PLACER COUNTY

PUBLIC HEALTH LABORATORY
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LABORATORY DIRECTOR

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EXAMINATION REQUEST FORM

PLEASE PRINT CLEARLY

Patient's Name: _____ Sex: _____ DOB: _____
Last First MI

Address: _____ Zip Code: _____
City

Phone #: Home: _____ Work: _____ Cell/Fax: _____

Submitter (Clinic): _____ Requesting Physician: _____

Date Specimen(s) Collected: _____ Patient ID #: _____

DIAGNOSIS CODE: _____

Reason for Testing: ☐ Routine Exam ☐ Symptomatic Routine ☐ Suspected Case ☐ Treated Case
☐ Test of Cure ☐ Congenital ☐ Case Contact ☐ Suspected Carrier

Bill To: ☐ Submitter ☐ Patient ☐ Medi-Cal ☐ Medicare ☐ Other: _____
☐ FPACT ☐ CHDP-STATE (Attach Copy **ELIGIBILITY** Form)

CHECK BOTH TEST AND SOURCE WHERE REQUESTED

Bacteriology:

☐ Chlamydia/Gonorrhea (Combination)
Amplified Nucleic Acid Probe
Indicate Source:
☐ Urine ☐ Cervical ☐ Urethral

☐ Chlamydia only
Indicate Source:
☐ Urine ☐ Cervical ☐ Urethral

☐ Gonorrhea
☐ Amplified Nucleic Acid Probe only
Indicate Source:
☐ Urine ☐ Cervical ☐ Urethral
☐ Culture
☐ Cervical ☐ Urethral ☐ Rectal
☐ Pharyngeal ☐ Other:

☐ Urine Culture
☐ Urine Culture and Sensitivities
☐ Throat Culture (Strep)
☐ Stool Culture (Enteric Pathogens)
Indicate Agent:
☐ Salmonella/Shigella/Campylobacter/E. coli 0157
☐ Salmonella/Shigella
☐ Campylobacter
☐ E. coli 0157
☐ Yersinia
☐ Vibrio

☐ Routine Culture
☐ Aerobic ☐ Anaerobic

☐ Bordetella pertussis
☐ Diptheria
☐ Other: _____

Mycobacteriology (Tuberculosis):

☐ Culture
Indicate Source:
☐ Sputum ☐ CSF ☐ Urine ☐ Other:
☐ Acid-Fast Smear
☐ Susceptibility

Parasitology:

☐ Ova & Parasites ☐ Blood Smear
☐ Pinworm Indicate Agent(s): _____
☐ Tick/Lyme FA _____
☐ Ectoparasite ID _____
☐ Other: _____

Mycology:

☐ Culture
Indicate Source:
☐ Sputum ☐ Hair ☐ Skin ☐ Other: _____
☐ Microscopic
Indicate Source: _____

Miscellaneous Examinations:

☐ Blood Lead

Virology:

☐ Herpes Simplex Virus Culture
Indicate Source:
☐ Genital Lesion ☐ Other: _____
☐ Respiratory Virus Culture Panel:
Influenza A/ Influenza B/ RSV/ Adenovirus/
Parainfluenza 1, 2, 3
☐ Other: _____

*Other Tests:

Culture for Identification Food-Borne Pathogens
Title 17 Submission Water Potability
Drug Abuse Screen—not for medical purposes
Animal Rabies Test (Contact Animal Control at (530) 886-5500)

*Must be accompanied by request form specific for test requested. Please contact laboratory for instructions.

Some bacterial and viral reference services available upon request.

FOR LABORATORY USE ONLY

Laboratory No. _____ Date/Time Received _____