

**Riverside University Health System - Public Health
Public Health Laboratory Test Request Form**

Address: 4065 County Circle Drive - Riverside, CA 92503

Phone: (951) 358-5070 **Fax:** (951) 358-5015

Syreeta Steele, PhD, PHLD (ABB) - Laboratory Director

CLIA ID# 05D0571882

CA Certified Public Health Laboratory #1158

PH Laboratory Use Only

Website: <http://www.rivcolab.org/>

If required information (highlighted in red bold below) is included on submitter specimen label place below **INSTEAD OF** filling out patient information.

Last Name	Submitting Facility	Date Received:
First Name		
Date of Birth	MRN/2nd Identifier #	Program
Gender: Male [] Female []		Program Contact Person
Street Address	Date of Collection	
	Collection Time	Disease Control Information
City/State/Zip	Date of Onset	Specimen for Clearance? []
	Physician & NPI#	CalREDIE Number
	Pregnant [] Yes [] No	ICD-10 Code(s):
Race: [] American Indian or Alaska Native, [] Asian Indian, [] Other Asian, [] Black or African American, [] Chinese, [] Filipino, [] Guamanian or Chamorro, [] Japanese, [] Korean, [] Native Hawaiian, [] Other Pacific Islander, [] Samoan, [] Vietnamese, [] White, [] Other Race	Ethnicity: [] Hispanic or Latino, [] Not Hispanic or Latino	

Additional Comments/Information:

Specimen Source (Required)

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

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

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

Nucleic Acid Amplification Test (NAT)		[] Hepatitis Panel (includes all tests below)		Enteric Culture
[] CT/GC Panel		[] Hepatitis A Total Antibody	86708	[] Culture Campylobacter 87046
[] Neisseria gonorrhoeae (GC) NAT	87591	[] Hepatitis B Surface Antibody	86706	[] Culture Salmonella/Shigella 87045
[] Chlamydia trachomatis (CT) NAT	87491	[] Hepatitis B Core Total Antibody	86704	[] Culture STEC 87046
[] Mycoplasma genitalium (Mgen) NAT	87563	[] Hepatitis C IgG Antibody	86803	[] Isolate for Identification - Enteric 87077
[] Trichomonas vaginalis (Trich) NAT	87661	HIV		[] Shiga Toxin Screen 87427
[] Herpes simplex (HSV) 1/2 NAT	87529	[] HIV Ag/Ab Combo EIA Screen	87389	[] Other:
[] STI Panel (includes CT/GC, Mgen, Trich, HSV 1/2)		[] HIV 1/2 Conf/Diff	86701	Aerobic Culture
[] Norovirus NAT	87797	Syphilis		[] Culture Aerobic Bacteria 87070
[] Measles NAT	87797	[] Syphilis EIA Screen	86592	[] Isolate for Identification - Aerobic 87077
[] Mumps NAT	87797	[] Syphilis Confirmation [^]	86592 86593	[] Culture GC 87081
[] Mpox NAT	87593	[] RPR Titer (Monitoring Previous Positive Only)	86593	[] Culture Strep Group A screen (throat) 87081
Respiratory NAT (answer epidemiological questions in red)		Positive Screen: YES [] NO []		DFA Test
[] Respiratory Panel NAT	87633	List Screen Test: _____		[] DFA Pneumocystis 87281
[] Influenza A/B NAT	87797			[] DFA Cryptosporidium/Giardia 87274 87269
[] Influenza-SARS-CoV-2 Multiplex NAT	87636	[^] Syphilis Confirmation will ONLY be performed for positive FDA-approved screen test		Mycobacteria
[] Outpatient [] Hospitalized [] ICU				[] Culture AFB 87015 87206 87116
[] Pregnant [] HCW [] Outbreak [] Fatal		Other Serology		[] MTB/RIF NAT 87556
Parasites		[] Measles IgG Antibody	86765	[] Isolate for Identification- AFB 87149
[] O & P Concentrate/Trichrome	87209	[] Mumps IgG Antibody	86735	[] MTB Susceptibility 87190
[] Fecal Leukocyte (WBC)	87205	[] Rubella IgG Antibody	86762	[] Title 17 MTB Isolate Rentention~
[] O & P and WBC Panel	87209 87177	[] VZV (Varicella) IgG Antibody	86787	-Test(s) Requested or Title 17 MTB Isolate Retention Requested (Please include AST Report with Title 17):
[] ID of Parasite	87169	Mycology / Fungus		
[] Other		[] Culture Fungus	87102	[] QuantiFeron (*QFT) IGRA x 86480
		[] ID Fungus / Yeast	87107 87106	x Date/ Time Incubated: _____ Date/ Time Removed from Incubator: _____ Incubation Temp.: _____
[] Sendout to external reference laboratory (CDC, CDPH, or other PH Laboratory)				
Sendout Test Request Information:				
*QFT specimens must be incubated 16-24 hrs at 37°C				

