

CA CERTIFIED PUBLIC HEALTH LAB #335637 CLIA #05D1066369

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

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

PLACE BARCODE LABEL
HFRF

NOROVIRUS TEST REQUEST FORM

PH PROGRAM:			REQUESTING PHYSICIAN/PHONE/EMAIL:					REQUEST DATE (MM/DD/YEAR):			
HOSPITAL/FACILITY NAME AND ADDRESS:			HOSPITAL/FACILITY STAFF CONTACT NAME/PHONE:								
NUMBER PERSONS AT RISK:			OUTBREAK/INV	INSTITUT	INSTITUTION SETTING:						
TOTAL NUMBER OF CLINICAL CASES:						□ LONG TERM CARE □ RESTAURANT/CATERING					
NUMBER OF CASES HOSPITALIZED:			IS THIS AN URGENT REQUEST?		 :ST2	☐ HOSP			☐ CRUISE SHIP		
			☐ YES ☐ NO		.01 :			ь	_		
NUMBER OF CASES WHO DIED:											
TOTAL NUMBER OF CASES TESTED/LAB CONFIRMED:			SPECIMENS PREVIOUSLY TESTED FOR: OVA/PARASITES BACTERIAL DIARRHEAL PATHOGENS			☐ OTHER (SPECIFY)					
DATE OF FIRST CASE (MM/DD/YEAR):			SUSPECTED SOURCE:								
DATE OF LAST CASE (MM/DD/YEAR):			☐ FOOD-BORNE ☐ IMPORTED/TRAVEL ☐ PERSON-TO-PERSON								
			□ WATER-BORNE □ UNKNOWN								
IF SOURCE IDENTIFIED, NOTE ANY ADDITIONAL INFORMATION AVAILABLE:											
SYMPTOMATIC* ACCN # PATIENT NAME (LA: (YES/NO)		ST,FIRST)	ID/MRN#	1	DOB	SEX	ONSET	DATE	COLLECT DATE		
					+						
		l	FOR	LAB USE O			<u> </u>				
REVIEWED/APPROVED BY:					SPECIMEN RECEIVED BY:						
DATE:					DATE/TIME:						
DIRECTOR APPROVAL: MOL. EPI UNIT RECEIPT DATE:					NORO PCR REPORT DATE:						
NIOL. EFICINII RECEIFI DATE.					CALICINET SECUENCE REPORT DATE:						
1					L CALICINET	SEQUENC	F RFP	JET DA.	TF.		

^{*} LAB DIRECTOR CONSULTATION AND APPROVAL REQUIRED IF PATIENT ASYMPTOMATIC