



FRESNO COUNTY PUBLIC HEALTH LABORATORY

DEPARTMENT OF PUBLIC HEALTH

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www.co.fresno.ca.us

Patient Name

(Last) (First) (Middle Initial)

Address: Phone:

City: State: Zip:

(Gender) (Date of Birth) (Medical Record #/Lab#)

AM

PM

(Ordering Physician) (Collection Date) (Collection Time)

Submitting Facility:

Address: Phone:

BILL TO (Payer Source)

Submitter Medicare Medi-Cal No Charge

Other:

Note: Attach copy of POS of copy of any billing source verification and attach to laboratory request form.

CIN: Group #:

Diagnostic Code 1: Diagnostic Code 2:

Person Filling Out Form: (Print First and Last Name)

Send/fax results to: Chest STD CD Other:

Molecular Biology (SDA GC/CT)

- L1 - SDA for Gonorrhea
L2 - SDA for Chlamydia

Bacteriology

- B6 - Stool Culture
B9 - General Bacterial Culture
B13 - Reference Specimen
B13 - Salmonella (Title 17)
B13 - Bioterrorism Rule-Out
B15 - GeneXpert: C. difficile

Parasitology

- P1 - Ova & Parasites
P3 - Blood Smear for Parasites
P9 - Parasitology Reference Specimen

Mycobacteriology (TB)

- M1 - Mycobacterial Acid Fast Smear
M2/M2C - Mycobacterial Culture
M3 - Susceptibility Test (MGIT)
M9 - GeneXpert: MTB
M5 - MTB GenProbe
M6 - Spoligo/Genotyping (Title 17)
M7 - Pyrosequencing (PSQ)
S32 - Quantiferon

Syphilis Serology

- S1 - RPR (Qualitative - Screening)
S1M - RPR (Qualitative - Monitoring)
S2 - RPR (Quantitative Screening)
S3 - TP-PA (Confirmatory Testing)

Virology

- V10 - Norovirus RT-PCR
V11 - Influenza RT-PCR
V82 - EV-D 68 RT-PCR
V83 - Measles RT-PCR

Clinical Mycology

- MF5 - Fungal Reference Specimen

Food

- B14 - Food Microbiology

Origin of Specimen (Please check appropriate box):

- Sputum Stool
Induced Sputum Urine
Blood Genital
Swab: Nasal Throat
Nasopharyngeal
Other:

LAB USE ONLY

Swab Stool
Slide Sputum
Urine Blood
Other

Accessioned by:

Account# InsCode

Revised 7/25/2017