COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

San Diego County Public Health Laboratory
3851 Rosecrans Street, Suite 716
San Diego, CA 92110
Ph: 619-692-8500
Fax: 619-692-8558
CLIA# 05D0060808

THIS SPACE IS RESERVED FOR
PUBLIC HEALTH LAB USE ONLY

Test Requisition Form

(*) denotes required information

Patient Information		Submitter Information	
*Name (Last, First, Middle)		*Ordering Physician[1]	
		*Facility	
*DOB	*Gender ☐ M ☐ F ☐ M/F ☐ F/M	*NPI for Facility#	
MRN/ID#		Address	
Race (Required for Detention Facilities) ☐ White ☐ Black/Afr Amer ☐ Amer Ind/Alaskan ☐ Asian Pacific Islander ☐ Other ☐ Unknown ☐ Decline		City, State, Zip	
Ethnicity (Required for Detention Facilities) ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown ☐ Decline		*Phone	*Fax
Clinical Information (ie. date of onset/exposure, travel history, pregnant, previous lab results)		*Alternate Contact[1] (ie. PHN/CDI/Epi)	*Phone and Fax

1-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.

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	☐ Blood Smear/Parasites 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)	☐ Ova and Parasite Exam	☐ HSV 1/2 PCR
☐ Enteric Pathogens Culture (specify organism):	☐ Malaria Confirmation	☐ Influenza PCR Previous test results ☐ A ☐ B ☐ outpatient ☐ hospitalized ☐ ICU ☐ outbreak ☐ inmate ☐ fatal Outbreak case#
☐ Rule Out (specify organism): (*Please attach worksheet/results)	☐ Worm Identification	
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 (*Please attach worksheet/results)	☐ Hepatitis C Ab (reflex to RNA if Ab positive)	☐ Send Out (specify test):
☐ Other Test(s) consult with lab:		

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.