



LABORATORY USE ONLY

Lab Number _____ Date/Time _____

BOLD FIELDS ARE MANDATORY FOR SPECIMEN TESTING

PATIENT INFORMATION

SUBMITTER INFORMATION

Med.Rec.No.: _____ Acct: _____ Agency: _____

Last Name: _____ First Name: _____ M.I.: _____ Address: _____

Sex/ETH: _____ D.O.B.: _____ City: _____ State: _____

Address: _____ ZIP: _____

City: _____ State: _____ Ordering Clinician: _____

ZIP: _____ Phone No: _____ QIC: _____

COMPLETE BILLING INFORMATION MUST BE PROVIDED (no billing for mandated services)

BILL TO:

MediCal MEDI-CAL # _____ Patient SSN: _____

Alliance ALLIANCE # _____ Referring Physician: _____

CMSP Physician License # _____

Other: Provide copy of Card (front and back) National Provider ID # _____

DATE OF SERVICE: _____ ICD-10 CODE(S) / DIAGNOSIS: _____

SPECIMEN INFORMATION

DATE SPECIMEN TAKEN: _____ PREGNANCY STATUS: _____

TIME TAKEN: _____

DISEASE SUSPECTED: _____ PATIENT HISTORY: _____

REASON FOR TESTING: Clearance DATE OF ONSET: _____

Case Contact Treated: No Yes

Confirmation Carrier Date of Treatment: _____

Other _____ Drug Therapy: _____

SPECIMEN SOURCE:

Serum Stool Sputum Tissue _____

Plasma Urine Induced Sputum Swab _____

Blood CSF Aspirate Wound _____ Other _____

TESTING ORDERED

ENTERIC BACTERIOLOGY

- Salmonella
- Shigella
- Salmonella typhi
- Stool Culture
- E. coli O157
- STEC
- Shiga Toxin Gene 1/2 Detection (PCR)
- Other _____

BACTERIOLOGY

- (Analysis by whole genome sequencing)
- Aerobic Culture and Definitive ID
 - Anaerobic Culture and Def. ID
 - Bacterial Isolate Definitive ID
 - Neisseria sp. Definitive ID
 - Bordetella pertussis, Definitive ID
 - CRE (carbapenem resistant enterobacteriaceae)
 - Oth _____
 - er _____

MYCOBACTERIOLOGY / AFB

- AFB Smear / Culture / ID
- AFB isolate Definitive ID
- TB Drug Susceptibility
- M. tuberculosis complex PCR
- Other _____

MYCOLOGY/ FUNGAL

- Fungal Culture and ID
- Fungal isolate Definitive ID
- Other _____

PARASITOLOGY

- Malaria
- Other _____

OTHER TESTS / REQUESTS:

HIV

- HIV EIA (Oral Fluid) (with reflex confirmation)
- HIV Screen (serum/plasma) (with reflex confirmation)
- Confirmatory HIV antibody (Bio-Rad Geenius*)
- *will include screening test

SYPHILIS SEROLOGY

- RPR (with TPPA as reflex confirmation)
- TPPA Only
- Other _____

OTHER IMMUNOLOGY

- Quantiferon-TB Gold

NAAT (nucleic acid amplification)

- SARS-CoV-2 (COVID-19)
 - Influenza A/B
 - Respiratory Syncytial Virus (RSV)
 - Measles
 - Mumps
 - Bordetella pertussis
 - Norovirus
- } Respiratory Virus Panel (each test to the left)

Submitters identification of Organism:

Important: Enter your laboratory findings on *reverse*.

Submitter's Laboratory Findings

Cultures made from original *clinical sample* were: Pure Mixed

If mixed, list other organisms present: _____

Indicate colony count where applicable (e.g., urine): _____

Number of times organism: (a) isolated from patient: _____

(b) transferred in the laboratory: _____

Medium(s) on which primary growth was obtained: _____

Were stained smears or other preparations made *directly* from clinical material? Yes No

If yes, was this organism seen? Yes No

Medium on which organism is being submitted: _____

Date inoculated: _____

Conditions of incubation prior to mailing: Temperature: _____ Atmosphere: _____ Length: _____

Indicate in chart below the results of your laboratory examinations of the pure cultures being submitted using symbols given in the key:

KEY	
A = acid	G = gas
K = alkaline S	+ = positive
= strong	negative
Gr. = growth	() = number of days
NGr. = no growth	blank = not done

Morphology				Hemolysis		Base Used	
Gram stain		TSI:	Slant		Growth:		Glucose
Catalase			Butt		MacConkey Agar		Levulose
Oxidase			H2S		SS Agar		Xylose
Motility			Aesculin Hydrolysis		Cetrimide Agar		Lactose
Loeffler's	Pigmentation		Falkow Lysine		2s°C		Maltose
	Proteolysis		Malonate		ss°C		Sucrose
Pseudomonas Agar	F		Phenylpyruvic Acid		42°C		Raffinose
	p		Sodium Acetate		Aerobically		Adonitol
Gelatin Hydrolysis			Moeller's Lysine Decarboxylase		CO2		Dulcitol
Litmus Milk			Moeller's Arginine Dihydrolase		Anaerobically		Glycerol
Citrate (Simmons')			Moeller's Ornithine Decarboxylase		Nutri. Br. 0% NaCl		Inositol
Indal			ONPG		Nutri. Br. 3% NaCl		Mannitol
Urea Hydrolysis			KCN				Sorbitol
Nitrates			Mucate				Salicin
V-P			OF Medium	Open			
			+Glucose	Closed			
Agglutination reactions	Other tests or comments						

★ATTACH any Automated (e.g., Vitek) results