



Monterey County Public Health Laboratory

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LABORATORY USE ONLY

PLEASE TYPE OR PRINT

Form with fields for SUBMITTER NAME, STREET, CITY, STATE, ZIP, PHYSICIAN, NPI, CASE NURSE, BILL TO, PATIENT NAME, STREET, CITY, STATE, ZIP, PHONE #, BIRTHDATE, SEX, PREGNANCY STATUS, CARD #, ICD-10 CODE, SUBMITTER'S LAB #, MEDICAL RECORD #, DATE COLLECTED, ONSET DATE, TIME COLLECTED, COLLECTED BY.

CHECK SPECIMEN SOURCE AND TEST (S) BELOW. Includes checkboxes for BAL, CSF, nail, serum, stool, urine, blood, gastric, nasopharynx, skin, throat, Other, bronch wash, hair, pleural fluid, sputum, tissue. Specimen Detail: Original Material, Concentrated Specimen, Isolate/Broth, Media.

Priority (CHECK ONLY ONE): Routine, STAT, Epidemiological investigation (contact or outbreak):

Grid of testing options: BACTERIOLOGY (Miscellaneous Culture, Enteric, NAAT), MYCOBACTERIOLOGY (Culture, Serology, NAAT), MYCOLOGY (Culture, NAAT), PARASITOLOGY (Arthropod ID, Blood Smear, Cyclospora/Isospora, Cryptosporidia/Giardia, Helminth ID, Microsporidia, Ova and Parasites, Pinworms), VIROLOGY (Comprehensive Respiratory Panel, Influenza Panel PCR, Measles virus PCR, Mumps virus, Norovirus PCR), SEND OUT TESTING (Carbapenem-resistant Enterobacteriaceae, Chikungunya virus, Dengue virus, Hepatitis A Genotyping, HIV Orasure Confirmation, NTM ID, Rabies Titer, RPR/TPPA, West Nile Virus, Zika Virus).

MCHD HR USE ONLY: Fund, Unit Code #, Appr. #, Prog. Code, Work Location. CONTACT LABORATORY FOR REFERENCE SPECIMENS AND OTHER TESTS. COMMENT: