SAN MATEO COUNTY HEALTH
All together better.

Specimen number (Lab use only)

SAN MATEO COUNTY PUBLIC HEALTH LABORATORY
TEST ORDER FORM

225 37th Avenue, Building A First Floor San Mateo, CA 94403 Tel.: (650) 573-2500 Fax: (650) 573-2147
CLIA#:05D0857622

HOSPITAL/CLINIC: _____

PHYSICIAN/PROVIDER:_____
Please Print Name NPI # Provider Signature

PATIENT NAME (Last Name, First Name):

MEDICAL RECORD #:

DATE OF BIRTH:

SEX: ☐ **M** ☐ **F** ☐ **OTHER**

PREGNANCY STATUS: ☐ **YES** ☐ **NO** ☐ **UNKNOWN**

RACE:
☐American Indian or Alaska Native
☐ Black or African American
☐ Native Hawaiian or Pacifica Islander
☐ Other
☐Asian
☐ Unknown
☐ White

ETHNICITY:
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

SPECIMEN COLLECTION INFO:

DATE (MM/DD/YYYY):

TIME: ☐ **AM** ☐ **PM**

ICD-10:

SPECIMEN SOURCE / SITE: (Please Circle)

Blood (serum, plasma, whole, capillary, venous)	Sputum (regular)
Eye Ear	Sputum (induced)
Hair Nails	Bronchial wash
Urine Rectum	CSF
Feces Urethra	Pleural Fluid
Skin Tissue	Nasopharyngeal Swab
Wound (site)_____	Nasal swab
Vagina	Nasal aspirate
Other_____	Nasopharyngeal swab
	Nasopharyngeal aspirate
	Throat swab

TEST MENU

Bacteriology
☐ Bacteria Culture for ID
☐ *Bordetella pertussis* PCR
☐ Chlamydia Detection by NAAT
☐ Gonorrhea Detection by NAAT
☐ Trichomonas vaginalis by NAAT
☐ Mycoplasma genitalium by NAAT
☐ Stool Culture for Bacteria
☐ GC Culture Surveillance
☐ Other_____

Mycology
☐ Fungus Culture for Yeast/Mold
☐ Fungus Culture for ID
☐ Other_____

Syphilis Serology
☐ Syphilis EIA
☐ RPR, Quantitative
☐ TP-PA
☐ Other_____

Mycobacteriology
☐ Acid Fast Smear
☐ GeneXpert MTB PCR
☐ Mycobacteria Culture
☐ Mycobacteria ID by Accuprobe
☐ Quantiferon-TB Gold Plus
☐ TB Susceptibility Test
☐ Other_____

Parasitology
☐ Blood Smear for Parasites
☐ Ova and Parasites
☐ Parasite for ID
☐ Giardia by EIA
☐ Cryptosporidium by EIA
☐ Other_____

Chemistry
☐ Blood Lead Screening
☐ Blood Lead Confirmation
☐ Other_____

Virology and Viral Serology
☐ *Herpes simplex* PCR
☐ Hepatitis C (Viral Load) Quantitative
☐ HIV-1/2 Antibody by EIA
☐ HIV-1/2 Confirmation
☐ HIV-1 RNA (Viral Load) Quantitative
☐ Respiratory 4-plex (Flu/SARSCoV2/FluA/B)
☐ Influenza NAAT
☐ Norovirus NAAT
☐ Rabies DFA (animals only)
☐ Respiratory PCR Panel (Film Array-22 analytes)
☐ SARS-CoV-2 NAAT
☐ SARS-CoV-2 Sequencing
☐ Varicella Zoster Virus (VZV) EIA
☐ Flu A subtyping
Other _____