



**COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY**

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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 #		
Address <input type="checkbox"/> Same as submitter		
City	State	Zip
DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Phone	Pregnancy status	
Race	Ethnicity	

SUBMITTER (Lab/Clinic/Medical Group)		
Account #		
Submitter name		
Street address		
City	State	Zip
Phone	Fax	
Name of contact		
Ordering physician		

SPECIMEN		
Source	Collection date	Collection time
CLINICAL SYMPTOMS & HISTORY		
Symptoms		
Relevant history/exposure		

TEST REQUEST INFORMATION			
SPECIMEN TYPE:	<input type="checkbox"/> Clinical (original) specimen <input type="checkbox"/> Bacterial isolate		
TEST REQUEST/ORGANISMS TO RULE-OUT			
<input type="checkbox"/> Bacillus anthracis	<input type="checkbox"/> Brucella sp.	<input type="checkbox"/> Burkholderia sp.	<input type="checkbox"/> Francisella tularensis
<input type="checkbox"/> Poxvirus (mpox)	<input type="checkbox"/> Yersinia pestis	<input type="checkbox"/> Multi-agent PCR	<input type="checkbox"/> Multi-agent culture
<input type="checkbox"/> Multi-agent PCR and culture			

BACTERIAL ISOLATE INFORMATION (if applicable)	
ISOLATE WORKUP INFORMATION	
ID method:	
Gram stain reaction:	
Key biochemical characteristics:	
LAB EXPOSURES	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, description of exposure:
Comments:	