



MONTEREY COUNTY  
 PUBLIC HEALTH LABORATORY  
 1270 NATIVIDAD ROAD  
 SALINAS, CA 93906  
 CLIA# 05D0643589  
 (831) 755-4516

LABORATORY USE  
 ONLY

PLEASE TYPE OR PRINT

SUBMITTER NAME _____  Street _____  City _____ State _____ Zip _____  PHYSICIAN _____  NPI _____  CASE NURSE: _____  BILL TO: <input type="checkbox"/> Submitter <input type="checkbox"/> Third Party Payor (Provide physicians NPI and a copy of insurance information) <input type="checkbox"/> Health Department Communicable Disease Unit <input type="checkbox"/> Health Department Tuberculosis Unit <input type="checkbox"/> Health Department HR (Complete box below, "MCHD HR USE ONLY") <input type="checkbox"/> Cash/Uninsured	PATIENT NAME (Last, First): _____  Street: _____  City: _____ State: _____ Zip: _____  Phone #: _____ SS# _____  BIRTHDATE _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F Card #: _____ ICD-9 Code _____  S-Code (Family PACT): _____  Submitters Lab #: _____  Medical Record #: _____  DATE COLLECTED: _____ ONSET DATE: _____ TIME COLLECTED: _____ COLLECTED BY: _____
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**CHECK SPECIMEN SOURCE AND TEST (S) BELOW**

<input type="checkbox"/> blood	<input type="checkbox"/> urine	<input type="checkbox"/> hair	<input type="checkbox"/> nasopharynx	<input type="checkbox"/> bronch wash	<input type="checkbox"/> pleural fluid
<input type="checkbox"/> CSF	<input type="checkbox"/> rectal	<input type="checkbox"/> skin	<input type="checkbox"/> throat	<input type="checkbox"/> gastric	<input type="checkbox"/> sputum
<input type="checkbox"/> serum	<input type="checkbox"/> stool	<input type="checkbox"/> nail	<input type="checkbox"/> oral fluid	<input type="checkbox"/> BAL	<input type="checkbox"/> tissue <input type="checkbox"/> Other _____

CHECK (ONLY ONE):  routine  epidemiological investigation (contact or outbreak): \_\_\_\_\_

BACTERIOLOGY	PARASITOLOGY	TOXICOLOGY	GENERAL IMMUNOLOGY
Enteric (Stool) Culture <input type="checkbox"/> Comprehensive (CSC) <input type="checkbox"/> Salmonella/Shigella (SASHC) <input type="checkbox"/> Salmonella-Contact/Clearance <sub>(SACC)</sub> <input type="checkbox"/> Shigella-Contact/Clearance (SHCC) <input type="checkbox"/> Campylobacter (CC) <input type="checkbox"/> E. coli 0157/STEC (ECCPCR) Culture for ID/Confirmation <input type="checkbox"/> Salmonella (SACID) <input type="checkbox"/> Shigella (SHID) <input type="checkbox"/> E. coli 0157/STEC (ECID) <input type="checkbox"/> Misc. culture (MC): _____  PCR <input type="checkbox"/> B. pertussis (BPPCR) <input type="checkbox"/> Legionella spp & L. pneumophila (LPCR) <input type="checkbox"/> N. meningitidis (NMPCR) <input type="checkbox"/> L. monocytogenes (LMPCR) <input type="checkbox"/> S. aureus/MRSA (MRSAPCR)	<input type="checkbox"/> Ova and Parasites (OP) <input type="checkbox"/> Cyclospora PCR (CYPCR) <input type="checkbox"/> Cryptosporidia/Giardia (CG) <input type="checkbox"/> Blood Smear (G) <input type="checkbox"/> Pinworms (P) <input type="checkbox"/> Helminth ID (H) <input type="checkbox"/> Arthropod ID (A) <input type="checkbox"/> Microsporidia (M) <input type="checkbox"/> Cyclospora/Isospora (CI)  <div style="text-align: center;"><b>MYCOLOGY</b></div> <input type="checkbox"/> Smear & Culture (FSC) <input type="checkbox"/> Fungus Isolate for ID <input type="checkbox"/> Mold (FIDM) <input type="checkbox"/> Yeast (FIDY) <input type="checkbox"/> C. immitis PCR (CIPCR)	<input type="checkbox"/> Blood Lead <sup>(1)</sup> (PB)           <div style="text-align: center;"><b>VIROLOGY</b></div> <input type="checkbox"/> Influenza A & B PCR (FLUPCR) <input type="checkbox"/> Influenza A PCR (FLUA) <input type="checkbox"/> Influenza B PCR (FLUB) <input type="checkbox"/> Respiratory Virus Culture (RVC) <input type="checkbox"/> Comprehensive Respiratory Panel (CRP) <input type="checkbox"/> Norovirus PCR (NPCR) <input type="checkbox"/> Measles PCR (MPCR)	<input type="checkbox"/> West Nile Virus (WNV) <input type="checkbox"/> Rabies Titer (R-TITER) <input type="checkbox"/> HIV Orasure Confirmation (HIV) <input type="checkbox"/> RPR/TPPA (SYPHILIS) <input type="checkbox"/> Other _____     <div style="text-align: center;"><b>MCHD HR USE ONLY</b></div> Fund: _____ Unit Code #: _____ Appr. #: _____ Prog. Code: _____ Work Location: _____

<b>STAT TEST</b> <input type="checkbox"/> Stat Test	<b>MYCOBACTERIOLOGY</b> <input type="checkbox"/> Acid Fast Smear (AFS) <input type="checkbox"/> Acid Fast Culture (AFC) <input type="checkbox"/> AFB Isolate for ID (AFBID) <input type="checkbox"/> M. tuberculosis PCR (TBPCR) <input type="checkbox"/> QuantiFERON TB (QTF)	<b>CONTACT LABORATORY FOR REFERENCE SPECIMENS AND OTHER TESTS.</b>  COMMENT: _____ _____ _____
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<sup>(1)</sup> Available only for CLIPP venous blood for confirmation