Public Health Laboratory

Lab Use Only
Date/Time Received:

Laboratory Test Request Form

CLIA 05D0665059 - Laboratory Director Linda Ward

Mon. through Fri. 8 am to 5 pm — Phone (909) 458-9430 | Fax (909) 986-3590

150 E Holt Blvd, Ontario, CA 91761

Submitter	Patient - Affix Printed Label if Available	Specimen Collection
Agency Name:	Patient Medical Record #:	
	Last Name:	Date collected: ___/___/______
Address:	First Name: MI:	
	Birthdate:	Time Collected: ____:______ am/pm
Phone: Fax:	Gender: ❑Male ❑Female ❑Pregnant ❑Unknown	
Requesting Physician	Race (see reverse):	**Reference/Submitter Sample #**
Provider Name and NPI # must be included	Ethnicity: ❑Hispanic ❑Not Hispanic ❑Unknown	
First Name: Last Name:	Address:	**Diagnosis Code**
	City:	
NPI #:	Zip:	ICD-10:
Address:		

Lab Test Requested and Specimen Type Submitted

Immunology

HIV	
❑HIV Combo EIA	❑Red top blood
❑HIV Geenius	❑Serum

Hepatitis	
❑HAV Ab	❑Red top blood
❑HBsAg	❑Serum
❑HBsAb	
❑HBcAb	
❑HCV Ab	

Syphilis	
❑RPR	❑Red top blood
❑RPR Titer	❑Serum
❑TPPA	❑Plasma

Flow Cytometry	
❑CD4/CD8	❑Purple tiger top

Quantiferon	
❑Quantiferon	❑Green top blood
	❑Set of 4 Quantiferon tubes

Other Serology	
❑West Nile Virus	❑Red top blood
❑Other:	❑Serum
	❑Plasma
	❑CSF

Molecular Biology

STD NAAT	
❑Chlamydia NAAT	❑Urine
❑Gonorrhea NAAT	❑Cervical swab
❑Chlam/GC NAAT	❑Multi swab
Indicate source:	

HIV Viral Load	
❑HIV-1 Viral Load	❑EDTA plasma
❑HIV-1 Qualitative	❑Plasma

Virus/Bacterial PCR	
❑Influenza PCR	❑Throat swab
❑Bordetella PCR	❑Nasopharyngeal swab
❑Norovirus PCR	❑Nasal wash
❑Measles PCR	❑Stool
❑Mumps PCR	❑Other specimen type:
❑Enterovirus PCR	
❑COVID-19 PCR	

Parasitology	
❑Blood/Tissue Parasites	❑Blood
❑Scabies/Ectoparasites	❑Skin scraping
❑Parasite for ID	❑Tissue: ____________
	❑Other:

Clinical	
❑Occult Blood	❑Stool
❑Vaginal Wet Mount	❑Vaginal swab
❑Microscopic Urinalysis	❑Urine
❑Autoclave Sterility Check	❑Spore ampules

Microbiology

Enteric Culture	
❑Salmonella/Shigella	❑Stool
❑E.coli O157:H7	❑Urine
❑Shiga Toxin	❑Rectal swab
❑Enteric Isolate for ID	❑Other source:

Bacteria Culture	
❑Gonorrhea Culture	❑Cervical
	❑Urethral
	❑Rectal
❑Genital Culture	❑Vaginal
❑Urine Culture	❑Urine
❑B-Strep Culture	❑Throat
❑Miscellaneous Culture	❑Other source:
❑Bacteria Isolate for ID	

Mycobacteriology	
❑AFB Culture &ID	❑Sputum
❑MTB Susc Broth	❑Aerosol
❑MGIT Broth Culture	❑Bronchial wash
❑MTB NAAT	❑Other source:
❑Title 17 Isolate	
❑AFB Isolate/MGIT for ID	

Mycology	
❑Fungus Culture	❑Sputum
❑Fungus Isolate for ID	❑Other source:
❑Actinomycete for ID	
❑Coccidioides Probe	

2019 Novel Coronavirus (SARS-CoV-2)

Source:	❑CDS contact date: ______________________________
❑Nasal swab	❑Submitter point of contact name/phone/e-mail: ______________________________