Riverside University Health Systems
Department of Public Health Laboratory
Laboratory Test Request Form

Address: 4065 County Circle Drive Riverside, CA 92503
Errin C. Rider, Ph.D., D(ABMM) - Laboratory Director
Phone: (951) 358-5070 **Fax**: (951) 358-5015
CLIA ID# 05D0571882
CA Certified Public Health Laboratory # 1158

PH Laboratory Use Only

Last Name	Submitter	**Date Received:**
First Name	MRN#	
Date of Birth	ICD- 9 Code(s)	Date of Collection
Gender: Male [ ] Female [ ]	Physician	Collection Time
Street Address	Encounter #	Date of Onset
City/State/Zip	Financial Class	**Disease Control Information**
	Clinic Site	Specimen for Clearance? [ ]
Submitter Label	Program	CalREDIE Number
	Progam Contact Person	**Additional Comments:**

Specimen Source

[ ] Biopsy	[ ] Endocervical	[ ] Peritoneal Fluid	[ ] Sputum	[ ] Vag/Rectal
[ ] Blood	[ ] Lesion/Pustule	[ ] Plasma	[ ] Stool (feces)	[ ] Wound (specify site)
[ ] Bronchialar Lavage	[ ] Nasopharyngeal	[ ] Pleural Fluid	[ ] Throat	
[ ] Capillary (blood)	[ ] Oral Fluid	[ ] Rectal	[ ] Urine	[ ] Other-specify below
[ ] CSF	[ ] Penis/Urethra	[ ] Serum	[ ] Vaginal	

Specimen Type [ ] Isolate [ ] Other - specify _____ Submitted on _____

Test to be Performed - Submit One Form for Each Specimen Type

[ ] GC/CT NAT Panel (include all tests below)		**[ ] Hepatitis Panel** (include all tests below)		**Enteric Cultue**	
[ ] GC NAT	87591	[ ] Hepatitis A Total Antibody	86708	[ ] Culture Campylobcter	87046
[ ] CT NAT	87491	[ ] Hepatitis B Surface Antibody	86706	[ ] Culture Salmonella/Shigella	87045
HIV		[ ] Hepatitis B Core Total Antibody	86704	[ ] Culture STEC	87046
[ ] HIV Ag/Ab Combo EIA Screen	87389	**Syphilis**		[ ] Isolate for Identification - Enteric	87077
[ ] HIV Ab EIA Screen (Oral Fluid ONLY)	87389	[ ] Syphilis EIA Screen	86592	[ ] Shiga Toxin Screen	87427
[ ] HIV 1/2 Confirmation - Differentiation	86689	[ ] Syphilis confirmation 86592 86593	86781	[ ] Other	
Blood Lead Screen		[ ] VDRL (CSF ONLY)	86592	**Aerobic Culture**	
[ ] Blood Lead Screen	83655	**Parasites**		[ ] Culture Aerobic Bacteria	87070
Special Serology		[ ] O & P Concentrate/Trichrome 87209	87177	[ ] Culture Bordetella pertussis	87070
[ ] West Nile Virus IgM Antibody	86788	[ ] Fecal Leukocyte (WBC)	87205	[ ] Culture GC	87081
[ ] Zika IgM	86794	[ ] O & P and WBC Panel 87209 87177	87205	[ ] Culture Strep Group A/B screen	87081
DFA Test		[ ] Pinworm	87172	[ ] Isolate for Identification - Aerobic	87077
[ ] DFA HSV1 and HSV2 87273	87274	[ ] ID of Parasite	87169	**Herpes**	
[ ] DFA Pneumocystis	87281	[ ] Other		[ ] Culture Herpes	87252
[ ] DFA Cryptosporidium/Giardia	87269	**Nucleic Acid Amplification Test (NAT)**		**Mycobacteria**	
SENDOUT		[ ] B. pertussis NAT	87798	[ ] Culture TB 87015 87206	87116
Test(s) Requested:		[ ] Norovirus NAT	87797	[ ] MTB/RIF NAT	87556
		[ ] Influenza A/B NAT	87797	[ ] TB Susceptibility	87190
		[ ] HSV 1/2 NAT (Lesion/Pustule ONLY)	87529	[ ] Isolate Retention	87118
		[ ] Measles NAT	87797	[ ] QuantiFeron (*QFT)	86480
		[ ] Mumps NAT	87797	Date in Inc.:	Incubation Temp.:
		[ ] Zika NAT	87798	Time In:	Time Out:

*QFT specimens must be incubated 16-24 hrs at 37°C