



PUBLIC HEALTH LABORATORY

TEST REQUISITION FORM

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California Certified Public Health Laboratory # 335637
CLIA # 05D1066369

Patient Name (Last, First)				Date/Time Received	Date/Time Reported
Submitter					
Patient ID Number	Race	M	F	Date of Birth	
Specimen Source	Patient Location/Clinic	Date/Time Taken	Requesting Physician /Referring Laboratory		Submitter Accession #
Information for Viral Culture			Information for Microbiological Exam		
Date of onset:			PHN Code #:		
Suspected virus:			Outbreak #:		
Account Information			<input type="checkbox"/> Possible Child Abuse (Consult Laboratory)		
Submitter Account #:			<input type="checkbox"/> Possible Medico-Legal Case (Consult Laboratory)		

TEST REQUEST

- | | | |
|---|---|---|
| <input type="checkbox"/> Aerobic Bacterial ID | <input type="checkbox"/> E. coli O157, Culture | <input type="checkbox"/> Malaria Confirmation |
| <input type="checkbox"/> Aerobic Bacterial Culture
Specify: _____ | <input type="checkbox"/> E. histolytica EIA | <input type="checkbox"/> Microsporidium Exam |
| <input type="checkbox"/> AFB, Amplified M. tuberculosis
Direct Test | <input type="checkbox"/> Food – Specify: _____ | <input type="checkbox"/> N. gonorrhoeae Culture* |
| <input type="checkbox"/> AFB, Culture for Identification | <input type="checkbox"/> Fungal Culture and ID | <input type="checkbox"/> N. gonorrhoeae - NAAT |
| <input type="checkbox"/> AFB, Smear “only” | <input type="checkbox"/> Fungal Culture ID | <input type="checkbox"/> Ova and Parasite Exam |
| <input type="checkbox"/> AFB, Smear, Culture and Susceptibility | <input type="checkbox"/> Fungal ID, DNA Probe | <input type="checkbox"/> Pinworm Prep. |
| <input type="checkbox"/> AFB Susceptibility | <input type="checkbox"/> <input type="checkbox"/> Coccidioides immitis | <input type="checkbox"/> Quantiferon |
| <input type="checkbox"/> Anaerobic Bacterial ID | <input type="checkbox"/> <input type="checkbox"/> Histoplasma capsulatum | <input type="checkbox"/> Rabies Ag, DFA |
| <input type="checkbox"/> Anaerobic Bacterial Culture
Specify: _____ | <input type="checkbox"/> Hepatitis A Total Ab | <input type="checkbox"/> Respiratory Virus Culture |
| <input type="checkbox"/> Arbovirus AB Panel | <input type="checkbox"/> Hepatitis A IgM | <input type="checkbox"/> Respiratory Pathogen PCR Panel |
| <input type="checkbox"/> Blood Smear, Parasite Exam | <input type="checkbox"/> Hepatitis B Core Ab | <input type="checkbox"/> Rickettsial Ab Panel |
| <input type="checkbox"/> Bordetella Culture | <input type="checkbox"/> Hepatitis B Surface Ab | <input type="checkbox"/> Rotavirus Ag Detection |
| <input type="checkbox"/> Bordetella PCR | <input type="checkbox"/> Hepatitis B Surface Ag | <input type="checkbox"/> Salmonella Shigella Culture |
| <input type="checkbox"/> Campylobacter Culture | <input type="checkbox"/> Hepatitis C Virus Ab | <input type="checkbox"/> Shiga-like Toxin Screen |
| <input type="checkbox"/> C. trachomatis Culture | <input type="checkbox"/> HIV-1/2 Ab | <input type="checkbox"/> Stool Culture – Specify _____ |
| <input type="checkbox"/> C. trachomatis/N. gonorrhoeae
Nucleic Acid Amplification Test | <input type="checkbox"/> HIV-1 Resistance, Genotyping | <input type="checkbox"/> Syphilis Reflex Panel |
| <input type="checkbox"/> C. botulinum – Toxin | <input type="checkbox"/> HIV-1 Viral Load, PCR | <input type="checkbox"/> T. vaginalis, NAAT |
| <input type="checkbox"/> C. botulinum – Culture | <input type="checkbox"/> HIV-1 Western Blot | <input type="checkbox"/> Vibrio Culture |
| <input type="checkbox"/> CMV Culture | <input type="checkbox"/> HSV 1/2 PCR | <input type="checkbox"/> Viral Culture Comprehensive |
| <input type="checkbox"/> Cryptosporidium/Giardia DFA | <input type="checkbox"/> HSV Culture | <input type="checkbox"/> Viral Identification |
| <input type="checkbox"/> Cryptosporidium/Cyclospora/Isospora | <input type="checkbox"/> HSV-2 IgG Ab | <input type="checkbox"/> West Nile Virus Ab |
| | <input type="checkbox"/> Influenza Virus A/B PCR | <input type="checkbox"/> Worm Identification |
| | <input type="checkbox"/> Lead, Blood | <input type="checkbox"/> Yersinia Culture |
| | <input type="checkbox"/> M. tuberculosis, Molecular
Detection of Drug Resistance | <input type="checkbox"/> Other:

_____ |
| | <input type="checkbox"/> M. tuberculosis, PCR | |