COUNTY OF LOS ANGELES
Public Health
Public Health Laboratory

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

PLACE BARCODE LABEL HERE

COMPLETE THIS FORM FOR EACH SPECIMEN AND CLICK THE "**PRINT**" 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 #	
MEDICAL RECORD NUMBER:		SOCIAL SECURITY NUMBER:	
STREET ADDRESS:			
CITY, STATE, ZIP:		PHONE:	
INSURANCE COMPANY:		POLICY #:	
MEDICARE/MEDI-CAL/MEDICAID #:		RELATIONSHIP TO INSURED:	○ SELF ○ SPOUSE ○ DEPENDENT

DOB (MM/DD/YEAR):

GENDER:
○ MALE ○ FEMALE ○ OTHER

PREGNANCY STATUS:
○ YES ○ NO ○ UNKNOWN ○ NOT APPLICABLE

ETHNICITY:
○ HISPANIC
○ NON-HISPANIC/NON-LATINO
○ UNKNOWN

RACE:
○ 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

FOR CORONAVIRUS TESTING ONLY:

	YES	NO	UNKNOWN
FIRST TEST?	○	○	○
EMPLOYED IN HEALTHCARE?	○	○	○
SYMPTOMATIC?	○	○	○
DATE OF SYMPTOM ONSET? (MM/DD/YEAR)			
HOSPITALIZED?	○	○	○
ICU?	○	○	○
RESIDENT IN A CONGREGATE CARE SETTING?	○	○	○

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**
Measles PCR	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	**TOXICOLOGY/CHEMISTRY/ SELECT AGENT RULE-OUT**
- N/A	- N/A	- N/A	- N/A	
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A
- N/A	- N/A	- N/A	- N/A	- N/A

TITLE 17/OTHER (SPECIFY):

PRINT

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