

**County of Riverside Department of Public Health Laboratory**  
**Laboratory Test Request Form**

Address: 4065 County Circle Drive Riverside, CA 92503  
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 CLIA ID# 05D0571882  
 CA Certified Public Health Laboratory # 1158

PH Laboratory Use Only  
 Accession Number

Last Name	Submitter	Date of Collection
First Name	MRN#	Collection Time
Date of Birth	ICD- 9 Code(s)	Date of Onset
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Physician	<b>Disease Control Information</b>
Street Address	Encounter #	Specimen for Clearance? <input type="checkbox"/>
City/State/Zip	Financial Class	CalREDIE Number
	Clinic Site	<b>Additional Comments:</b>
Submitter Label	Program	
	Contact	

**Specimen Source**

<input type="checkbox"/> Biopsy	<input type="checkbox"/> Lesion/Pustule	<input type="checkbox"/> Plasma (blood)	<input type="checkbox"/> Stool (feces)	<input type="checkbox"/> Wound (specify site)
<input type="checkbox"/> Bronchial Lavage	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Pleural Fluid	<input type="checkbox"/> Throat	
<input type="checkbox"/> Capillary (blood)	<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> Rectal	<input type="checkbox"/> Urine	<input type="checkbox"/> Other-specify below
<input type="checkbox"/> CSF	<input type="checkbox"/> Penis/Urethra	<input type="checkbox"/> Serum (blood)	<input type="checkbox"/> Vaginal	
<input type="checkbox"/> Endocervical	<input type="checkbox"/> Peritoneal Fluid	<input type="checkbox"/> Sputum	<input type="checkbox"/> Vag/Rectal	

**Test to be Performed - Submit One Form for Each Specimen Type**

<input type="checkbox"/> GC/CT NAA Panel (include all tests below)	<input type="checkbox"/> Hepatitis Panel (include all tests below)	<b>Bacterial</b>
<input type="checkbox"/> GC NAA 87591	<input type="checkbox"/> Hepatitis A IgM Antibody 86709	<input type="checkbox"/> Culture Aerobic 87070
<input type="checkbox"/> CT NAA 87491	<input type="checkbox"/> Hepatitis A Total Antibody 86708	<input type="checkbox"/> Culture Enteric 87045
<b>HIV</b>	<input type="checkbox"/> Hepatitis B Surface Antibody 86706	<input type="checkbox"/> Culture Campylobacter 87046
<input type="checkbox"/> HIV Ag/Ab Combo EIA Screen 87389	<input type="checkbox"/> Hepatitis B Core Total Antibody 86704	<input type="checkbox"/> Culture STEC 87046
<input type="checkbox"/> HIV MULTISPOT Confirmation 86689	<input type="checkbox"/> Hepatitis B Core IgM Antibody 86705	<input type="checkbox"/> Culture Bordetella pertussis 87070
<b>Blood Lead Screen</b>	<input type="checkbox"/> Hepatitis B Surface Antigen 87340	<input type="checkbox"/> Culture Group A screen (Throat) 87081
<input type="checkbox"/> Blood Lead Screen 83655	<input type="checkbox"/> Hepatitis C Antibody 86803	<input type="checkbox"/> Culture Group B screen (vag/rectal) 87081
<b>Special Serology</b>	<b>Syphilis</b>	<input type="checkbox"/> Culture for Identification 87077
<input type="checkbox"/> West Nile Virus IgM Antibody 86788	<input type="checkbox"/> Syphilis EIA Screen 86592	<input type="checkbox"/> Culture GC 87081
<input type="checkbox"/> West Nile Virus Confirmation 86789	<input type="checkbox"/> Syphilis confirmation 86592 86593 86781	<input type="checkbox"/> Shiga Toxin Screen 87427
<b>DFA Test</b>	<input type="checkbox"/> VDRL (CSF ONLY) 86592	<b>Herpes</b>
<input type="checkbox"/> DFA HSV1 and HSV2 87273 87274	<b><input type="checkbox"/> Prenatal Panel (include all tests below)</b>	<input type="checkbox"/> Culture Herpes 87252
<input type="checkbox"/> DFA Pneumocystis carinii 87281	<input type="checkbox"/> Hepatitis B Surface Antigen 87340	<b>Mycobacteria</b>
<input type="checkbox"/> DFA Cryptosporidium/Giardia 87269	<input type="checkbox"/> Syphilis EIA Screen 86592	<input type="checkbox"/> Culture TB 87015 87206 87116
	<input type="checkbox"/> Rubella 86762	<input type="checkbox"/> GeneXpert MTB/RIF PCR 87556
<b>SENDOUT</b>	<b>Parasites</b>	<input type="checkbox"/> QuantiFeron 86480
<b>Test(s) Requested:</b>	<input type="checkbox"/> O & P Concentrate/Trichrome 87209 87177	<input type="checkbox"/> TB Susceptibility 87190
	<input type="checkbox"/> Fecal Leukocyte (WBC) 87205	<input type="checkbox"/> Isolate Retention 87118
	<input type="checkbox"/> O & P and WBC Panel 87209 87177 87205	<b>PCR</b>
	<input type="checkbox"/> Pinworm 87172	<input type="checkbox"/> B. pertussis PCR 87798
	<input type="checkbox"/> ID of Parasite 87169	<input type="checkbox"/> Norovirus PCR 87797
		<input type="checkbox"/> Influenza A/B PCR 87797
		<input type="checkbox"/> HSV 1/2 PCR 87529