### INFORMATION BELOW MUST BE PROVIDED BEFORE REQUISITION WILL BE PROCESSED

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name (Last)</td>
<td>(First)</td>
</tr>
<tr>
<td>Address</td>
<td>Street</td>
</tr>
<tr>
<td>Patient Telephone Number</td>
<td>Patient ID Number</td>
</tr>
<tr>
<td>Date Specimen Taken</td>
<td>Date of Onset</td>
</tr>
<tr>
<td>Reason For Testing</td>
<td>[ ] Contact</td>
</tr>
<tr>
<td>Type of Specimen</td>
<td>[ ] Blood</td>
</tr>
<tr>
<td></td>
<td>[ ] Serum</td>
</tr>
</tbody>
</table>

### ORDERING PHYSICIAN INFORMATION

<table>
<thead>
<tr>
<th>Name (physician's name)</th>
<th>UPIN #</th>
<th>ICD-9 code (diagnosis code required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Party</td>
<td>Relationship (circle one)</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>Responsible Person:</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Bill to / Insurance Number:</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>[ ] Submitter</td>
<td>[ ] Medi-Cal</td>
<td>[ ] Blue Cross - Medi-Cal</td>
</tr>
<tr>
<td>[ ] CHDP</td>
<td>[ ] VHP</td>
<td>[ ] CCAH</td>
</tr>
<tr>
<td>Telephone</td>
<td>Fax</td>
<td>Contact</td>
</tr>
</tbody>
</table>

### Check Test Being Ordered and Source

#### BACTERIOLOGY:

- [ ] Gonorrhea Smear
- [ ] Cervix
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Urethra
- [ ] Gonorrhea Culture
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Urine Culture
- [ ] B. pertussis DFA
- [ ] B. pertussis culture
- [ ] MRSA
- [ ] Streptococcus (Strep A)
- [ ] Enteric culture (primary stool)
- [ ] Salmonella / Shigella / E. coli O157 (circle one)
- [ ] Shiga-Toxin Immunoassay

#### VIROLOGY:

- [ ] Respiratory Panel Culture
- [ ] Respiratory Panel - direct smear
- [ ] Chlamydia - direct smear
- [ ] Cervix
- [ ] Urethra
- [ ] Urine
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Throat
- [ ] Chlamydia - molecular method
- [ ] Herpes 1/2 DFA
- [ ] Cervix
- [ ] Urine

#### MOLECULAR TESTING:

- [ ] Gonorrhea - molecular method
- [ ] Cervix
- [ ] Urethra
- [ ] Pharyngeal
- [ ] Rectal
- [ ] Chlamydia - molecular method
- [ ] Herpes 1/2 DFA
- [ ] Cervix

#### VIRAL SEROLOGY (red or tiger top):

- [ ] HBsAg
- [ ] RPR (red or tiger top)
- [ ] previous positive
- [ ] TPpA
- [ ] Darkfield microscopy
- [ ] Ext. genitalia
- [ ] Int. genitalia
- [ ] Oral
- [ ] West Nile Virus
- [ ] Ova and Parasites
- [ ] Pinworm
- [ ] Cryptosporidia
- [ ] Heliminth identification
- [ ] Anthropod identification

#### MYCOLOGY

- [ ] Fungal culture
- [ ] Yeast culture

#### SPECIAL TEST REQUEST(S)

- [ ] Malaria speication
- [ ] B. burgdorferi (tick ID & test)

### CHEMISTRY/TOXICOLOGY:

- [ ] Blood Lead - capillary screen
- [ ] Blood Lead - venous confirmation

---

**Public Health Laboratory**

**County of Santa Clara**

2220 Moorpark Ave., 2nd Fl., San Jose, CA 95128

(408) 885-4272 FAX (408) 885-4275

Patricia A. Dadone, Laboratory Director

CLIA NO.: 05D0643967 / NPI NO: 1528165883

---

**LAW CARD NUMBER**

**DATE/TIME**

---

**LABORATORY USE ONLY**

---

**unused text**