



**SAN MATEO COUNTY PUBLIC HEALTH LABORATORY  
TEST ORDER FORM**

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SPECIMEN NUMBER  
(LAB USE ONLY)

**HOSPITAL/CLINIC:** \_\_\_\_\_

**PHYSICIAN/PROVIDER:** \_\_\_\_\_  
Please Print Name Provider Signature

<b>PATIENT NAME (Last Name, First Name)</b>	
<b>DATE OF BIRTH</b>	<b>SEX</b>
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
<b>MEDICAL RECORD #</b>	

<b>SPECIMEN COLLECTION:</b>
Date: ____/____/____
Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM

**SPECIMEN SOURCE (please check):**

- |   |   |  |   |  |   |
|---|---|--|---|--|---|
| <p><u>Blood</u></p> <p><input type="checkbox"/> serum</p> <p><input type="checkbox"/> plasma</p> <p><input type="checkbox"/> whole</p> <p><input type="checkbox"/> capillary</p> <p><input type="checkbox"/> venous</p> | <p><input type="checkbox"/> eye</p> <p><input type="checkbox"/> hair</p> <p><input type="checkbox"/> urine</p> <p><input type="checkbox"/> feces</p> <p><input type="checkbox"/> skin</p> <p><input type="checkbox"/> wound</p> | <p><input type="checkbox"/> ear</p> <p><input type="checkbox"/> nails</p> <p><input type="checkbox"/> tissue</p> <p><input type="checkbox"/> + site: _____</p> | <p><input type="checkbox"/> cervix</p> <p><input type="checkbox"/> genital lesion</p> <p><input type="checkbox"/> rectum</p> <p><input type="checkbox"/> urethra</p> <p><input type="checkbox"/> vagina</p> | <p><input type="checkbox"/> sputum (regular)</p> <p><input type="checkbox"/> sputum (induced)</p> <p><input type="checkbox"/> bronchial wash</p> <p><input type="checkbox"/> CSF</p> <p><input type="checkbox"/> pleural fluid</p> <p><input type="checkbox"/> Other (please specify): _____</p> | <p><input type="checkbox"/> nasal swab</p> <p><input type="checkbox"/> nasal aspirate</p> <p><input type="checkbox"/> nasopharyngeal swab</p> <p><input type="checkbox"/> nasopharyngeal aspirate</p> <p><input type="checkbox"/> throat swab</p> |
|---|---|--|---|--|---|

**TEST MENU**

- |  |   |
|--|---|
| <p><b>Bacteriology</b></p> <p><input type="checkbox"/> Bacteria Culture for ID</p> <p><input type="checkbox"/> <i>Bordetella pertussis</i> PCR</p> <p><input type="checkbox"/> <i>Clostridium difficile</i> PCR</p> <p><input type="checkbox"/> Chlamydia Detection by NAAT</p> <p><input type="checkbox"/> Gonorrhea Detection by NAAT</p> <p><input type="checkbox"/> Stool Culture for Bacteria</p> <hr/> <p><b>Mycobacteriology</b></p> <p><input type="checkbox"/> Acid Fast Smear</p> <p><input type="checkbox"/> GeneXpert MTB PCR</p> <p><input type="checkbox"/> Mycobacteria Culture</p> <p><input type="checkbox"/> Mycobacteria ID by Accuprobe</p> <p><input type="checkbox"/> Quantiferon In-Tube</p> <p><input type="checkbox"/> TB Susceptibility Test</p> <hr/> <p><b>Mycology</b></p> <p><input type="checkbox"/> Fungus Culture for Yeast/Mold</p> <p><input type="checkbox"/> Fungus Culture for ID</p> <hr/> <p><b>Chemistry</b></p> <p><input type="checkbox"/> Blood Lead Screening</p> <p><input type="checkbox"/> Blood Lead Confirmation</p> | <p><b>Syphilis Serology</b></p> <p><input type="checkbox"/> Syphilis EIA</p> <p><input type="checkbox"/> RPR, Quantitative</p> <p><input type="checkbox"/> TP-PA</p> <hr/> <p><b>Virology and Viral Serology</b></p> <p><input type="checkbox"/> <i>Herpes simplex</i> PCR</p> <p><input type="checkbox"/> Hepatitis C PCR Quantitative</p> <p><input type="checkbox"/> HIV-1/ HIV- 2 Antibody by EIA</p> <p><input type="checkbox"/> HIV-1/HIV - 2 Multispot</p> <p><input type="checkbox"/> HIV-1 RNA Quantitative</p> <p><input type="checkbox"/> Influenza PCR</p> <p><input type="checkbox"/> Norovirus PCR</p> <p><input type="checkbox"/> Respiratory PCR Panel (FilmArray)</p> <p><input type="checkbox"/> Varicella Zoster Virus (VZV) EIA</p> <hr/> <p><b>Parasitology</b></p> <p><input type="checkbox"/> Blood Smear for Parasites</p> <p><input type="checkbox"/> Ova and Parasites</p> <p><input type="checkbox"/> Parasite for ID</p> <p><input type="checkbox"/> Giardia by EIA</p> <p><input type="checkbox"/> Cryptosporidium by EIA</p> <hr/> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|