



Laboratory Test Request Form

dph.sbcounty.gov/dph/programs/lab-3

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150 E. Holt Blvd., Ontario, CA 91761

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

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"/> 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: <input type="checkbox"/> Isolate <input type="checkbox"/> MGIT <input type="checkbox"/> Swab - Specify _____ <input type="checkbox"/> Other - Specify _____			
Test to be Performed - Submit One Form for Each Specimen Type			
Immunology		Molecular Biology	
HIV		STD NAAT	
<input type="checkbox"/> HIV Combo EIA 87389	<input type="checkbox"/> HIV Geenius Confirmation 86701 86702	<input type="checkbox"/> Chlamydia NAAT 87491	<input type="checkbox"/> Gonorrhea NAAT 87591
Hepatitis		<input type="checkbox"/> Chlam/GC NAAT 87491 87591	<input type="checkbox"/> Shiga Toxin Title 17 (GN Broth)
<input type="checkbox"/> Hepatitis A IgM 86709	<input type="checkbox"/> Hepatitis A Total Antibody 86708	HIV Viral Load	
<input type="checkbox"/> Hepatitis B Surface Antigen 87340	<input type="checkbox"/> Hepatitis B Surface Antibody 86706	<input type="checkbox"/> HIV-1 Viral Load 87536	<input type="checkbox"/> HIV-1 Qualitative 87535
<input type="checkbox"/> Hepatitis B Core Total Antibody 86704	<input type="checkbox"/> Hepatitis C Antibody 86803	Virus/Bacterial PCR	
<input type="checkbox"/> Hepatitis C Viral Load 87522	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Influenza PCR (with subtype) 87501	<input type="checkbox"/> SARS CoV-2 PCR 87635
<input type="checkbox"/> Syphilis Screening (EIA) 86780	<input type="checkbox"/> Syphilis Monitoring (RPR Titer) 86593	<input type="checkbox"/> Respiratory Multiplex PCR 87637	<input type="checkbox"/> Flu A/B
<input type="checkbox"/> TPPA 86780	<input type="checkbox"/> LRN Testing - Call lab to arrange for testing	<input type="checkbox"/> Bordetella PCR 87798	<input type="checkbox"/> SARS-CoV-2
<input type="checkbox"/> Suspected Agent:	<input type="checkbox"/> CPO PCR 87798	<input type="checkbox"/> Norovirus PCR 87798	<input type="checkbox"/> RSV
	<input type="checkbox"/> Measles PCR 87798	<input type="checkbox"/> Mumps PCR 87798	<input type="checkbox"/> Bacteria Culture 87070
			<input type="checkbox"/> Miscellaneous Culture 87077
			<input type="checkbox"/> Bacteria Isolate ID/MALDI 87077
			<input type="checkbox"/> Mycobacteriology
			<input type="checkbox"/> AFB Culture and Smear 87116 87206
			<input type="checkbox"/> MTB NAAT 87556
			<input type="checkbox"/> MTB AST 87188
			<input type="checkbox"/> AFB MALDI ID 87143
			<input type="checkbox"/> TB Isolate Title 17 (include AST results)
			<input type="checkbox"/> QuantiFERON 86480
			<input type="checkbox"/> Mycology
			<input type="checkbox"/> Fungus Culture 87102
			<input type="checkbox"/> KOH 87220
			<input type="checkbox"/> Fungus Isolate ID 87107
			<input type="checkbox"/> Candida auris PCR 87798

TESTING ALGORITHMS

Reflex testing may incur additional charges

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

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Submitters who do not wish to confirm reactive tests as per testing algorithms must enter “**DO NOT CONFIRM**” in the Submitter’s Comments section.

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 (MTB NAAT) for Mycobacterium tuberculosis.

Mycobacteria tuberculosis nucleic acid amplification test (MTB NAAT)

Sputum is the only FDA-approved specimen type for MTB NAAT. Unless specified otherwise in the request form, unconcentrated sputum specimens for stand-alone MTB NAAT test requests will be concentrated prior to testing. After testing, specimens will be cultured and any Mycobacteria isolate will be identified by MALDI-TOF.

Mycobacterium tuberculosis Antimicrobial Susceptibility Test (MTB AST)

Unless specified otherwise in the request form, Mycobacterium tuberculosis culture isolates from new patients will 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 quantitative 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. Sendouts for Surveillance or Title 17 may not receive reference lab reports.

Title 17 regulation requires isolates to be submitted to public health laboratories by state and federal regulation. Indicate the detected organism under Additional Comments. Title 17 isolates are not billed.

Title 17: Culture-Independent Diagnostic Test (CIDT) - Stool preserved in Modified Cary Blair transport media

Stool submitted per Title 17 (CIDT-detected Salmonella, Shigella, STEC) will be cultured in an attempt to isolate detected agent. Indicate the detected organism under Additional Comments.

Title 17: 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.