COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

San Diego County Public Health Laboratory
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THIS SPACE IS RESERVED FOR
PUBLIC HEALTH LAB USE ONLY

Test Requisition Form

(*) denotes required information

Patient Information		Submitter Information	
*Name (Last, First)		*Ordering Physician *NPI#	
*DOB	*Gender ☐ M ☐ F ☐ M/F ☐ F/M	*Facility	
MRN/ID#		Address	
Race (Required for Detention Facilities) ☐ White ☐ Black/Afr Amer ☐ Amer Ind/Alaskan ☐ Asian Pacific Islander ☐ Other ☐ Unknown ☐ Decline		City, State, Zip	
Ethnicity (Required for Detention Facilities) ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown ☐ Decline		*Phone	*Fax
Clinical Information (ie. date of onset/exposure, travel history, pregnant, previous lab results)		*Alternate contact (ie. PHN/CDI/Epi)	*Phone and Fax

*The physician or alternate contact completing this form confirms that they are compliant to the HIPPA Privacy Rule (45 CFR Parts 160 and 164) and that the fax number listed is a secure line to send test results.

Specimen Information

SUBMIT ONE TEST REQUISITION FORM PER SPECIMEN SOURCE

Collection Information	*Specimen Source				
*Date	☐ Blood,whole	☐ Urethra	☐ Stool	☐ BAL	☐ Aspirate (specify type):
Time	☐ Serum	☐ Vaginal	☐ Rectal	☐ Nasopharynx	☐ Body fluid (specify type):
Collected By	☐ Plasma	☐ Vaginal (self collected)	☐ Throat	☐ CSF	☐ Tissue, Skin, Nail (specify location):
Collection series #:___of___	☐ Urine	☐ Cervix	☐ Sputum ☐ Induced	☐ Oral Fluid	☐ Other (specify):

*Test(s) Requested

Bacteriology	Parasitology	Molecular
☐ Aerobic Bacterial Culture	☐ Blood Smear/Parasites Exam	☐ Chlamydia/Gonorrhea NAAT
☐ Aerobic Bacterial Identification (*Please attach worksheet/results)	☐ Cryptosporidium/Giardia DFA	☐ Enterovirus PCR
☐ N. gonorrhoeae Gram Stain	☐ Ova and Parasite Exam	☐ HIV-1 Viral Load
☐ N. gonorrhoeae Culture	☐ Malaria Confirmation	☐ HSV 1/2 PCR
☐ Enteric Pathogens ID (specify organism): (*Please attach worksheet/results)	☐ Worm Identification	☐ Influenza PCR ☐ outpatient ☐ hospitalized ☐ outbreak ☐ inmate ☐ fatal
☐ Enteric Pathogens Culture (specify organism):	**Serology**	
☐ Syphilis Darkfield	☐ HIV- 1/2 Ag/Ab Reflex Panel	☐ Norovirus PCR (pre-approved only)[2]
☐ Rule Out (specify organism): (*Please attach worksheet/results)	☐ Measles IgM (pre-approved only)[3]	☐ Measles PCR (pre-approved only)[3]
Mycobacteriology	☐ Measles IgG (pre-approved only)[3]	☐ Trichomonas NAAT
☐ AFB Smear, Culture, Susceptibility	☐ Syphilis CIA[1]	☐ Zika Panel for NAAT and IgM (**serum only**)
☐ MTB Complex Susceptibility Only	☐ Quantiferon-TB ☐ *Not Incubated ☐ *Incubated Time in/out:_____/_____	☐ Zika NAAT (**urine only**)
☐ GeneXpert MTB/RIF PCR	☐ Other Test(s) **consult with lab**:	☐ Send Out (specify test):
☐ MTB complex Isolate (*Please attach worksheet/results)		

1-This test order will automatically reflex using the reverse algorithm for confirmation, 2-This test must be approved by the San Diego County Epidemiology Program, please call 619-692-8499. 3- This test must be approved by the San Diego County Immunization Program, please call 866-358-2966 option 5.