



COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEALTH LABORATORY  
12750 ERICKSON AVENUE  
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PLACE BARCODE LABEL HERE

CA CERTIFIED PUBLIC HEALTH LAB #335637  
CLIA #05D1066369

**DIVISION OF HIV AND STD PROGRAMS  
TEST REQUEST FORM**

PATIENT NAME (LAST, FIRST)			DATE COLLECTED (mm/dd/yyyy)	TIME COLLECTED (hh:mm)	
PATIENT ADDRESS			SUBMITTING FACILITY ADDRESS AND PHONE		
PATIENT/PARTICIPANT MRN#	M	F	OTHER	DATE OF BIRTH (mm/dd/yyyy)	SPECIMEN SOURCE
REQUESTING PHYSICIAN	PHYSICIAN #		DATE/TIME RECEIVED (FOR LAB USE ONLY)		

**ELIGIBILITY CERTIFICATION / PROGRAM ACCOUNT**

RYAN WHITE AOM PATIENT: I CERTIFY THIS CLIENT HAS AN ANNUAL ADJUSTED GROSS INCOME OF LESS THAN \$50,000 AND DOES NOT HAVE MEDICAL, MEDICARE, OR OTHER THIRD PARTY INSURANCE. CITY/COUNTY INDIGENT PROGRAMS DO NOT FALL UNDER THE CATEGORY OF THIRD PARTY INSURANCE.

YES      INITIALS: \_\_\_\_\_      DATE: \_\_\_\_\_

POST-EXPOSURE PROPHYLAXIS PROGRAM (PEP) - *approved sites only*       PRE-EXPOSURE PROPHYLAXIS (PrEP)  
 OTHER (SPECIFY) \_\_\_\_\_

**TEST REQUEST**

TEST	SPECIMEN TYPE / REQUIREMENTS	SPECIMEN STORAGE/TRANSPORT
<input type="checkbox"/> QUANTIFERON PLUS	COLLECT 4 SPECIMENS BY VENIPUNCTURE CONTAINING 1 ML BLOOD EACH: NIL, CONTROL, TB1, TB2, MITOGEN  SPECIMENS ARE SHAKEN AND CLIENT INCUBATED AT 37 +/- 1°C FOR 16-24 HOURS BEFORE TRANSPORT	INCUBATION AND SPECIMEN LOG TRACKING SHEET MUST BE INCLUDED WITH SPECIMEN DELIVERY. INCUBATED SPECIMENS SHOULD BE CENTRIFUGED AND SENT TO LAB ON COLD PACK.
<input type="checkbox"/> HIV1/2 Ag/Ab SCREENING	SERUM OR PLASMA – A MINIMUM OF 3ML OF EITHER SPECIMEN IS REQUIRED FOR HIV ANTIGEN/ANTIBODY SCREENING, HIV1/HIV2 DIFFERENTIATION, AND HIV-1 QUALITATIVE RNA NAAT	STORE SERUM OR PLASMA TUBES AT 2-8°C. TRANSPORT ON COLD PACK.
<input type="checkbox"/> HIV-1 VIRAL LOAD	<input type="checkbox"/> PLASMA – VIRAL LOAD SPECIMEN MINIMUM IS 3ML. SUBMIT 5 ML IF ALSO ORDERING HIV-1 RESISTANCE GENOTYPING  INITIAL VIRAL LOAD AT THIS CLINIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLECT SPECIMEN IN K2 EDTA TUBE. CENTRIFUGE AT 800-1600 X G FOR 20 MIN AT ROOM TEMP. TRANSFER PLASMA TO STERILE POLYPROPYLENE TUBE. LABEL AS PLASMA. FREEZE AND DELIVER TO LAB FROZEN.
<input type="checkbox"/> HIV-1 RESISTANCE (GENOTYPING)  MOST RECENT VIRAL LOAD (CP/ML OR LOG): _____  DATE: _____	<input type="checkbox"/> PLASMA – RESISTANCE GENOTYPING SPECIMEN REQUIRES 2 ML MINIMUM VOLUME. SUBMIT 5 ML IF TESTING TO BE COMBINED WITH VIRAL LOAD.  SPECIMEN MUST HAVE A VIRAL LOAD OF ≥ 2000 CP/ML	COLLECT SPECIMEN IN K2 EDTA TUBE. CENTRIFUGE AT 800-1600 X G FOR 20 MIN AT ROOM TEMP. TRANSFER PLASMA TO STERILE POLYPROPYLENE TUBE. LABEL AS PLASMA. FREEZE AND DELIVER TO LAB FROZEN.
<input type="checkbox"/> C. TRACHOMATIS / N. GONORRHOEAE NAAT (RECTAL, URETHRAL, VAGINAL, ENDOCERVICAL, URINE)  <input type="checkbox"/> N. GONORRHOEAE NAAT (THROAT ONLY)  <input type="checkbox"/> TRICHOMONAS VAGINALIS NAAT (ENDOCERVICAL, VAGINAL, AND FEMALE URINE ONLY)	<input type="checkbox"/> URINE – COLLECT A MINIMUM OF 2ML URINE AND TRANSFER TO APTIMA URINE SPECIMEN COLLECTION KIT (YELLOW)  <input type="checkbox"/> RECTAL – COLLECT WITH APTIMA MULTITEST SWAB SPECIMEN COLLECTION KIT (ORANGE)  <input type="checkbox"/> VAGINAL – COLLECT WITH APTIMA MULTITEST SWAB SPECIMEN COLLECTION KIT (ORANGE)  <input type="checkbox"/> THROAT – COLLECT WITH APTIMA MULTITEST SWAB SPECIMEN COLLECTION KIT (ORANGE)  <input type="checkbox"/> ENDOCERVICAL/MALE URETHRAL – COLLECT WITH APTIMA UNISEX COLLECTION KIT (PURPLE)	STORE COLLECTION KITS AT 15-30°C.  STORE AND TRANSPORT SPECIMENS AT 2-30°C.  LABEL COLLECTION TUBE WITH SPECIMEN SOURCE AND SEND TO LABORATORY AS SOON AS POSSIBLE FOR TESTING.
<input type="checkbox"/> SYPHILIS SCREENING (REVERSE ALGORITHM)  <input type="checkbox"/> SYPHILIS MONITORING (QUANTITATIVE RPR)	<input type="checkbox"/> SERUM – RED TOP OR GOLD TOP SERUM SEPARATOR TUBE	STORE AND TRANSPORT SPECIMENS AT 2-8°C. TRANSPORT ON COLD PACK.