

Patient Name:

**SANTA BARBARA COUNTY  
PUBLIC HEALTH LABORATORY**

Laboratory Use Only

Last \_\_\_\_\_ First \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

315 Camino del Remedio  
 Santa Barbara, CA 93110  
 Phone (805) 681-5255 / FAX (805) 681-5347  
 CLIA# 05D06383431

Client ID # \_\_\_\_\_

DATE / TIME  
RECEIVE

Sex: Male Female M→F F→M Medical Record Number: \_\_\_\_\_

**SPECIMEN INFORMATION**

Date Taken: \_\_\_\_\_ Time Taken: \_\_\_\_\_

**SOURCE**

Blood  NP Swab  Sputum  Pleural Fluid  
 Bronch Wash  Oral fluid  Throat Swab  Biopsy:  
 Cervix  Rectal Swab  Urethral Swab  Other: \_\_\_\_\_  
 CSF  Serum  Urine \_\_\_\_\_  
 Gastric  Skin  Vaginal Swab \_\_\_\_\_

**Laboratory Use Only**

**SEROLOGY ONLY**

Routine  Prenatal  Test of Cure  Immunity Status

**CLINICAL HISTORY**

DATE OF ONSET \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

BRIEF CLINICAL HISTORY \_\_\_\_\_

**LAB / CLINIC / MEDICAL GROUP SUBMITTING SAMPLE**

**SUBMITTER NAME** \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**PHYSICIAN INFORMATION**

**ORDERING MD** (Please print legibly) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**SUPERVISING MD** (If applicable - Please print legibly) \_\_\_\_\_

**TESTS REQUESTED**

**PLEASE CHECK BOXES TO ORDER TESTS**

**ENTERIC BACTERIOLOGY**

87045  Feces Culture, Bacteria  
 Enteric Pathogens  Salmonella/Shigella  
 Campylobacter  Other: \_\_\_\_\_

87427  Shiga Toxin EIA (E. coli O157:H7) \_\_\_\_\_

**PARASITOLOGY**

87177  Ova & Parasite Concentration & ID \_\_\_\_\_

87209  Trichrome Stain\*\* \_\_\_\_\_

87172  Pinworm Exam \_\_\_\_\_

**SPECIAL BACTERIOLOGY**

87070  Miscellaneous Culture-Aerobic \_\_\_\_\_

87801  Bordetella pertussis PCR \_\_\_\_\_

**HEPATITIS SEROLOGY** **PHD Only**

87340  Hepatitis B Surface Ag EIA \_\_\_\_\_

87341 \*  Hepatitis B Surface Ag – Neut \_\_\_\_\_

**GONORRHEA**

87205  Gram Stain \_\_\_\_\_

87081  Gonorrhea Culture \_\_\_\_\_

**HIV-1 SEROLOGY**

86703  HIV-1 & HIV-2 Antibody EIA \_\_\_\_\_

86689 \*  HIV-1 Confirmatory (IFA) \_\_\_\_\_

**MYCOBACTERIOLOGY**

08012  AFB Smear – Fluorescent\*\* \_\_\_\_\_

87206 AFB Concentration\*\* \_\_\_\_\_

87015 AFB Culture & Presumptive ID\*\* \_\_\_\_\_

87116 AFB Culture & Definitve ID-Biochemical \_\_\_\_\_

87118 \*  \_\_\_\_\_ **POSITIVE CULTURES ONLY**

87149 \*  AFB Nucleic Acid Probe ID \_\_\_\_\_

87188 \*  Drug Susceptibility – MGIT/960 \_\_\_\_\_

**SYPHILIS SEROLOGY**

86592  RPR- Qualitative \_\_\_\_\_

86593 \*  RPR - Quantitative \_\_\_\_\_

86592  VDRL- Qualitative (CSF Only) \_\_\_\_\_

86593 \*  VDRL- Quantitative (CSF Only) \_\_\_\_\_

86781 \*  FTA (Serum Only) \_\_\_\_\_

**MOLECULAR DIAGNOSTICS**

87491  Chlamydia trachomatis – Amplified Probe \_\_\_\_\_

87591  Neisseria gonorrhoeae – Amplified Probe \_\_\_\_\_

87556  M. tuberculosis – Amplified Probe ID\*\*\* \_\_\_\_\_

**RUBELLA SEROLOGY** **PHD Only**

86762  Rubella Latex Agglutination-Qualitative \_\_\_\_\_

**WEST NILE VIRUS SEROLOGY**

\*\*\*  West Nile Virus IFA (IgG & IgM) \_\_\_\_\_

86371  West Nile Virus EIA (IgM) \_\_\_\_\_

**MYCOLOGY**

87101  Fungus Culture & Presumptive Id \_\_\_\_\_

87106  Fungus Culture & Definitive Id \_\_\_\_\_

**IMMUNOLOGY**

86480  Quantiferon – TB – G Intube \_\_\_\_\_

**ARTHROPOD IDENTIFICATION**

87168  Arthropod Identification (Tick, Mite, Louse) \_\_\_\_\_

\* Reflexive for specimens that test positive with the screening test.  
 \*\* Tests ordered as a group.  
 \*\*\* For research use only - no CPT code assigned  
 HCS-362 (1/2011 )