



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 (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		FIRST TEST? YES NO UNKNOWN				
		ASIAN (SPECIFY):		SYMPTOMATIC? YES NO UNKNOWN				
		ASIAN INDIAN HMONG THAI CAMBODIAN JAPANESE VIETNAMESE CHINESE KOREAN OTHER ASIAN FILIPINO LAOTIAN		DATE OF SYMPTOM ONSET? (MM/DD/YEAR)				
		BLACK/AFRICAN AMERICAN		HOSPITALIZED? YES NO UNKNOWN				
		NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		ICU? YES NO UNKNOWN				
		WHITE		EMPLOYED IN HEALTHCARE? YES NO UNKNOWN				
		OTHER		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				
TITLE 17/OTHER (SPECIFY):								