COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

San Diego County Public Health Laboratory
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San Diego, CA 92110
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CLIA# 05D0060808

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PUBLIC HEALTH LAB USE ONLY

Test Requisition Form

(*) denotes required information

Patient Information		Submitter Information	
*Name (Last, First, Middle)		*Ordering Physician[1]	
*Address		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.	
*City, State, Zip		*Diagnosis Code	
*DOB	*Gender ☐ M ☐ F ☐ M/F ☐ F/M	*Facility UC San Diego-CALM	
*Pregnancy Status	MRN/ID#	NPI for Facility# 1184722779	
Race (Required for Detention Facilities) ☐ White ☐ Black/Afr Amer ☐ Amer Ind/Alaskan ☐ Asian Pacific Islander ☐ Other ☐ Unknown ☐ Decline		*Address 10300 Campus Pt. Drive, San Diego, CA 92121	
Ethnicity (Required for Detention Facilities) ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown ☐ Decline		*Phone 858-657-5836	*Fax 858-657-5851
Clinical Information (ie. date of onset/exposure, travel history, previous lab results) PUI#:_____		*Alternate Contact[1] (ie. PHN/CDI/Epi) 858-657-5838	*Phone 858-657-5820 (alt. Fax)

Specimen Information

SUBMIT ONE TEST REQUISITION FORM PER SPECIMEN SOURCE

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

*Test(s) Requested

Bacteriology	Parasitology	Molecular
☐ Aerobic Bacterial Culture	☐ Ova and Parasite Exam	☐ Chlamydia/Gonorrhea NAAT
☐ Aerobic Bacterial Identification (*Please attach worksheet/results)	☐ Cryptosporidium DFA	☐ Trichomonas NAAT
☐ N. gonorrhoeae Culture	☐ Giardia DFA	☐ HIV-1 Viral Load
☐ Enteric Pathogens ID (specify organism): (*Please attach worksheet/results)	☐ Malaria Confirmation	☐ HSV 1/2 PCR
☐ Enteric Pathogens Culture (specify organism):	☐ Blood Parasite Identification	☐ Influenza PCR Previous test results ☐ A ☐ B ☐ Outpatient ☐ Hospitalized ☐ ICU ☐ Outbreak ☐ Inmate ☐ Fatal Outbreak case#
☐ Rule Out (specify organism): (*Please attach worksheet/results)	☐ Coccidian Identification (*Cyclospora sp.* and *Isospora sp.*)	
Mycobacteriology	**Serology**	☐ Norovirus PCR (pre-approved only)[2]
☐ AFB Smear, Culture, Susceptibility	☐ HIV- 1/2 Ag/Ab Reflex Panel	☐ Hepatitis A PCR (pre-approved only)[2]
☐ MTB Complex Susceptibility Only	☐ Syphilis Reflex Panel (reverse algorithm)	☐ Measles PCR (pre-approved only)[3]
☐ GeneXpert MTB/RIF PCR	☐ QuantiFERON-TB ☐ *Not Incubated ☐ *Incubated Time in/out:_____/_____	☐ Mumps PCR (pre-approved only)[3]
☐ MTB complex Isolate (Title 17) (*Please attach worksheet/results)	☐ Hepatitis B Core Ab Total Reflex Panel	■ Send Out (specify test): COVID-19
	☐ Hepatitis C Ab Reflex Panel	
☐ Other Test(s) consult with lab:	☐ Measles IgG	

2-This test must be approved by the San Diego County Epidemiology Program, please call 619-692-8499. 3- This test must be approved by the San Diego County Immunization Program, please call 866-358-2966 option 5. Tests may be subject to incur costs to the submitter per the board approved fee schedule. Board approved fees can be found on the San Diego County Public Health Laboratory website.