



SAN MATEO COUNTY PUBLIC HEALTH LABORATORY
TEST ORDER FORM
 225 West 37th Avenue, Room 113, San Mateo, CA 94403
 Tel: (650) 573-2500 Fax: (650) 573-2147
 Dr. Shantelle Lucas, Ph.D., HCLD(ABB)
 CLIA#: 05D0857622

SPECIMEN NUMBER
(LAB USE ONLY)

HOSPITAL/CLINIC: _____

PHYSICIAN/PROVIDER: _____
 Please Print Name Provider Signature

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

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

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

TEST MENU

- | | |
|---|--|
| <p>Bacteriology</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> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> GC Culture Surveillance</p> <p><input type="checkbox"/> Trichomonas</p> <p>Mycobacteriology</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-TB Gold Plus</p> <p><input type="checkbox"/> TB Susceptibility Test</p> <p>Mycology</p> <p><input type="checkbox"/> Fungus Culture for Yeast/Mold</p> <p><input type="checkbox"/> Fungus Culture for ID</p> <p><input type="checkbox"/> _____</p> <p>Chemistry</p> <p><input type="checkbox"/> Blood Lead Screening</p> <p><input type="checkbox"/> Blood Lead Confirmation</p> <p><input type="checkbox"/> Blood Lead Retest</p> | <p>Syphilis Serology</p> <p><input type="checkbox"/> Syphilis EIA</p> <p><input type="checkbox"/> RPR, Quantitative</p> <p><input type="checkbox"/> TP-PA</p> <p>_____</p> <p>Virology and Viral Serology</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-1/2 Antibody by EIA</p> <p><input type="checkbox"/> HIV-1/2 Supplemental</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 (Film Array)</p> <p><input type="checkbox"/> Varicella Zoster Virus (VZV) EIA</p> <p>_____</p> <p>Parasitology</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"/> <i>E. histolytica</i> by EIA</p> <p><input type="checkbox"/> Giardia by EIA</p> <p><input type="checkbox"/> Cryptosporidium by EIA</p> <p>_____</p> |
|---|--|