



PH Laboratory Use Only
Date/Time Received:

## Laboratory Test Request Form

<https://wp.sbcounty.gov/dph/programs/lab/>

CLIA 05D0665059 – Laboratory Director Linda Ward  
Monday – Friday 8 a.m. to 5 p.m. – Phone (909) 458-9430 | Fax (909) 986-3590  
150 E. Holt Blvd., Ontario, CA 91761

Required Information In Red		
Submitter Information		Patient Information – <i>Affix label if available</i>
Agency Name	Last Name	
	First Name	
Physician Name	MRN/2nd Identifier #	
Physician NPI #	Date of Birth	
Address	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Other <input type="checkbox"/> Decline to State	
Phone	Fax	<b>ICD-10 Code(s):</b> <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown <b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Collection Information		
Date of Collection	Street Address	
Time of Collection	City	
Reference/Sample #	State	Zip

**Additional Comments/Information:**

Specimen Source (Required)				
<input type="checkbox"/> Green top blood/Heparin	<input type="checkbox"/> Endocervical	<input type="checkbox"/> Bronchoalveolar Lavage	<input type="checkbox"/> CSF	<input type="checkbox"/> Other - Specify:
<input type="checkbox"/> Plasma/EDTA	<input type="checkbox"/> Penis/Urethra	<input type="checkbox"/> Nasal	<input type="checkbox"/> Skin scraping	
<input type="checkbox"/> Purple tiger top	<input type="checkbox"/> Rectal	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Stool (feces)	
<input type="checkbox"/> Red top blood/Serum	<input type="checkbox"/> Throat	<input type="checkbox"/> Sputum/Aerosol	<input type="checkbox"/> Urine	

Specimen Type:  Isolate     Swab - Specify \_\_\_\_\_     Other - Specify \_\_\_\_\_

Test to be Performed - Submit One Form for Each Specimen Type					
Immunology		Molecular Biology		Microbiology	
HIV		STD NAAT		Enteric Culture	
<input type="checkbox"/> HIV Combo EIA	87389	<input type="checkbox"/> Chlamydia NAAT	87491	<input type="checkbox"/> Salmonella/Shigella	87045
<input type="checkbox"/> HIV Geenius	86701 86702	<input type="checkbox"/> Gonorrhea NAAT	87591	<input type="checkbox"/> E.coli O157:H7	87046
Hepatitis		<input type="checkbox"/> Chlam/GC NAAT	8749 87591	<input type="checkbox"/> Shiga Toxin	87427
<input type="checkbox"/> Hepatitis A Total Antibody	86708	HIV Viral Load		<input type="checkbox"/> Enteric Isolate ID	
<input type="checkbox"/> Hepatitis B Surface Antigen	87340	<input type="checkbox"/> HIV-1 Viral Load	87536	Bacteria Culture	
<input type="checkbox"/> Hepatitis B Surface Antibody	86706	<input type="checkbox"/> HIV-1 Qualitative	87535	<input type="checkbox"/> Urine Culture	87086
<input type="checkbox"/> Hepatitis B Core Total Antibody	86704	Virus/Bacterial PCR		<input type="checkbox"/> Miscellaneous Culture	87070
<input type="checkbox"/> Hepatitis C Antibody	86803	<input type="checkbox"/> Influenza PCR	87501	<input type="checkbox"/> Bacteria Isolate ID	87077
Syphilis		<input type="checkbox"/> SARS CoV-2 PCR	87635	Mycobacteriology	
<input type="checkbox"/> RPR	86592	<input type="checkbox"/> CRE PCR	87798	<input type="checkbox"/> AFB Culture and Smear	87116 87206
<input type="checkbox"/> RPR Titer	86593	<input type="checkbox"/> Bordetella PCR	87798	<input type="checkbox"/> MTB NAAT	87556
<input type="checkbox"/> TPPA	86780	<input type="checkbox"/> Norovirus PCR	87798	<input type="checkbox"/> MTB AST	87188
<input type="checkbox"/> Syphilis EIA	86780	<input type="checkbox"/> Measles PCR	87798	<input type="checkbox"/> MGIT ID	87143 87555 87560
Flow Cytometry		<input type="checkbox"/> Mumps PCR	87798	<input type="checkbox"/> AFB Isolate ID	87143 87555 87560
<input type="checkbox"/> CD4/CD8	86360	<input type="checkbox"/> Other:	87798	<input type="checkbox"/> Title 17 Isolate	
Other Serology		Parasitology		Mycology	
<input type="checkbox"/> Quantiferon	86480	<input type="checkbox"/> Malaria Confirmation	87207	<input type="checkbox"/> Fungus Culture	87102
<input type="checkbox"/> West Nile Virus	86788	<input type="checkbox"/> Scabies/Ectoparasites	87168	<input type="checkbox"/> Fungus Isolate ID	87107
<input type="checkbox"/> SARS CoV-2 Antibody	86769	<input type="checkbox"/> Parasite for ID	87169	<input type="checkbox"/> Actinomycete ID	87077
<b>Sendout Request:</b>				<input type="checkbox"/> Coccidioides Probe	87797

## TESTING ALGORITHMS

### HIV Combo Ag/Ab Serology

Unless specified otherwise in the request form, specimens that are repeatedly reactive by HIV-1 & 2 Antibody/HIV-1 Antigen Combo EIA will be confirmed by BioRad Geenius HIV-1/2 Supplemental Test. Specimens with discordant results may be tested by qualitative HIV-1 PCR.

### Syphilis Serology

Unless specified otherwise in the request form, specimens testing reactive by Qualitative RPR will be tested by Quantitative RPR and confirmed by TPPA.

### Hepatitis B Serology

Unless specified otherwise in the request form, specimens testing positive for Hepatitis B Surface Antigen will be confirmed with the Hepatitis B Surface Antigen Confirmatory Assay.

### Hepatitis A Serology

Unless specified otherwise in the request form, specimens testing positive for Total Hepatitis A Antibody will be tested for Hepatitis A IgM.

### Mycobacteria Culture

Unless specified otherwise in the request form, respiratory specimens from new patients found smear positive for Acid Fast Bacilli will be tested by the GeneXpert nucleic acid amplification test for Mycobacterium tuberculosis.

### Mycobacterium tuberculosis Drug Susceptibility

Unless specified otherwise in the request form, Mycobacterium tuberculosis culture isolates from new patients shall be tested for drug susceptibility by the MGIT.

### Influenza Virus PCR

Unless specified otherwise in the request form, respiratory specimens testing positive for Influenza A or Influenza B will be further subtyped.

### Sendouts

Further testing may be performed at an external reference laboratory at no additional cost.

For more information, refer to the San Bernardino County Public Health Laboratory website for specimen collection information.

NOTE: Submitters who do not wish to confirm reactive tests as per testing algorithms must enter "**DO NOT CONFIRM**" in the Submitter's Comments section. Additional charges may accrue for confirmatory testing.