COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

San Diego County Public Health Laboratory
5570 Overland Avenue, Suite 103, San Diego, CA 92123
Ph: 619-692-8500, Fax: 619-692-8558
CLIA# 05D0060808

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PUBLIC HEALTH LAB USE ONLY

Test Requisition Form

(*) denotes required information

Patient Information			Submitter Information	
*Last Name	*First Name	Middle Name	*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
*DOB	*Pregnancy Status	*Gender ☐M ☐F ☐M/F ☐F/M		
*Address			*Diagnosis Code	
*City, State, Zip			*Facility	
*Phone #	MRN/ID#		*Address	
*Race ☐ White ☐ Black/Afr Amer ☐ Amer Ind/Alaskan ☐ Asian Pacific Islander ☐ Other ☐ Unknown ☐ Decline			*Secure Fax or Email	
*Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown ☐ Decline			*Phone	*Facility Identifier#
Clinical Information (ie. date of onset/exposure, travel history, previous lab results)			*Alternate Contact (ie. PHN/CDI/Epi)	*Phone

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	☐ Oropharyx	☐ Other (specify):	

*Test(s) Requested

Bacteriology	Parasitology	Molecular
☐ Aerobic Bacterial Culture	☐ Ova and Parasite Exam	☐ Chlamydia/Gonorrhea NAAT
☐ Aerobic Bacterial Identification (*Attach worksheet/results)	☐ Cryptosporidium DFA ☐ Giardia DFA	☐ Trichomonas NAAT
☐ N. gonorrhoeae Culture ☐ GC Smear	☐ Malaria Confirmation	☐ HIV-1 Viral Load
☐ Enteric Pathogens ID (specify organism): (*Attach worksheet/results)	☐ Blood Parasite Identification	☐ HSV 1/2 PCR ☐ 2019-nCoV ☐HCW ☐Resident ☐Other
☐ Enteric Pathogens Culture (specify organism):	☐ Coccidian Identification (*Cyclospora sp.* and *Isospora sp.*)	☐ COVID-19-WGS Ct Value: (*Enter Ct value of specimen)
	☐ Send Out (specify test):	☐ Send Out (specify test):
☐ Rule Out (specify organism): (*Attach worksheet/results)	**Serology**	**Molecular***
	☐ SARS-CoV-2 IgG	☐ Hepatitis A PCR (pre-approved only)[1]
Mycobacteriology	☐ HIV- 1/2 Ag/Ab Reflex Panel	☐ Influenza PCR Previous test results ☐ A ☐ B
☐ AFB Smear. Culture. Susceptibiliy	☐ Syphilis Reflex Panel (reverse algorithm)	☐ Outpatient ☐ Hospitalized ☐ ICU
☐ MTB Complex Susceptibility Only	☐ QuantiFERON-TB ☐ *Not Incubated ☐ *Incubated Time in/out:_____/_____	☐ Outbreak ☐ Inmate ☐ Fatal Outbreak case#
☐ GeneXpert MTB/RIF PCR	☐ Hepatitis B Core Ab Total Reflex Panel	☐ Mumps PCR (pre-approved only)[2]
☐ MTB complex Isolate (Title 17) (*Attach worksheet/results)	☐ Hepatitis C Ab Reflex Panel	☐ Measles PCR (pre-approved only)[2]
	☐ Measles IgG	☐ Norovirus PCR (pre-approved only)[1]
☐ Other Test(s) Consult with Lab Pick from List		

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. 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.

***Specimen(s) tested at San Diego County Public Health Modular Laboratory located at 5587 Overland Avenue, San Diego, CA 92123 CLIA# 05D2274872**