



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 tt) |
| PATIENT ADDRESS | | | | SUBMITTER/CLINIC CODE/ADDRESS | |
| 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*

OTHER (SPECIFY) _____

TEST REQUEST

| TEST | SPECIMEN TYPE / REQUIREMENTS | SPECIMEN STORAGE/TRANSPORT |
|--|---|--|
| <input type="checkbox"/> QUANTIFERON GOLD IN-TUBE | COLLECT 3 SPECIMENS BY VENIPUNCTURE CONTAINING 1 ML BLOOD EACH: QFT-NIL CONTROL (GRAY), QFT-TB ANTIGEN (RED), QFT-MITOGEN (PURPLE) SPECIMENS ARE SHAKEN AND CLIENT INCUBATED AT 37° +/- 1°C FOR 16-24 HOURS BEFORE TRANSPORT | TRANSPORT AT ROOM TEMP. SPECIMENS MUST BE RECEIVED AT THE LAB THE SAME DAY FOR PROCESSING. INCUBATION AND SPECIMEN LOG TRACKING SHEET MUST BE INCLUDED WITH SPECIMEN DELIVERY. |
| <input type="checkbox"/> HIV-1 SCREENING ANTIBODY | <input type="checkbox"/> SERUM – A MINIMUM OF 1ML SERUM EACH IS REQUIRED FOR HIV-1 ANTIBODY SCREENING, DIFFERENTIATION, AND/OR WESTERN BLOT <input type="checkbox"/> ORAL FLUID – ORAL FLUID TESTING FOR HIV-1 ANTIBODIES REQUIRES THE ORASURE® HIV-1 SPECIMEN COLLECTION DEVICE. A MINIMUM OF 0.75 ML ORAL FLUID IS REQUIRED FOR ANTIBODY SCREENING AND WESTERN BLOT | TRANSPORT SERUM AT 2-8°C ORAL FLUID SPECIMENS MAY BE TRANSPORTED AT ROOM TEMPERATURE |
| <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 ≥ 1000 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 (available after February 2014) (ENDOCERVICAL, VAGINAL, AND FEMALE URINE ONLY) | <input type="checkbox"/> URINE – COLLECT A MINIMUM OF 2ML URINE WITH APTIMA URINE SPECIMEN COLLECTION KIT (YELLOW) <input type="checkbox"/> RECTAL – COLLECT WITH APTIMA VAGINALSWAB SPECIMEN COLLECTION KIT (ORANGE) <input type="checkbox"/> VAGINAL – COLLECT WITH APTIMA VAGINALSWAB SPECIMEN COLLECTION KIT (ORANGE) <input type="checkbox"/> THROAT- COLLECT WITH APTIMA VAGINAL 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 |