

CA CERTIFIED PUBLIC HEALTH LAB #335637 CLIA #05D1066369

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

## **PUBLIC HEALTH LABORATORY**

PLACE BARCODE LABEL HERE

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

COMPLETE THIS FORM FOR EACH SPECIMEN AND CLICK THE " <b>PRINT</b> " 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#															
								JRITY NUMBER:								
STREET ADDRESS:	J.((1.1.1	TOWIDEN.														
CITY, STATE, ZIP: PHONE: INSURANCE COMPANY: POLICY #:																
MEDICARE/MEDI-CAL/ME							HIP TO INSURED: SELF SPOUSE DEPENDENT									
DOB (MM/DD/YEAR):		GENDER:				PREGNANCY STATUS:										
		MALE	FEMA	ALE	OTHER	₹	`	YES 1	NO	UNKNOWN	١	NOT A	APPLICAE	BLE		
ETHNICITY:	RACE:															
HISPANIC NON-HISPANIC/NON-LATINO UNKNOWN		ANAFRICANIAN	NA NATIV	-			TEST?			YES		NO	UNKNOWN			
		AMERICAN IND ASIAN (SPECIF)	KA NATIVE	E		EMPLOYED IN HEALTHCAR			ARE?	? YES		NO	UNKNOWN			
		ASIAN INDIAN CAMBODIAN		MONG PANESE	THAI VIETNAMESE	IAMESE	SYMPTOMATIC?				YES		NO	UNKNOWN		
		CHINESE FILIPINO	REAN OTIAN	OTHER AS	R ASIAN											
		BLACK/AFRICA					DATE OF SYMPTOM ONSET? (MM/D HOSPITALIZED?			SET? (MM/DD	<u> </u>		UNKNOWN			
			ER PACIFIO	PACIFIC ISLAND												
		WHITE OTHER (SPECIFY): UNKNOWN					ICU? YES				NO	UNKNOWN				
							RESIDENT IN A YES NO UNKNOWN CONGREGATE CARE SETTING?									
SPECIMEN INFORMATION																
DATE COLLECTED (MM/DD/YEAR)		TIME COLLECTED (24 HOUR FORMAT - HH:MM)					SUBMITTING LAB ACCESSION # 10				CD-10 CODE(S)					
SPECIMEN SOURCE:							l									
CAPILLARY BLOOD		BAL		BUCCAL SWAB			ERVIX			TISSUE (SPEC		Y):	OTH	OTHER (SPECIFY):		
CSF		BRONCHIAL WASH		NASOPHARYNGEAL			YE									
PLASMA SERUM	GASTRIC ASPIRATE NASAL WASH		NASAL SWAB THROAT SWAB			LIP	P JNG									
STOOL							NIS									
							RETHRA	١								
VENOUS BLOOD			ON SWAB VA			AGINA										
		ACTERIOLOGY/		MYCOBACTERIOLOGY/			MOLECULAR EPIDEM			OLOGY   MOLECU			STD/			
VIROLOGY P		ARASITOLOGY	MYCOLOGY						HIV			HCV				
											TOXICOLOGY/CHEMISTRY/ SELECT AGENT RULE-OUT					
												SELE(	. I AGEN	KULE-UUI		
TITLE 17/OTHER (SPECIFY)	:															