



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEALTH LABORATORY

12750 ERICKSON AVENUE
DOWNEY, CA 90242
PHONE (562) 658-1330
FAX (562) 401-5999



COMPLETE THIS FORM FOR EACH SPECIMEN AND CLICK THE "PRINT" BUTTON AT THE BOTTOM.

SUBMITTER/REFERRING LABORATORY INFORMATION				REQUESTING PROVIDER				
FACILITY NAME:		NAME (LAST, FIRST):						
STREET ADDRESS:		NPI/UPIN #:						
CITY, STATE, ZIP:		PROVIDER SIGNATURE:						
FACILITY PHONE:								
PATIENT INFORMATION								
NAME (LAST, FIRST, MI):			OUTBREAK/PROJECT #					
MEDICAL RECORD NUMBER:		SOCIAL SECURITY NUMBER:						
STREET ADDRESS:								
CITY, STATE, ZIP:			PHONE:					
INSURANCE COMPANY:			POLICY #:					
MEDICARE/MEDI-CAL/MEDICAID #:		RELATIONSHIP TO INSURED:		SELF	SPOUSE	DEPENDENT		
DOB (MM/DD/YEAR):		GENDER:		PREGNANCY STATUS:				
		MALE	FEMALE	OTHER	YES	NO	UNKNOWN	NOT APPLICABLE
ETHNICITY:		RACE:		FOR CORONAVIRUS TESTING ONLY:				
HISPANIC NON-HISPANIC/NON-LATINO UNKNOWN		AMERICAN INDIAN/ALASKA NATIVE ASIAN (SPECIFY): ASIAN INDIAN HMONG THAI CAMBODIAN JAPANESE VIETNAMESE CHINESE KOREAN OTHER ASIAN FILIPINO LAOTIAN BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER WHITE OTHER (SPECIFY): UNKNOWN		FIRST TEST?		YES	NO	UNKNOWN
				EMPLOYED IN HEALTHCARE?		YES	NO	UNKNOWN
				SYMPTOMATIC?		YES	NO	UNKNOWN
				DATE OF SYMPTOM ONSET? (MM/DD/YEAR)				
				HOSPITALIZED?		YES	NO	UNKNOWN
				ICU?		YES	NO	UNKNOWN
				RESIDENT IN A CONGREGATE CARE SETTING?		YES	NO	UNKNOWN
SPECIMEN INFORMATION								
DATE COLLECTED (MM/DD/YEAR)		TIME COLLECTED (24 HOUR FORMAT - HH:MM)		SUBMITTING LAB ACCESSION #		ICD-10 CODE(S)		
SPECIMEN SOURCE:								
CAPILLARY BLOOD CSF PLASMA SERUM STOOL URINE VENOUS BLOOD	BAL BRONCHIAL WASH GASTRIC ASPIRATE NASAL WASH SPUTUM (INDUCED) SPUTUM	BUCCAL SWAB NASOPHARYNGEAL NASAL SWAB THROAT SWAB RECTAL SWAB WOUND SWAB LESION SWAB	CERVIX EYE LIP LUNG PENIS URETHRA VAGINA	TISSUE (SPECIFY):		OTHER (SPECIFY):		
IMMUNOSEROLOGY/ VIROLOGY	BACTERIOLOGY/ PARASITOLOGY	MYCOBACTERIOLOGY/ MYCOLOGY	MOLECULAR EPIDEMIOLOGY		MOLECULAR STD/ HIV/HCV			
					TOXICOLOGY/CHEMISTRY/ SELECT AGENT RULE-OUT			
TITLE 17/OTHER (SPECIFY):								