LABORATORY TEST REQUEST FORM

LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH LABORATORY
2525 Grand Ave, Room 260
Long Beach, CA 90815
Tel: (562) 570-4080 Fax: (562) 570-4070

DATE RECEIVED:

Megan Crumpler, Ph.D., HCLD (ABB)
Interim Laboratory Director

CLIA: 05D0688088

ELAP: 2368

PATIENT INFORMATION

(REQUIRED) PATIENT'S NAME (Last, First, Middle Initial)

STREET ADDRESS:

CITY: STATE: ZIP:

DOB	GENDER	PREGNANT	ETHNICITY
	☐ M ☐ F ☐ M-F ☐ F-M ☐ OTHER	☐ YES ☐ NO ☐ UNKNOWN	☐ W ☐ B ☐ H ☐ A/PI ☐ OTHER

PATIENT PHONE NUMBER

SUBMITTER INFORMATION (REQUIRED)

SUBMITTER

SUBMITTER ADDRESS

SUBMITTER PHONE NUMBER

REQUESTING PHYSICIAN/CLINICIAN & NPI #

ADDITIONAL PATIENT INFORMATION

PATIENT MEDICAL RECORD NUMBER

PATIENT HISTORY (Please attach a separate form)

SPECIMEN COLLECTION INFORMATION (REQUIRED)

DATE COLLECTED (MM/DD/YYYY)

TIME COLLECTED (HR:MIN) ☐ AM ☐ PM

COLLECTED BY

DIAGNOSIS: ONSET DATE:

SPECIMEN SOURCE (REQUIRED)

☐ Blood (Whole)	☐ Ear	☐ Perineum	☐ Swube	☐ Venous
☐ Bronchial Washing	☐ Eye	☐ Rectal Swab	☐ Throat	☐ Vagina
☐ Capillary	☐ Feces	☐ Serum	☐ Urethra	☐ Wound
☐ Cervix	☐ Nasopharyngeal Swab	☐ Sputum (induced)	☐ Urine (clean catch)	☐ Other (Please Specify)
☐ CSF	☐ Nasal Swab	☐ Sputum (regular)	☐ Urine (voided)	_____

COMPLETE FOR ALL BILLING TYPES AND ATTACH A COPY OF PATIENT'S PROOF OF INSURANCE

Bill to: ☐ Submitter ☐ CHDP (DHCS 4073) ☐ Medicare ☐ MediCal ☐ State FP ☐ Other _____

Diagnosis Codes: ☐ Primary _____ ☐ Secondary _____

PLEASE INDICATE TEST(S) REQUESTED

BACTERIOLOGY
- ☐ Culture for ID, Aerobic
- ☐ Culture for ID, Anaerobic
- ☐ Culture for ID, Enterics
- ☐ *Bordetella pertussis* Culture
- ☐ Campylobacter Culture
- ☐ Legionella pneumophilia by Legiolert
- ☐ Salmonella/Shigella Culture
- ☐ STEC Culture
- ☐ Stool Culture (Complete Enterics)
- ☐ Susceptibility Test
- ☐ Throat Culture
- ☐ Urinalysis
- ☐ Urine Culture

VIROLOGY
- ☐ Rabies DFA

MOLECULAR
- ☐ *Bordetella pertussis* PCR
- ☐ Chikungunya PCR
- ☐ Chlamydia / GC NAAT
- ☐ Dengue PCR
- ☐ Enterovirus PCR
- ☐ Influenza A & B PCR
- ☐ Measles PCR
- ☐ Norovirus PCR
- ☐ STEC PCR
- ☐ Zika PCR
- ☐ COVID-19 PCR

PARASITOLOGY
- ☐ Cryptosporidium/Giardia DFA
- ☐ Malaria/Blood Parasite ID
- ☐ Ova and Parasite

SEROLOGY
- ☐ WNV IgG & IgM
- ☐ Zika IgM

TOXICOLOGY
- ☐ Blood Lead

MYCOBACTERIOLOGY
- ☐ AFB Culture and Sensitivity
- ☐ AFB DNA Probe
- ☐ Culture for ID, Mycobacterium
- ☐ M. tb Culture for Title 17 Reportable Only
- ☐ Quantiferon – TB Gold Plus

OTHER TEST(S) REQUESTED (IF NOT ON LIST)

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