



**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	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	TOXICOLOGY/CHEMISTRY/ SELECT AGENT RULE-OUT		
TITLE 17/OTHER (SPECIFY):							