

**SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY**

4600 Broadway, Suite 2300, Sacramento, CA. 95820

Phone: (916) 874-9231 Fax: (916) 854-8941

Dr. Anthony H. Gonzalez, PhD, HCLD (ABB), Director  
California Public Health Laboratory # 1188

CLIA # 05D0644185

Medicare # 55L0008561

NPI # 1992876692

<b>Submitter</b>		<b>Patient Name (Last, First, M.I.)</b>		Sex	Payment Source
<input type="checkbox"/> Chest Clinic	<input type="checkbox"/> Juvenile Hall	Patient Address (Street, City, State, Zip, County)			<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Clara's House	<input type="checkbox"/> Main Jail				<input type="checkbox"/> Medicare
<input type="checkbox"/> Coroner	<input type="checkbox"/> RCCC	Date of Birth		Medical Record #	<input type="checkbox"/> Family PACT
<input type="checkbox"/> Disease Control	<input type="checkbox"/> STD Clinic				<input type="checkbox"/> Other: <input type="checkbox"/> VA Hospital
Submitter Address		Primary Diagnosis Code		Insurance / HAP #	
Submitter Secure Fax		Secondary Diagnosis Code		Authorizing Provider Name /Signature	

Additional Information

**FOR LABORATORY USE ONLY****SPECIMENS MUST BE LABELED WITH PATIENT'S NAME AND MEDICAL RECORD # OR DOB, AND DATE COLLECTED.****Please attach a separate form for each submitted specimen. Multiple tests for an individual specimen may be selected on one form.**

<b>Date &amp; Time Specimen(s) Collected</b>	<b>Specimen Source(s):</b>	<input type="checkbox"/> Urine (1st 20ml) for CT/GC	<input type="checkbox"/> Urine (midstream) for C&S	<input type="checkbox"/> Blood	<input type="checkbox"/> Stool	<input type="checkbox"/> Rectal
		<input type="checkbox"/> Sputum	<input type="checkbox"/> Throat	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Vagina	<input type="checkbox"/> Cervix
		<input type="checkbox"/> Urethra	<input type="checkbox"/> Penis	Wound (specify type and site)		Other (specify type and site)

<b>MYCOBACTERIOLOGY (AFB)</b>
<input type="checkbox"/> Acid Fast Culture & Smear (Mycobacteriology)
<input type="checkbox"/> M.tuberculosis PCR (GeneXpert®) with Smear and Culture
<input type="checkbox"/> QuantiFERON®

<b>BACTERIOLOGY</b>
<input type="checkbox"/> Autoclave Sterilization Verification
<input type="checkbox"/> Chlamydia/Gonorrhea Nucleic Acid Amplified Test (Aptima®)
<input type="checkbox"/> Clearance: specify enteric pathogen: _____
<input type="checkbox"/> Enteric Screen: Salmonella/Shigella/E.coli O157/Shiga Toxin
<input type="checkbox"/> Gonorrhea Culture Screen
<input type="checkbox"/> Miscellaneous source culture (genital, wound, ear, eye, etc)
<input type="checkbox"/> Shiga Toxin Test ONLY
<input type="checkbox"/> Sputum (comprehensive bacterial culture & Gram Stain)
<input type="checkbox"/> Streptococcus Group A Screen (silica gel beads)
<input type="checkbox"/> Urine Culture (midstream)

<b>PARASITOLOGY</b>
<input type="checkbox"/> Malaria & other blood parasites
<input type="checkbox"/> Ova & Parasite Screen (stool)
<input type="checkbox"/> Parasitic Arthropod/Worm Identification
<input type="checkbox"/> Pinworm (Paddle Collection Slide)

<b>VIROLOGY / IMMUNOLOGY</b>
<input type="checkbox"/> Darkfield Fresh Exudate - Syphilis Detection
<input type="checkbox"/> HIV Antibody Screen & Confirmation (serum/plasma)
<input type="checkbox"/> Influenza virus PCR w/ subtyping
<input type="checkbox"/> Measles PCR
<input type="checkbox"/> Norovirus PCR
<input type="checkbox"/> Respiratory Virus Antigen Screen by DFA
<input type="checkbox"/> RPR (Syphilis Screen) (serum)
<input type="checkbox"/> TP-PA (Confirmation for Reactive RPRs) (serum)
<input type="checkbox"/> Varicella-Zoster Virus DFA
<input type="checkbox"/> Varicella-Zoster Virus PCR (fresh exudate / scab)
<input type="checkbox"/> Viral Isolation / Detection Sent to State (specify: _____)
<input type="checkbox"/> West Nile Virus Antibody Screen & Confirmation (serum)
<input type="checkbox"/> Zika virus PCR (Includes Dengue and Chikaguaya)

<b>MYCOLOGY</b>
<input type="checkbox"/> Fungal /Yeast Culture & ID

<b>PUBLIC HEALTH</b>
<input type="checkbox"/> Title 17 Submission (specify organism: _____)
<input type="checkbox"/> Culture for Identification/ Rule-out ( Attach copy of your worksheet)
<input type="checkbox"/> SPECIAL REQUESTS: Contact laboratory prior to submission
Please provide brief but complete case history below

**Specimen collection instructions are on the back of this form. Unlabeled or improperly collected samples will be rejected**

