



SACRAMENTO COUNTY PUBLIC HEALTH LABORATORY

4600 BROADWAY, Suite 2300, SACRAMENTO, CA. 95820

PHONE (916) 874-9231 FAX (916) 874-9432

LABORATORY REFERENCE SERVICES SUBMISSION FORM

MYCOBACTERIOLOGY – MYCOLOGY – GENERAL BACTERIOLOGY – MALARIA –VIROLOGY

Patient Information:

Last Name _____ First Name _____ DOB ____ / ____ / ____ Sex ____

Street Address _____ City _____ County _____ Zip Code _____

Date of Onset ____ / ____ / ____ Medical Record # _____ Occupation _____

Significant Clinical or Travel History _____

Submitting Agency/Laboratory Information

Submitter Name _____

Address _____

Phone _____ Fax _____

Attending Physician Information: (Mandatory)

Name _____

Address _____

County _____ Phone _____

Specimen Information:

Submitter's Specimen Identification # _____ Specimen Source _____ Date collected ____ / ____ / ____
Required

Service Requested _____

Submitter's Identification _____ (Attach copy of your worksheet)

Significant Findings _____ (Use reverse for additional space.)

Reason for Submission:

- Required by Title 17** –(*Only* primary *Mycobacterium tuberculosis* isolates, multi-drug resistant *M. tuberculosis* isolates, *Salmonella sp.* isolates and blood film slides with malarial parasites)
- Select Agent Identification or Rule-Out** (Anthrax, Brucella, Tularemia, Plague, etc.)
- New or Emerging Pathogen Screening** (Prior approval from Health Officer or Lab Supervisor required)
- Reference Services:** (Culture for Identification, serotyping, drug susceptibilities, etc).

Please refer to fee schedule for service cost. Please note that any isolates/specimens forwarded through this laboratory to other reference laboratories for service will be charged a handling fee.

Note:

Preliminary and Final Results of Reportable Conditions covered by Title 17 are Faxed to the Health Officer of the health jurisdiction where the health care provider who first submitted the specimen is located.

For Public Health Laboratory Use Only

Date Received ____ / ____ / ____ Special Notes: _____

Date Preliminary Report Faxed ____ / ____ / ____ Date Final Report Faxed ____ / ____ / ____
By _____ By _____