

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

|  |
| --- |
| **SPECIMEN COLLECTION INFO:** |
| **DATE (MM/DD/YYYY):** |
| **TIME:  AM  PM** |
| **ICD-10:** |

|  |
| --- |
| **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 Asian  Black or African American  Unknown  Native Hawaiian or Pacifica Islander  White  Other  **ETHNICITY:**  Hispanic  Non-Hispanic  Unknown |

|  |  |
| --- | --- |
| **SPECIMEN SOURCE / SITE: (Please Circle)** | |
| Blood (serum, plasma, whole, capillary, venous)  Eye Ear  Hair Nails  Urine Rectum  Feces Urethra  Skin Tissue  Wound (site)\_\_\_\_\_\_\_\_\_\_\_\_  Vagina  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sputum (regular)  Sputum (induced)  Bronchial wash  CSF  Pleural Fluid  Nasopharyngeal Swab  Nasal swab  Nasal aspirate  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

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

Flu A subtyping

Respiratory 4-plex (Flu/SARSCoV2/FluA/B)

BioFire Respiratory PCR Panel (22 analytes)

Norovirus NAAT

Rabies DFA (animals only)

SARS-CoV-2 Sequencing

Varicella Zoster Virus (VZV) EIA

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_