# SPECIMEN COLLECTION GUIDELINES

TEST	SPECIMEN SOURCE	COLLECTION DEVICE	MAXIMUM SPECIMEN STABILITY	SPECIAL NOTES
<b>MYCOBACTERIOLOGY (AFB)</b>				
Acid Fast Culture/Smear	Any source	Sterile Container	Refrigerate - DO NOT FREEZE	Blood, Bone Marrow, CSF, store at room temperature
M. tuberculosis PCR (GeneXpert®) with Smear and Culture	3 ml minimum volume Sputum, bronchial or tracheal aspirates (0.5 ml minimum volume for decontaminated specimens)	Sterile plastic container	Store @ 2° to 8°C until transported or processed	Transport specimen to Laboratory as soon as possible
QuantiFERON®	Whole blood - DO NOT spin, refrigerate or freeze	Celtestis tubes supplied by lab - fill tubes to black line	Stable @ room temp <16 hours	Lab MUST receive specimen within 16 hours of collection.
<b>BACTERIOLOGY</b>				
Autoclave Sterilization Verification	Autoclaved Spore Ampule	Spore Ampule	Store @ 2° to 8° until use	Unautoclaved ampule from same lot should also be submitted for control
Chlamydia/Gonorrhea Amplified DNA Probe - APTIMA®	First 20 mls urine stream; throat, rectal, endocervix, urethra, or vaginal swab	Aptima Urine Specimen Collection Tube, endocervical, urethra, unisex, or vaginal and multi-test swab	30 days @ RT°C in Aptima tube	
Clearance: Salmonella/Shigella/STEC	Stool	Enteric Collection Kit	72 hr. max @ room temp	
Enteric Screen: Salm/Shig/E. coli 0157:H7/Shigatoxin	Stool	Enteric Collection Kit	72 hr. max @ room temp	
Gonorrhea Culture Screen	Genital/Oral/Rectal	Martin-Lewis GC plate, CO <sub>2</sub>	72 hr @ 35°C plus CO <sub>2</sub> , swabs submitted within 6 hr	Required for medical-legal, oral and rectal specimens
Miscellaneous Source Culture	Genital, wound, eye, ear, etc	Amies Charcoal Swab	72 hr. @ room temp	
Shiga Toxin Test ONLY	Positive Broth	GN or MAC broth	24 hr @ 36°C, 4 days @ 4°C	
Sputum (comprehensive culture)	Deep Sputum	Sterile Container	72 hr. @ 4°C	Specimen screened for acceptability
Strep. Group A culture screen	Throat	Desiccant Tube (silica gel beads)	7 days at room temp.	
Urine Culture	Midstream urine	Sterile Container	24 hr. @ 4°C	Midstream catch
<b>PARASITOLOGY</b>				
Malaria & Blood Parasite Smear	Blood	Dried thin & thick smears or EDTA blood tube	EDTA blood must be received within one (1) hour	Call Laboratory for special instructions
Ova & Parasite Screen	Stool	O & P collection kit	Stable @ room temp	
Parasite Arthropod ID	Arthropod	Clean container	Stable @ room temp	
Pinworm	Perianal area	Paddle Collection Slide	Stable @ room temp	
Worm Identification	Any source	Sterile saline - NOT FORMALIN	Stable @ room temp	Call Laboratory for special instructions
<b>VIROLOGY /IMMUNOLOGY</b>				
Darkfield (fresh exudate) - Syphilis	Serous exudate from lesion	Microscope slide & cover slip	5 to 10 minutes. Collect only at PCC	Call Laboratory for special instructions
HIV Antibody Screen	Blood	Serum separator tube	Allow to clot and refrigerate.	
Influenza virus PCR	Nasal aspirates / washes / NP and throat swabs	Viral Transport Media	48 hours at 4°C	Freeze specimens if transport will be delayed beyond 48 hours
Measles virus PCR	NP and Throat swabs / Urine	Viral Transport Media	48 hours at 4°C	Call Laboratory prior to submission
Norovirus PCR	Stool, Vomit	Sterile container	Refrigerate - DO NOT FREEZE	Call Laboratory for special instructions
Respiratory Virus Antigen Screen	Nasal aspirates or washes or nasal and throat swabs	Viral Transport Media	48 hours at 4°C	Freeze specimens if transport will be delayed beyond 48 hours
RPR (Syphilis Screen)	Blood	Serum separator tube	Allow to clot and refrigerate	
TP-PA (confirm Reactive RPRs)	Blood	Serum separator tube	Allow to clot and refrigerate	
Varicella-Zoster DFA / PCR	Serous exudates from lesion or vesicular fluid	Microscope slide or swab in viral transport medium	Transport to lab within 12 hrs of collection for culture	Vesicle swab or scab
Viral Isolation / Detection Sent to State	Various sources		Call Laboratory for special collection/handling instructions	Call Laboratory for special instructions
West Nile Virus Screen	Blood and CSF	Serum separator tube / sterile tube	Blood: 5 days @ 4°C CSF frozen @ -20°C	Allow to clot before refrigeration
<b>MYCOLOGY</b>				
Fungus Culture	Skin, Hair, Nail	Sterile container	Stable @ room temp	
<b>PUBLIC HEALTH</b>				
Title 17 and Cultures for ID	Pure culture isolates (Exception-tightly sealed Shiga toxin + broths)	Solid tubed nutrient media such as nutrient agar or chocolate slant-tightly sealed and parafilm		Call Laboratory for special instructions