Health Care Agency
Public Health Laboratory
1729 W. 17th Street • Santa Ana, CA 92706
(714) 834-8385 • Fax: (714) 834-7968

Red indicates required information

CLIENT INFORMATION (REQUIRED)

OTHER CLINICIAN INFORMATION (if different from above)

NAME / CLINIC CODE / PHONE #

STREET ADDRESS

CITY / STATE / ZIP

PATIENT INFORMATION

HCA MEDICAL RECORD NUMBER

PATIENT NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS / APT #

CITY / STATE / ZIP / PHONE

DATE OF BIRTH | AGE | GENDER ☐ MALE ☐ FEMALE

CLIENT PATIENT NUMBER

SPECIMEN SOURCE (REQUIRED)

☐ Throat ☐ Stool ☐ Rectal Swab ☐ Sputum ☐ Aerosol (D1, D2, D3, F)
☐ NP ☐ CSF ☐ Urine ☐ BAL ☐ Respiratory Processed
☐ Genital ☐ Oral Fluid ☐ Ear ☐ Gastric Aspirate ☐ Other _____(Specify)
☐ Serum ☐ Plasma ☐ Whole Blood ☐ Wound ☐ Tissue
___Acute ___Convalescent Onset Date_____ ☐ Lesion Specify Site:_____

COLLECTION INFORMATION

DATE (MM/DD/YYYY) | TIME (HH:MM) ☐ AM ☐ PM

COLLECTED BY

REFERENCE TEST (REQUIRED) OR

☐ B4 Bacterial Culture for Identification, Aerobic
☐ B5 Bacterial Culture for Identification, Anaerobic
☐ B13 Gonorrhea, Culture for Identification
☐ B20 Salmonella/Shigella, Culture for Identification
☐ M2 Mycology Culture for Identification
☐ T2 Mycobacterium Culture for Identification
☐ T6 Mycobacterium tuberculosis Culture for Identification and Susceptibility
☐ T7 Mycobacterium tuberculosis Culture for Reportable Disease Only
☐ V4 Viral Culture for Identification

_____
Culture Referred As: (REQUIRED)

CLINICAL TEST (REQUIRED)

BACTERIOLOGY

☐ B1 Aeromonas Culture
☐ B2 Bacterial Culture and Sensitivity, Aerobic
☐ B3 Bacterial Culture and Sensitivity, Anaerobic
☐ B6 Bordetella pertussis Culture and PCR
☐ B7 Campylobacter Culture
☐ B8 Clostridium botulinum Toxin
☐ B9 Diphtheria Culture
☐ B10 Escherichia coli (STEC) Culture
☐ B12 Gonorrhea Culture
☐ B14 Gonorrhea, Microscopic Exam
☐ B15 Haemophilus ducreyi Culture
☐ B16 Legionella Culture
☐ B17 Occult Blood
☐ B19 Salmonella/Shigella Culture
☐ B21 Streptococcus Group A Culture
☐ B22 Syphilis Darkfield, Microscopic Exam
☐ B25 Urinalysis
☐ B27 Vibrio Culture
☐ B29 Yersinia Culture

MYCOLOGY

☐ M1 Mycology Primary Culture

MYCOBACTERIOLOGY

☐ T1 Mycobacterium Culture and Sensitivity
☐ T3 Mycobacterium Smear
☐ T4 Mycobacterium tuberculosis complex NAAT
☐ T5 Mycobacterium tuberculosis, Antimicrobial Drug Levels

PARASITOLOGY

☐ P1 Arthropod Identification
☐ P2 Cryptosporidium/Giardia Screen
☐ P3 Cyclospora Screen
☐ P4 Entamoeba histolytica/Entamoeba dispar Differentiation
☐ P5 Helminth Identification
☐ P6 Isospora Screen
☐ P7 Malaria/Blood Parasites Screen
☐ P8 Microsporidium Screen
☐ P9 Ova and Parasite Exam
☐ P10 Paragonimus Screen
☐ P11 Pinworm Exam
☐ P12 Pneumocystis Screen

VIROLOGY

☐ V1 Chlamydia/Gonorrhea NAAT
☐ V2 Rabies DFA
☐ V3 Viral Culture
☐ V5 Viral Culture, Herpes Simplex Virus
☐ V8 Influenza PCR

VIRAL LOAD

☐ S68 HIV 1 Viral Load, TaqMan v2

SEROLOGY

☐ S18 Hepatitis Acute Panel
Hepatitis A IgM Ab
Hepatitis B Core IgM Ab
Hepatitis B Surface Antigen Screen
Hepatitis C Total Ab
☐ S19 Hepatitis A IgM Antibody
☐ S67 Hepatitis A Total Ab
☐ S20 Hepatitis B Core IgM Antibody
☐ S21 Hepatitis B Core Total Antibody
☐ S22 Hepatitis B Surface Antigen Screen
☐ S23 Hepatitis B Surface Antigen Antibody
☐ S24 Hepatitis C Total Antibody
☐ S31 HIV 1, 2 Antibody Screen
☐ S28 HIV 1 Oral Fluid Screen
☐ S43 Measles Antibody
☐ S58 Syphilis Screen
☐ S59 Syphilis TP-PA Confirmation
☐ S61 Toxoplasma Antibody

SEROLOGY OTHER

☐ S32 Immunology Other Antibody

_____
Specify

Other Tests / Notes: