

PUBLIC HEALTH LABORATORY

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

PLACE BARCODE LABEL HERE

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

SUBMITTER/REFERRING LABORATORY INFORMATION (ALL FIELDS REQUIRED)				REQUESTING PROVIDER	
FACILITY NAME (REQUIRED):				NAME (LAST, FIRST) (REQUIRED):	
STREET ADDRESS (REQUIRED):				NPI/UPIN #:	
CITY, STATE, ZIP (REQUIRED):				PROVIDER SIGNATURE:	
FACILITY PHONE (REQUIRED):					
PATIENT INFORMATION (REQUIRED FIELDS ARE INDICATED BELOW):					
NAME (LAST, FIRST, MI) (REQUIRED):				OUTBREAK/PROJECT #	
MEDICAL RECORD NUMBER (REQUIRED):				SOCIAL SECURITY NUMBER:	
STREET ADDRESS (REQUIRED):					
CITY, STATE, ZIP (REQUIRED):				PHONE (REQUIRED):	
INSURANCE COMPANY:				POLICY #:	
MEDICARE/MEDI-CAL/MEDICAID #:				RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT	
DOB (MM/DD/YEAR)(REQUIRED):		GENDER (REQUIRED):		PREGNANCY STATUS (REQUIRED):	
		MALE FEMALE OTHER		YES NO UNKNOWN NOT APPLICABLE	
ETHNICITY: (SELECT ONLY ONE) (REQUIRED)		RACE: (SELECT ONLY ONE) (REQUIRED)		REQUIRED FOR CORONAVIRUS TESTING ONLY:	
HISPANIC NON-HISPANIC/NON-LATINO OTHER		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		FIRST TEST? YES NO UNKNOWN	
				SYMPTOMATIC? YES NO UNKNOWN	
				DATE OF SYMPTOM ONSET? (MM/DD/YEAR)	
				HOSPITALIZED? YES NO UNKNOWN	
				ICU? YES NO UNKNOWN	
				EMPLOYED IN HEALTHCARE? YES NO UNKNOWN	
				RESIDENT IN A CONGREGATE CARE SETTING? YES NO UNKNOWN	
SPECIMEN INFORMATION (ALL FIELDS REQUIRED EXCEPT ICD-10):					
DATE COLLECTED (MM/DD/YEAR)		TIME COLLECTED (24 HOUR FORMAT - HH:MM)		SUBMITTING LAB ACCESSION # ICD-10 CODE(S)	
SPECIMEN SOURCE (SELECT ONLY ONE) (REQUIRED):					
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):					