



PH Laboratory Use Only
Date/Time Received:

Laboratory Test Request Form

<https://wp.sbcounty.gov/dph/programs/lab/>

CLIA 05D0665059 – Laboratory Director Linda Ward
Monday – Friday 8 a.m. to 5 p.m. – Phone (909) 458-9430 | Fax (909) 986-3590
150 E. Holt Blvd., Ontario, CA 91761

Required Information In Red	
Submitter Information	
Agency Name	Patient Information – <i>Affix label if available</i>
Physician Name	Last Name
Physician NPI #	First Name
Address	MRN/2nd Identifier #
Phone	Date of Birth
Fax	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Collection Information	<input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Date of Collection	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Time of Collection	Street Address
Reference/Sample #	City
	State
	Zip
	ICD-10 Code(s):
	Ethnicity:
	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Not Hispanic
	<input type="checkbox"/> Unknown
	Race
	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> White
	<input type="checkbox"/> Other _____

Additional Comments/Information:

Specimen Source (Required)				
<input type="checkbox"/> Green top blood/Heparin	<input type="checkbox"/> Endocervical	<input type="checkbox"/> Bronchoalveolar Lavage	<input type="checkbox"/> CSF	<input type="checkbox"/> Other - Specify:
<input type="checkbox"/> Plasma/EDTA	<input type="checkbox"/> Penis/Urethra	<input type="checkbox"/> Nasal	<input type="checkbox"/> Skin scraping	
<input type="checkbox"/> Purple tiger top	<input type="checkbox"/> Rectal	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Stool (feces)	
<input type="checkbox"/> Red top blood/Serum	<input type="checkbox"/> Throat	<input type="checkbox"/> Sputum/Aerosol	<input type="checkbox"/> Urine	

Specimen Type: Isolate Swab - Specify _____ Other - Specify _____

Test to be Performed - Submit One Form for Each Specimen Type					
Immunology		Molecular Biology		Microbiology	
HIV		STD NAAT		Enteric Culture	
<input type="checkbox"/> HIV Combo EIA	87389	<input type="checkbox"/> Chlamydia NAAT	87491	<input type="checkbox"/> Salmonella/Shigella Culture (Stool)	87045
<input type="checkbox"/> HIV Geenius	86701 86702	<input type="checkbox"/> Gonorrhea NAAT	87591	<input type="checkbox"/> STEC Culture (Stool)	87046
Hepatitis		<input type="checkbox"/> Chlam/GC NAAT	87491 87591	<input type="checkbox"/> Shiga Toxin (GN Broth) Title 17	
<input type="checkbox"/> Hepatitis A Total Antibody	86708	HIV Viral Load		<input type="checkbox"/> STEC/E.coli 0157:H7 Isolate Title 17	
<input type="checkbox"/> Hepatitis B Surface Antigen	87340	<input type="checkbox"/> HIV-1 Viral Load	87536	<input type="checkbox"/> Enteric Isolate ID (Salm/Shig) Title 17	
<input type="checkbox"/> Hepatitis B Surface Antibody	86706	<input type="checkbox"/> HIV-1 Qualitative	87535	Bacteria Culture	
<input type="checkbox"/> Hepatitis B Core Total Antibody	86704	Virus/Bacterial PCR		<input type="checkbox"/> Miscellaneous Culture	87070
<input type="checkbox"/> Hepatitis C Antibody	86803	<input type="checkbox"/> Influenza PCR	87501	<input type="checkbox"/> Bacteria Isolate ID	87077
<input type="checkbox"/> Hepatitis C Viral Load	87522	<input type="checkbox"/> SARS CoV-2 PCR	87635	Mycobacteriology	
Syphilis		<input type="checkbox"/> Respiratory Multiplex PCR	0241U	<input type="checkbox"/> AFB Culture and Smear	87116 87206
<input type="checkbox"/> RPR	86592	• Flu A/B		<input type="checkbox"/> MTB NAAT	87556
<input type="checkbox"/> Syphilis Monitoring (RPR Titer)	86593	• SARS-COV-2		<input type="checkbox"/> MTB AST	87188
<input type="checkbox"/> TPPA	86780	• RSV		<input type="checkbox"/> MGIT ID	87143 87555 87560
<input type="checkbox"/> Syphilis Screening (EIA)	86780	<input type="checkbox"/> Bordetella PCR	87798	<input type="checkbox"/> AFB Isolate ID	87143 87555 87560
Other Serology		<input type="checkbox"/> CRE PCR	87798	<input type="checkbox"/> TB Title 17 Isolate	
<input type="checkbox"/> Quantiferon	86480	<input type="checkbox"/> Norovirus PCR	87798	Mycology	
LRN Testing		<input type="checkbox"/> Measles PCR	87798	<input type="checkbox"/> Fungus Culture	87102
<input type="checkbox"/> Suspected Agent:		<input type="checkbox"/> Mumps PCR	87798	<input type="checkbox"/> Fungus Isolate ID	87107
Sendout Request:		Parasitology		<input type="checkbox"/> Actinomycete ID	87077
		<input type="checkbox"/> Malaria Confirmation Title 17		<input type="checkbox"/> Coccidioides Probe	87797

