



# COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH LABORATORY

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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 #		
Residential Address <input type="checkbox"/> Same as Submitter Location		
City	State	Zip
DOB	<input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Female	
Phone	Pregnancy Status	
Race	Ethnicity	
<b>By signing here, the patient consents to be notified of results via text:</b>		

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

SPECIMEN			
Collection Date		Collection Time	
ICD-10 Codes (include codes for Urine & Herpes cultures for FPACT patients)			
Codes			
CLINICAL HISTORY (Optional except for Reportable conditions)			
Date of Onset		Symptoms	
Reason for Today's Visit			
<input type="checkbox"/> Case	<input type="checkbox"/> Contact	<input type="checkbox"/> Carrier	<input type="checkbox"/> TOC

BILLING	
<b>Insurance (provide copy of front &amp; back of insurance card AND demographics)</b>	
Insurance ID#	
<input type="checkbox"/> CenCal Health <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> FPACT <input type="checkbox"/> Other Insurance (please specify):	
<b>Payment type (if NOT billed to Insurance)</b>	
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Check# _____ <input type="checkbox"/> Cash	
Card #	Exp. Date
Amount Paid \$	<input type="checkbox"/> Fee Waived (add reason under COMMENTS)

SPECIMEN SOURCE			
<input type="checkbox"/> Aspirate	<input type="checkbox"/> *Nails	<input type="checkbox"/> Sputum	<input type="checkbox"/> Urine (Cobas)
<input type="checkbox"/> Blood, Whole	<input type="checkbox"/> Nasal Swab (VTM)	<input type="checkbox"/> Stool	<input type="checkbox"/> Urine (Sterile Cup)
<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> Nasopharynx Swab (VTM)	<input type="checkbox"/> Throat Swab (VTM)	<input type="checkbox"/> Vaginal Swab
<input type="checkbox"/> Cervical Swab	<input type="checkbox"/> Rectal Swab (Cobas)	<input type="checkbox"/> Throat Swab (Cobas)	<input type="checkbox"/> Other Swab (specify type):
<input type="checkbox"/> CSF	<input type="checkbox"/> Serum	<input type="checkbox"/> *Tissue	<input type="checkbox"/> Other/Location (specify):
<input type="checkbox"/> *Fluid	<input type="checkbox"/> *Skin	<input type="checkbox"/> Urethral swab	*Specify location on body:

TEST ORDER (Numeric codes for lab use only and subject to change)			
STI, Blood, & Urine	Respiratory	Gastrointestinal & Parasites	Mycology & Rash
<input type="checkbox"/> Chlamydia NAAT 2750	<input type="checkbox"/> Acid Fast Culture/Smear 3545	<input type="checkbox"/> Gastro Pathogen PCR panel (GP) 6500	<input type="checkbox"/> Coccidioides immitis DNA Probe 3915
<input type="checkbox"/> Gonorrhea NAAT 2770	<input type="checkbox"/> AFB isolate for ID 3555	<input type="checkbox"/> Norovirus NAAT 6100	<input type="checkbox"/> Mycology culture for ID 3910
<input type="checkbox"/> Trichomonas NAAT 2850	<input type="checkbox"/> MTB complex NAAT 3530	<input type="checkbox"/> Stool culture-Standard 2200	<input type="checkbox"/> Mycology primary culture 3905
<input type="checkbox"/> Mycoplasma genitalium NAAT 2870	<input type="checkbox"/> Quantiferon Plus 8800	<input type="checkbox"/> Salmonella culture 2220	<input type="checkbox"/> Enterovirus NAAT 6300
<input type="checkbox"/> Herpes Virus NAAT 6840	<input type="checkbox"/> Influenza NAAT 51005	<input type="checkbox"/> Shigella culture 2230	<input type="checkbox"/> Measles NAAT 6180
<input type="checkbox"/> HCV antibody, qualitative 5800	<input type="checkbox"/> Pertussis NAAT 2120	<input type="checkbox"/> Campylobacter culture 2240	<input type="checkbox"/> Mumps NAAT 6170
<input type="checkbox"/> HIV antibody, serum 5500	<input type="checkbox"/> Pneumonia PCR panel (PN) 6620	<input type="checkbox"/> E. coli Shiga toxin-producing culture 2250	<input type="checkbox"/> Varicella Zoster antibody 5100
<input type="checkbox"/> HIV antibody differentiation 5700	<input type="checkbox"/> Respiratory PCR panel (RP) 6310	<input type="checkbox"/> Cyclospora 4045	<input type="checkbox"/> Varicella Zoster NAAT 6900
<input type="checkbox"/> Syphilis screen serum: RPR 5035	<input type="checkbox"/> SC2/Flu NAAT with RP reflex 51015	<input type="checkbox"/> Helminth & Arthropod 4020	<b>Other</b>
<input type="checkbox"/> Syphilis confirm serum: TPPA 5065	<input type="checkbox"/> SC2/Flu/RSV NAAT 52000	<input type="checkbox"/> Microsporidia 4060	<input type="checkbox"/> Bacterial isolate for ID 2085
<input type="checkbox"/> Syphilis screen CSF: VDRL 5060	<input type="checkbox"/> SARS-CoV-2 NAAT 6860	<input type="checkbox"/> Ova & Parasite panel 4025	<input type="checkbox"/> Blood lead 9150
<input type="checkbox"/> Urine culture & susceptibility 2065	<input type="checkbox"/> SARS-CoV-2 WGS screen 9070	<input type="checkbox"/> Pinworm (Paddle) 4005	<input type="checkbox"/> Other (specify):

Note: Order of Influenza and SARS-CoV-2 NAATs to be assigned to 51000 (LAB USE ONLY) Alternate Order Codes:

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

**COMMENTS:**

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