



CA CERTIFIED PUBLIC HEALTH LAB #335637  
CLIA #05D1066369

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:		STREET ADDRESS:		NAME (LAST, FIRST):				
CITY, STATE, ZIP:		FACILITY PHONE:		NPI/UPIN #:				
FACILITY PHONE:		PROVIDER SIGNATURE:						
PATIENT INFORMATION								
NAME (LAST, FIRST, MI):			OUTBREAK/PROJECT #					
MEDICAL RECORD NUMBER:		SOCIAL SECURITY NUMBER:						
STREET ADDRESS:		CITY, STATE, ZIP:						
CITY, STATE, ZIP:		PHONE:						
INSURANCE COMPANY:		POLICY #:						
MEDICARE/MEDI-CAL/MEDICAID #:		RELATIONSHIP TO INSURED:		SELF	SPOUSE			
DOB (MM/DD/YEAR):		GENDER:		PREGNANCY STATUS:				
		MALE	FEMALE	OTHER	YES	NO	UNKNOWN	NOT APPLICABLE
ETHNICITY:		RACE:		<b>FOR CORONAVIRUS TESTING ONLY:</b>				
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	BAL	BUCCAL SWAB	CERVIX	TISSUE (SPECIFY):		OTHER (SPECIFY):		
CSF	BRONCHIAL WASH	NASOPHARYNGEAL	EYE					
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):					TOXICOLOGY/CHEMISTRY/ SELECT AGENT RULE-OUT			