



**SAN LUIS OBISPO COUNTY  
PUBLIC HEALTH LABORATORY**

Ph: 805-781-5507 FAX: 805-781-1023  
[www.sloPublicHealth.org/lab](http://www.sloPublicHealth.org/lab)  
2191 Johnson Avenue, San Luis Obispo, CA 93401  
CLIA : 05D0695770

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

**CONTACT INFORMATION**

|                |       |     |
|----------------|-------|-----|
| Name           |       |     |
| Street Address |       |     |
|                |       |     |
| City           | State | ZIP |
| Phone          |       |     |

**PATIENT INFORMATION (BITE)**

|      |     |
|------|-----|
| Name |     |
| DOB  | Sex |

**DATE REMOVED/COLLECTED**

|      |      |
|------|------|
| Date | Time |
|------|------|

**ACCOUNT INFORMATION**

|                 |                    |     |
|-----------------|--------------------|-----|
| Account         |                    |     |
| Submitter Name  |                    |     |
| Street Address  |                    |     |
| City            | State<br><b>CA</b> | ZIP |
| Name of Contact |                    |     |
| Phone           | FAX                |     |

**BILLING**

|             |                                  |
|-------------|----------------------------------|
| Amount Paid | <input type="checkbox"/> Cash    |
| \$          | <input type="checkbox"/> Check # |

**TEST ORDER (ORDER CODE)**

- ☐ Helminth & Arthropod (insect, spider, etc.) for Identification (4020)
- ☐ Tick for Identification (4015)
- ☐ Other (Specify):

**DESCRIBE CONTACT**

|  |
|--|
|  |
|--|

**RECEIVED**

|             |      |      |
|-------------|------|------|
| Received By | Date | Time |
|-------------|------|------|

*Tick Submittal Req 300 (6/7/2024)*