



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			FIRST TEST?	YES	NO	UNKNOWN
	ASIAN (SPECIFY):			EMPLOYED IN HEALTHCARE?	YES	NO	UNKNOWN
	ASIAN INDIAN	HMONG	THAI	SYMPTOMATIC?	YES	NO	UNKNOWN
	CAMBODIAN	JAPANESE	VIETNAMESE				
	CHINESE	KOREAN	OTHER ASIAN	DATE OF SYMPTOM ONSET? (MM/DD/YEAR)			
	FILIPINO	LAOTIAN		HOSPITALIZED?	YES	NO	UNKNOWN
	BLACK/AFRICAN AMERICAN			ICU?	YES	NO	UNKNOWN
	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			RESIDENT IN A	YES	NO	UNKNOWN
WHITE			CONGREGATE CARE SETTING?				
OTHER (SPECIFY):							
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	BAL	BUCCAL SWAB	CERVIX	TISSUE (SPECIFY):			
CSF	BRONCHIAL WASH	NASOPHARYNGEAL	EYE	OTHER (SPECIFY):			
PLASMA	GASTRIC ASPIRATE	NASAL SWAB	LIP				
SERUM	NASAL WASH	THROAT SWAB	LUNG				
STOOL	SPUTUM (INDUCED)	RECTAL SWAB	PENIS				
URINE	SPUTUM	WOUND SWAB	URETHRA				
VENOUS BLOOD		LESION SWAB	VAGINA				
IMMUNOSEROLOGY/ VIROLOGY	BACTERIOLOGY/ PARASITOLOGY	MYCOBACTERIOLOGY/ MYCOLOGY	MOLECULAR EPIDEMIOLOGY	MOLECULAR STD/ HIV/HCV			
TITLE 17/OTHER (SPECIFY):							