



**SAN LUIS OBISPO COUNTY  
PUBLIC HEALTH LABORATORY**

2191 Johnson Avenue, San Luis Obispo, CA 93401  
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[www.sloPublicHealth.org/lab](http://www.sloPublicHealth.org/lab)  
 CLIA: 05D0695770

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

**PATIENT (OR AFFIX PATIENT LABEL BELOW)**

Last Name		First Name		Middle Initial
Medical Record #				
Street Address				
City		State	ZIP	
Phone #1		Phone #2		
DOB		<input type="checkbox"/> Male	<input type="checkbox"/> Female	

**CLINICAL HISTORY**

Date of Onset		Symptom		
Reason for Today's Visit				
<input type="checkbox"/> Case	<input type="checkbox"/> Contact	<input type="checkbox"/> Carrier	<input type="checkbox"/> TOC	

**SPECIMEN**

Collection Date		Collection Time		
<i>Include Add'l Codes for urine cultures, herpes cultures, and vaginal wet preps for FPACT patients.</i>				
ICD10 Codes		ICD10 Codes		
ICD-10 Code		ICD-10 Code		
ICD-10 Code		ICD-10 Code		
ICD-10 Code		ICD-10 Code		

**SUBMITTER (LAB / CLINIC / MEDICAL GROUP)**

Account #		
Submitter Name		
Street Address		
City		State ZIP
Phone		FAX
Name of Contact		
Name of Ordering Physician		
<b>Signature of Physician or Authorized Representative (Must be legible)</b>		
X		

**BILLING**

<input type="checkbox"/> Medicare	ID#
<input type="checkbox"/> Cencal Health/MediCal	ID#
<input type="checkbox"/> Family PACT (Confidential Yes/No)	ID#
<input type="checkbox"/> Presumptive Eligibility	ID#
<input type="checkbox"/> Private insurance* _____	ID#
<b>* Private Insurance (provide copy of front &amp; back of card &amp; demo information)</b>	
<input type="checkbox"/> Cash Pay/Uninsured	Amount Paid \$ <input type="checkbox"/> Fee Waived
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	
Card # _____	Exp. Date _____

**SPECIMEN SOURCE**

<input type="checkbox"/> Blood, Whole	<input type="checkbox"/> Vagina	<input type="checkbox"/> Throat	<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> *Nails	<input type="checkbox"/> Aspirate
<input type="checkbox"/> Serum	<input type="checkbox"/> Cervix	<input type="checkbox"/> Sputum	<input type="checkbox"/> CSF	<input type="checkbox"/> Peripheral Blood (PB)	
<input type="checkbox"/> Urine	<input type="checkbox"/> Stool	<input type="checkbox"/> Bronch Wash	<input type="checkbox"/> *Skin	<input type="checkbox"/> Body Fluid (specify type):	
<input type="checkbox"/> Urethra	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> *Tissue	<i>*Specify location on body for tissue, skin and nail specimens:</i>	

STD	Respiratory	Gastrointestinal/Urine	Rash
<input type="checkbox"/> 2750 Chlamydia Amplified Assay	<input type="checkbox"/> 3545 Acid Fast Culture/Smear	<input type="checkbox"/> 2200 Stool Culture - Standard	<input type="checkbox"/> 6190 Varicella PCR
<input type="checkbox"/> 2770 Gonorrhea Amplified Assay	<input type="checkbox"/> 3555 AFB Isolate for ID	<input type="checkbox"/> 2300 Stool Culture - Comprehensive	<input type="checkbox"/> 6180 Measles PCR
<input type="checkbox"/> 2850 Trichomonas Amplification	<input type="checkbox"/> 7700 Quantiferon	<input type="checkbox"/> 6100 Norovirus RT-PCR	<input type="checkbox"/> 6300 Enterovirus PCR
<input type="checkbox"/> 5035 RPR	<input type="checkbox"/> 3530 M. Tuberculosis amplification	<input type="checkbox"/> 6200 Gastro Pathogen PCR panel (GPP)	<input type="checkbox"/> 5100 VZV antibody
<input type="checkbox"/> 5065 TPPA	<input type="checkbox"/> AFB DNA Probe:	<input type="checkbox"/> 4300 Comp. Parasite Panel	<input type="checkbox"/> Other
<input type="checkbox"/> 5600 HIV Antibody Oral	<input type="checkbox"/> 50000 Influenza Virus RT-PCR	<input type="checkbox"/> 4025 Ova & Parasite Panel	
<input type="checkbox"/> 5500 HIV Antibody Serum	<input type="checkbox"/> 2110 Bordetella Pertussis PCR	<input type="checkbox"/> 4030 Crypto/Giardia Panel	<b>Reference Test</b>
<input type="checkbox"/> 5030 HIV Western Blot Confirm	<input type="checkbox"/> 6040 Resp Virus PCR Panel (RVP)	<input type="checkbox"/> 4120 Cryptosporidia DFA	<input type="checkbox"/> 2085 Bacterial Isolate for ID
<input type="checkbox"/> 5075 HIV - IFA Confirm	<input type="checkbox"/> 3900 Fungal direct exam	<input type="checkbox"/> 4110 Giardia DFA	<input type="checkbox"/> Other (specify below):
<input type="checkbox"/> 6010 Herpes Virus Culture	<input type="checkbox"/> 3905 Mycology Primary Culture	<input type="checkbox"/> 4060 Microsporidia	
<input type="checkbox"/> 6015 Herpes DFA Typing	<input type="checkbox"/> 3910 Mycology Culture for ID	<input type="checkbox"/> 4045 Cyclospora	
<input type="checkbox"/> 5060 VDRL - CSF	<input type="checkbox"/> 3915 Coccidioides Immitis DNA Probe ID	<input type="checkbox"/> 4005 Pinworm (Paddle)	<input type="checkbox"/> 9150 Blood Lead
<input type="checkbox"/> 2065 Urine Culture & Susceptibility		<input type="checkbox"/> 4020 Helminth & Arthropod	<input type="checkbox"/> Other (specify below):
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

**Please contact the Laboratory for reference specimens and other tests.**

**COMMENTS:**