TESTING ALGORITHMS

Hepatitis A Serology

Unless specified otherwise in the request form, specimens testing positive for Total Hepatitis A Antibody will be tested for Hepatitis A IgM.

Hepatitis B Serology

Unless specified otherwise in the request form, specimens testing positive for Hepatitis B Surface Antigen will be confirmed with the Hepatitis B Surface Antigen Confirmatory Assay.

Hepatitis C Serology

Unless specified otherwise in the request form, specimens testing positive for Hepatitis C Antibody will be tested for Hepatitis C Viral Load.

HIV Combo Ag/Ab Serology

Unless specified otherwise in the request form, specimens that are repeatedly reactive by HIV-1 & 2 Antibody/HIV-1 Antigen Combo EIA will be confirmed by BioRad Geenius HIV-1/2 Supplemental Test. Specimens with discordant results may be tested by qualitative HIV-1 PCR.

Influenza Virus PCR

Unless specified otherwise in the request form, respiratory specimens testing positive for Influenza A or Influenza B will be further subtyped.

Mycobacteria Culture

Unless specified otherwise in the request form, respiratory specimens from new patients found smear positive for Acid Fast Bacilli will be tested by the GeneXpert nucleic acid amplification test for Mycobacterium tuberculosis.

Mycobacterium tuberculosis Drug Susceptibility

Unless specified otherwise in the request form, Mycobacterium tuberculosis culture isolates from new patients shall be tested for susceptibility to primary drugs by the MGIT system.

Syphilis Screening-Reverse Algorithm

Unless specified otherwise in the request form, specimens testing repeatedly reactive by Syphilis EIA will be tested by RPR. Discordant results will be tested by TPPA. Previously positive syphilis cases may remain positive by EIA and TPPA but may test negative for RPR following infection treatment.

Syphilis Monitoring-Quantitative RPR/RPR Titer

The RPR Titer can be ordered to monitor previously positive syphilis cases.

Sendouts

Further testing may be performed at an external reference laboratory at no additional cost.

Shiga Toxin (GN Broth)

Submit a GN-broth which has recently tested positive for Shiga-toxin 1 and/or 2. GN-broth will be submitted directly to a reference laboratory without further work-up at SBCPHL. This test will not be billed.

STEC Culture (Stool)

Submit stool preserved in Modified Carey Blair transport media and previously tested positive for Shiga-toxin. Specimen will be analyzed for Shiga-toxin producing E.coli or related Shiga-toxin producing organisms. This test will be billed.

Title 17 and LRN Testing are required to be sent to public health laboratories by state and federal regulation. Submitting facilities must inform the laboratory before sending LRN rule-out isolates. This testing will not be billed.

Refer to the San Bernardino County Public Health Laboratory website for specimen collection information.

NOTE: Submitters who do not wish to confirm reactive tests as per testing algorithms must enter "**DO NOT CONFIRM**" in the Submitter's Comments section. Additional charges may accrue for confirmatory testing.