

Sonoma County Public Health Laboratory

SUBMITTOR (please complete):

LAB USE ONLY

Date Received _____

Lab # _____

PATIENT DEMOGRAPHICS – Please print clearly.

Patient Last Name	First	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Physician Name	Date Collected	Time Collected
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**BILLING INFORMATION – Please check box for billing source and complete information.
Attach copy of patient insurance card if applicable.**

<input type="checkbox"/> OA Voucher	<input type="checkbox"/> Our Account	<input type="checkbox"/> MediCal # _____
<input type="checkbox"/> FPACT	<input type="checkbox"/> Private Insurance (Attach billing information)	<input type="checkbox"/> MediCare # _____
S code _____	ICD9 _____	

SPECIMEN TYPE/SOURCE – Please check appropriate box(s).

<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Sputum	<input type="checkbox"/> Cervix	<input type="checkbox"/> Lesion (Location) _____
<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> Stool	<input type="checkbox"/> CSF	<input type="checkbox"/> Urethra	<input type="checkbox"/> Other (Describe) _____

TESTING REQUESTED – Please check appropriate box(s).

<input type="checkbox"/> HIV-1 Antibody (Blood)	<input type="checkbox"/> Stool Culture, bacterial	<input type="checkbox"/> Herpes Culture
<input type="checkbox"/> HIV-1 Antibody (Oral Fluid)	<input type="checkbox"/> Ova and Parasite	<input type="checkbox"/> Hepatitis C Antibody
<input type="checkbox"/> T-cells	<input type="checkbox"/> Giardia/Cryptosporidia DFA	<input type="checkbox"/> Hepatitis C Viral Load
<input type="checkbox"/> HIV-1 Viral Load	<input type="checkbox"/> Chlamydia Nucleic Acid Amplification	<input type="checkbox"/> Lyme Serology
<input type="checkbox"/> AFB Smear/Culture	<input type="checkbox"/> Gonorrhea Nucleic Acid Amplification	<input type="checkbox"/> Tick Panel (Lyme, Babesia, Ehrlichia)
<input type="checkbox"/> AFB Blood Culture	<input type="checkbox"/> Chlamydia and Gonorrhea Nucleic Acid Amplification	<input type="checkbox"/> Syphilis Screening (VDRL)
<input type="checkbox"/> Fungus Culture	<input type="checkbox"/> Gonorrhea Culture	<input type="checkbox"/> Syphilis Confirmation (TPPA)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Syphilis Darkfield

Comments/Special Instructions:

Sonoma County Public Health Laboratory

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