



COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY

2191 Johnson Avenue, San Luis Obispo, CA 93401
Ph: 805-781-5507 FAX: 805-781-1023
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 #, Residential Address, City, State, Zip, DOB, Sex, Pregnancy Status, Race, Ethnicity

SUBMITTER (Lab/Clinic/Medical Group)
Account #, Submitter Name, Street Address, City, State, Zip, Phone, Fax, Name of Contact, Ordering/Supervising Physician, Signature of Physician or Authorized Representative

SPECIMEN
Collection Date, Collection Time, ICD-10 Codes, CLINICAL HISTORY (Optional except for Reportable Conditions), Date of Onset, Symptoms, Reason for Today's Visit, Case, Contact, Carrier, TOC

BILLING
Insurance (provide copy of front & back of insurance card AND demographics), Insurance ID#, Insurance type, Payment type (if NOT billed to Insurance), Card #, CVV#, Exp. Date, Amount Paid \$, Fee Waived

SPECIMEN SOURCE
Aspirate, \*Nails, Sputum, Urine (Aptima), Blood, whole, Nasal swab in VTM, Stool, Urine (sterile cup), Bronchial wash, Nasopharynx swab in VTM, Throat swab in VTM, Vaginal swab, Cervical swab, Rectal swab (Aptima), Throat swab (Aptima), Other/Source/Location (specify), CSF, Serum, \*Tissue, \*Fluid, \*Skin, Urethral swab, \*Specify source or location on body

TEST ORDER (Numeric codes for lab use only and subject to change)
STI, Blood, & Urine, Respiratory, Gastrointestinal & Parasites, Mycology & Rash, Other

Please contact the Laboratory for questions, reference specimens, and other tests.

COMMENTS: