



SAN JOAQUIN COUNTY  
PUBLIC HEALTH LABORATORY  
1601 E. HAZELTON AVE., STOCKTON, CA 95205  
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CLIA # 05D0643989

**LABORATORY USE ONLY**

LAB NUMBER

DATE / TIME RECEIVED

Red Font Indicates Required Information

Revised 2.8.24 SS

**SUBMITTER INFORMATION**

Ordering Facility:

Facility Street Address:

City, State, Zip:

Phone: Fax/Email:

Ordering Provider Name:

Provider\* NPI#:

Provider\* Street Address (If Different)

Provider\* City, State, Zip (If Different)

Diagnosis Code/ICD 10 Code:

Provider\*=Ordering/Rendering Provider

Patient Name:

Last Name First Name Middle Initial

Street Address:

City State Zip

County:

Phone:

Medical Record #:

Accession #

\*Birth date: GENDER: M  F  Trans M  Trans F

\*Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown

Asian  Black  White American Indian/Alaskan

Race: Pacific Islander Unknown Other, Specify:

Pregnancy Status:  Pregnant  Not Pregnant  Unknown  N/A

If the Patient is Deceased, Indicate Date of Death:

Billing Information-Check box for billing source (REQUIRED) Submit copy of insurance card and verification

Policy#

Submitter Medi-Cal Medicare  FPACT  Health Plan of San Joaquin  Health Net Other Insurance

No charge (Title 17 or CD/Health Officer Approval)  Contract

**Specimen Information**

DATE SPECIMEN TAKEN: TIME SPECIMEN TAKEN: SPECIMEN SITE:

SPECIMEN SOURCE: (check one from below)

Blood  CSF  Nasal pharyngeal  Rectal  Sputum  Urethra  Vaginal  Bronchial alveolar lavage  
 Cervix  Feces  Lesion  Serum  Throat  Urine  Plasma  other \_\_\_\_\_

Laboratory Tests Requested (\*denotes tests requiring CD/Health Officer Approval prior to submission)

**BACTERIOLOGY**

Xpert Carba-R NAAT CARBA-R  
 Enteric culture (stool) E-D  
 Enteric culture for ID (isolate) ECI  
 Non-enteric culture for ID ZM  
 Food testing\* FOOD  
 Bordetella pertussis culture/PCR  
BP / BQ  
Shiga toxin PCR STEC  
Streptococcus culture S  
Bacterial Culture (Ref) BCR

**MYCOBACTERIOLOGY**

Acid Fast Culture AC  
Acid Fast Smear AS  
Drug Susceptibility (Mtb only) AD  
Mycobacteria I.D. TB CI  
Mycobacterium tuberculosis NAAT  
(GeneXpert) XMI  
QuantiFERON TB Gold Plus QFT

**STD SCREENING**

Gonorrhea culture GC  
 Gonorrhea NAAT GA  
 Chlamydia NAAT CA  
 Trichomonas NAAT TV  
 M. genitalium NAAT MG

**SYPHILIS**

RPR RPR  
 TP-PA TP-PA  
 VDRL (Spinal Fluid only) VD

**HIV**

HIV Ab/Ag Screen HIVAGAB  
HIV Confirmation HIVG  
HIV Qualitative NAAT HIV-1 QL RNA  
HIV Quantitative Viral Load HIV-1 QT RNA

**REFERENCE SEROLOGY**

Reference Serology RS

**HEPATITIS**

Hepatitis C Qualitative NAAT  
HCV QL RNA  
 Hepatitis C Quantitative Viral Load  
HCV QT RNA

**VIROLOGY**

Norovirus NAAT\* CVQ  
 Enterovirus NAAT\* EQ  
 Flavivirus NAAT\* FPCR  
 Respiratory NAAT Panel RVP BIOFIRE  
 Gastrointestinal NAAT Panel GI BIOFIRE  
 Influenza diagnostic NAAT FLUAB  
 Influenza subtyping NAAT ABI  
 Herpes 1 & 2 / VZV NAAT HQ2  
 Measles NAAT\* RBQ  
 Mpox NAAT NV ORTHO PCR  
 Mumps NAAT\* MPCR  
 Influenza SARS-CoV-2 Multiplex FLU SC2  
 SARS-CoV-2 NAAT SARS-COV-2  
 SARS-CoV-2 Whole Genome sequencing  
(WGS)\* COVID19-WGS

**VIRAL SEROLOGY**

Rubella Antibody RB  
 WNV Antibody WNI

**MYCOLOGY**

Fungus Culture for ID FC

**PARASITOLOGY**

Blood Smear PB  
 Helminth Identification  
 Arthropod Identification A  
O&P Concentrate OPC  
O&P Smear OPS  
Parasite Reference ZP

**Title 17/Surveillance**

Title 17 submission  
Surveillance  
Other