



COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH LABORATORY**  
**TEST REQUISITION FORM**

12750 ERICKSON AVENUE  
DOWNEY, CA 90242  
(562) 658-1300  
FAX (562) 401-5999

California Certified Public Health Laboratory # 335637  
CLIA # 05D1066369

Patient Name (Last, First)				Date/Time Received	Date/Time Reported
Patient ID Number				Submitter Name, Address and Phone Number	
Race	M	F	Date of Birth		
Specimen Source	Patient Location/Clinic	Date/Time Taken	Requesting Physician /Referring Laboratory		Submitter Accession #
Information for Viral Culture			Information for Microbiological Exam		
Date of onset:			PHN Code #:		
Suspected virus:			Outbreak #:		
Account Information			<input type="checkbox"/> Possible Child Abuse (Consult Laboratory)		
Submitter Account #:			<input type="checkbox"/> Possible Medico-Legal Case (Consult Laboratory)		

**TEST REQUEST**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aerobic Bacterial ID   | <input type="checkbox"/> E. coli O157, Culture                                      | <input type="checkbox"/> Malaria Confirmation           |
| <input type="checkbox"/> Aerobic Bacterial Culture<br>Specify: _____                      | <input type="checkbox"/> E. histolytica EIA   | <input type="checkbox"/> Microsporidium Exam            |
| <input type="checkbox"/> AFB, Amplified M. tuberculosis<br>Direct Test                    | <input type="checkbox"/> Food – Specify: _____                                      | <input type="checkbox"/> N. gonorrhoeae Culture*        |
| <input type="checkbox"/> AFB, Culture for Identification                                  | <input type="checkbox"/> Fungal Culture and ID                                      | <input type="checkbox"/> N. gonorrhoeae - NAAT          |
| <input type="checkbox"/> AFB, Smear “only”  | <input type="checkbox"/> Fungal Culture ID  | <input type="checkbox"/> Ova and Parasite Exam          |
| <input type="checkbox"/> AFB, Smear, Culture and Susceptibility                           | <input type="checkbox"/> Fungal ID, DNA Probe                                       | <input type="checkbox"/> Pinworm Prep.                  |
| <input type="checkbox"/> AFB Susceptibility   | <input type="checkbox"/> <input type="checkbox"/> Coccidioides immitis              | <input type="checkbox"/> Quantiferon                    |
| <input type="checkbox"/> Anaerobic Bacterial ID   | <input type="checkbox"/> <input type="checkbox"/> Histoplasma capsulatum            | <input type="checkbox"/> Rabies Ag, DFA                 |
| <input type="checkbox"/> Anaerobic Bacterial Culture<br>Specify: _____                    | <input type="checkbox"/> Hepatitis A Total Ab                                       | <input type="checkbox"/> Respiratory Virus Culture      |
| <input type="checkbox"/> Arbovirus AB Panel   | <input type="checkbox"/> Hepatitis A IgM  | <input type="checkbox"/> Respiratory Pathogen PCR Panel |
| <input type="checkbox"/> Blood Smear, Parasite Exam                                       | <input type="checkbox"/> Hepatitis B Core Ab  | <input type="checkbox"/> Rickettsial Ab Panel           |
| <input type="checkbox"/> Bordetella Culture   | <input type="checkbox"/> Hepatitis B Surface Ab                                     | <input type="checkbox"/> Rotavirus Ag Detection         |
| <input type="checkbox"/> Bordetella PCR   | <input type="checkbox"/> Hepatitis B Surface Ag                                     | <input type="checkbox"/> Salmonella Shigella Culture    |
| <input type="checkbox"/> Campylobacter Culture  | <input type="checkbox"/> Hepatitis C Virus Ab                                       | <input type="checkbox"/> Shiga-like Toxin Screen        |
| <input type="checkbox"/> C. trachomatis Culture   | <input type="checkbox"/> HIV-1/2 Ab   | <input type="checkbox"/> Stool Culture – Specify _____  |
| <input type="checkbox"/> C. trachomatis/N. gonorrhoeae<br>Nucleic Acid Amplification Test | <input type="checkbox"/> HIV-1 Resistance, Genotyping                               | <input type="checkbox"/> Syphilis Reflex Panel          |
| <input type="checkbox"/> C. botulinum – Toxin   | <input type="checkbox"/> HIV-1 Viral Load, PCR                                      | <input type="checkbox"/> T. vaginalis, NAAT             |
| <input type="checkbox"/> C. botulinum – Culture   | <input type="checkbox"/> HIV-1 Western Blot   | <input type="checkbox"/> Vibrio Culture                 |
| <input type="checkbox"/> CMV Culture  | <input type="checkbox"/> HSV 1/2 PCR  | <input type="checkbox"/> Viral Culture Comprehensive    |
| <input type="checkbox"/> Cryptosporidium/Giardia DFA                                      | <input type="checkbox"/> HSV Culture  | <input type="checkbox"/> Viral Identification           |
| <input type="checkbox"/> Cryptosporidium/Cyclospora/Isospora                              | <input type="checkbox"/> HSV-2 IgG Ab   | <input type="checkbox"/> West Nile Virus Ab             |
|   | <input type="checkbox"/> Influenza Virus A/B PCR                                    | <input type="checkbox"/> Worm Identification            |
|   | <input type="checkbox"/> Lead, Blood  | <input type="checkbox"/> Yersinia Culture               |
|   | <input type="checkbox"/> M. tuberculosis, Molecular<br>Detection of Drug Resistance | <input type="checkbox"/> Other:<br>_____                |
|   | <input type="checkbox"/> M. tuberculosis, PCR                                       | _____   |