/> Purple top blood <input type="checkbox"/> Tiger purple top	<input type="checkbox"/> Blood or Tissue Parasites <input type="checkbox"/> Blood <input type="checkbox"/> Parasitology	<input type="checkbox"/> Fungus Culture <input type="checkbox"/> Sputum <input type="checkbox"/> Pneumocystis FA <input type="checkbox"/> Other Source: <input type="checkbox"/> Fungus Isolate for ID <input type="checkbox"/> Systemic Fungus Probe
Quantiferon	Parasitology	
<input type="checkbox"/> Quantiferon <input type="checkbox"/> Set of 3 Quantiferon tubes	<input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Stool <input type="checkbox"/> Cryptosporidia/Giardia <input type="checkbox"/> Cyclospora/Microsporidia <input type="checkbox"/> Scabies/Ectoparasites <input type="checkbox"/> Skin Scraping <input type="checkbox"/> Parasite for ID <input type="checkbox"/> Tissue: _____ <input type="checkbox"/> Other :	
Other Serology	Clinical	
<input type="checkbox"/> West Nile Virus <input type="checkbox"/> Red top blood <input type="checkbox"/> Other: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> CSF	<input type="checkbox"/> Post-vasectomy Sperm Count <input type="checkbox"/> Semen <input type="checkbox"/> Occult Blood <input type="checkbox"/> Hemesure/Stool <input type="checkbox"/> Vaginal Wet Mount <input type="checkbox"/> Vaginal Swab <input type="checkbox"/> Microscopic Urinalysis <input type="checkbox"/> Urine <input type="checkbox"/> Darkfield Exam <input type="checkbox"/> Lesion Fluid <input type="checkbox"/> Pro-Test Sterility Check <input type="checkbox"/> Protest Ampules	
Submitter Comments:		

TESTING ALGORITHMS

HIV-1/2 Serology

Unless specified otherwise in the request form, specimens testing initially reactive by HIV-1 & 2 Antibody/Antigen Combo EIA shall be retested in duplicate. Repeatedly reactive specimens will be confirmed by Multi Spot test. Specimens with discordant results may be tested by qualitative HIV PCR.

Syphilis Serology

Unless specified otherwise in the request form, specimens testing reactive by RPR shall be tested by Quantitative RPR and confirmed by TP-PA.

Hepatitis B Serology

Unless specified otherwise in the request form, specimens testing positive for Hepatitis B Surface Antigen will be confirmed with the Hepatitis B Surface Antigen Neutralization test.

Hepatitis A Serology

Unless specified otherwise in the request form, specimens testing positive for Total Hepatitis A Antibody shall be tested for Hepatitis A IgM.

Mycobacteria Culture

Unless specified otherwise in the request form, respiratory specimens from new patients found smear positive for Acid Fast Bacilli shall be tested by the GeneXpert direct amplification test for *Mycobacterium tuberculosis*. Those specimens testing positive by GeneXpert shall have a direct drug susceptibility test performed.

***Mycobacterium tuberculosis* Drug Susceptibility**

Unless specified otherwise in the request form, *Mycobacterium tuberculosis* culture isolates from new patients shall be tested for drug susceptibility by the broth method.

***Influenza Virus* PCR**

Unless specified otherwise in the request form, respiratory specimens testing positive for Influenza A will be further subtyped.

NOTE: Submitters who do not wish to confirm reactive tests as per testing algorithms must enter "**DO NOT CONFIRM**" in the Submitter's Remarks section. Additional charges may accrue for confirmatory or supplemental testing.

