

Sonoma County Public Health Laboratory

3313 Chanate Road, Santa Rosa, CA 95404 - Telephone: (707) 565-4711 - Fax: (707) 565-7839

Facility Name, Address, Phone/Fax numbers and Physician Name:				
PATIENT DEMOGRAPHICS – Please print clearly.				
Last Name	First Name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Patient Address	Medical Record #	Specimen ID #	Pregnancy Status <input type="checkbox"/> Y <input type="checkbox"/> N	
SPECIMEN TYPE/SOURCE – Please check appropriate box(es).				
Date Collected:		Time Collected:		
<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Sputum	<input type="checkbox"/> Cervical	<input type="checkbox"/> Lesion (Location) _____
<input type="checkbox"/> Bronch Wash	<input type="checkbox"/> Isolate	<input type="checkbox"/> OP/ Throat	<input type="checkbox"/> NP/OP	<input type="checkbox"/> Fluid (Describe) _____
<input type="checkbox"/> NP swab	<input type="checkbox"/> Stool	<input type="checkbox"/> CSF	<input type="checkbox"/> Urethra	<input type="checkbox"/> Other (Describe) _____
MYCOBACTERIOLOGY		MOLECULAR DIAGNOSTICS		BACTERIOLOGY
ICD-10: _____		ICD-10: _____		ICD 10: _____
<input type="checkbox"/> AFB Smear & Culture		<input type="checkbox"/> Novel Coronavirus PCR		<input type="checkbox"/> Culture for Identification (Title 17)
<input type="checkbox"/> GeneXpert MTBC/RIF PCR (sputum only)		PUI # _____		(Choose One)
<input type="checkbox"/> MTB Complex PCR (non-sputum samples)		<input type="checkbox"/> Influenza A/B PCR		<input type="checkbox"/> Salmonella
<input type="checkbox"/> AFB Culture for ID		<input type="checkbox"/> Norovirus PCR		<input type="checkbox"/> Shigella
MYCOLOGY		<input type="checkbox"/> VZV PCR		<input type="checkbox"/> Shiga toxin producing E. coli
ICD-10: _____		<input type="checkbox"/> HSV I/II PCR		<input type="checkbox"/> Other _____
<input type="checkbox"/> Fungus Culture		<input type="checkbox"/> Mycoplasma PCR		<input type="checkbox"/> B. pertussis PCR
<input type="checkbox"/> Fungus Culture for ID		<input type="checkbox"/> Enterovirus PCR		<input type="checkbox"/> Enteric Culture (primary stool)
TICK-BORNE DISEASE SEROLOGY		<input type="checkbox"/> Dengue 1-4 PCR		<input type="checkbox"/> Clearance Culture (CD Nursing)
ICD-10: _____		<input type="checkbox"/> Measles PCR		(Choose One)
<input type="checkbox"/> Tick Panel (All tests <u>excluding</u> Rickettsia)		<input type="checkbox"/> Mumps PCR		<input type="checkbox"/> Salmonella
<input type="checkbox"/> Lyme EIA Screen		<input type="checkbox"/> STEC PCR		<input type="checkbox"/> Shigella
<input type="checkbox"/> Confirmatory Lyme Western Blots		<input type="checkbox"/> Chikungunya PCR		<input type="checkbox"/> Shiga toxin producing E. coli
<input type="checkbox"/> IgM + IgG WBs		<input type="checkbox"/> Zika PCR		<input type="checkbox"/> Other _____
<input type="checkbox"/> Babesia duncani (WA-1) IFA		<input type="checkbox"/> Other PCR _____		<input type="checkbox"/> Select Agent Confirmation
<input type="checkbox"/> Babesia microti IFA		SYPHILIS SEROLOGY		Please phone the laboratory at the number listed above prior to submission of any Select Agent.
<input type="checkbox"/> Anaplasma phagocytophilum (HGA) IFA		ICD-10: _____		GC and CHLAMYDIA
<input type="checkbox"/> Ehrlichia chaffensis (HME) IFA		<input type="checkbox"/> VDRL with reflex titer		ICD-10: _____
<input type="checkbox"/> Rickettsia Rickettsii (Rocky Mtn. Spotted Fever) IFA		<input type="checkbox"/> Confirmatory TPPA		<input type="checkbox"/> GC and Chlamydia NAAT
<input type="checkbox"/> Rickettsia Typhi (Typhus Fever) IFA		(Rev 3/13/2020)		<input type="checkbox"/> Chlamydia NAAT only