TESTING ALGORITHMS

HIV 1/2 SEROLOGY	TAT: EIA: Negative = 2 days / Positive = 4 days reflex to C/D	NAT Sendout = 7 days
-------------------------	--	----------------------

Specimens testing initially reactive by HIV-1 & 2 Antibody/Antigen Combo Immunoassay (EIA) will be retested in duplicate. Repeatedly reactive specimens will be confirmed by HIV Antibody Confirmation/Differentiation (C/D) test. Specimens with discordant results will be sent to a reference lab for HIV NAT.

SYPHILIS SEROLOGY	TAT: EIA: Negative = 3 days / Positive = reflex to RPR / TPPA RPR = 3 days TPPA = 3 days
--------------------------	--

Specimens giving equivocal results will be retested. If the repeat test result is again equivocal, a fresh serum specimen will be requested. Reactive and equivocal results will be automatically confirmed by RPR / TPPA (if necessary).

Specimens previously testing POSITIVE by a FDA-approved screening test will be confirmed by RPR / TPPA (if necessary). Screen test MUST be listed on the Lab Test Request or full algorithm testing will be performed.

Specimens for monitoring PREVIOUSLY POSITIVE patients will be tested by RPR titer ONLY.

MYCOBACTERIA / TB	TAT: Acid-Fast (Fl) Smear = 24 hours MTB/RIF NAT = 24 hours AST = 28 days	Culture: Negative = 6 weeks/Positive = 21 days Quantiferon = 3 days
--------------------------	---	--

Respiratory specimens from new patients found smear positive for Acid Fast Bacilli will be tested by the GeneXpert nucleic acid amplification test (NAT) for *Mycobacterium tuberculosis* complex /Rifampin (MTB/RIF).

Mycobacterium tuberculosis culture isolates from new patients shall be tested for drug susceptibility by the broth method.

Specimens from sterile sites will ONLY be tested if collected appropriately. DO NOT send swabs unless pre-approved by the lab.

PARASITOLOGY	TAT: O & P = 4 days ID of Parasite (Blood Smear/Skin Scraping/Insect or Worm) = 24 hours DFA tests = 3 days	Fecal Leukocyte (WBC) = 3 days
---------------------	---	--------------------------------

Stool specimens will be examined for routine Ova and Parasites (O & P) only. Cyclospora/Cystoisospora testing will be performed only if requested by physician.

Please submit Giemsa or Wright stained thick and thin smears for blood parasite identification.

BACTERIOLOGY	TAT: Gram Stain = 24 hours Culture: Negative = 3 - 7 days (varies by culture)	Shiga-toxin EIA = 24 hours Identification / further typing = up to 3 weeks (varies by culture)
---------------------	---	---

Isolates requiring further typing such as for *Salmonella*, *Shigella*, *E. coli*, and *Vibrio cholerae* will be sent to the California Department of Public Health (CDPH), Microbial Diseases Laboratory (MDL).

RESPIRATORY PANEL	TAT: Respiratory Panel NAT = 2 days
--------------------------	--

Nasopharyngeal specimens transported in VTM/UTM will be tested for the following analytes: Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, **SARS-CoV-2**, Human Metapneumovirus, Human Rhinovirus/Enterovirus, **Influenza A** (including subtypes H1, H3 and H1-2009), **Influenza B**, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, Respiratory Syncytial Virus, *Bordetella parapertussis*, **Bordetella pertussis**, Chlamydia pneumoniae, and Mycoplasma pneumoniae.

INFLUENZA	TAT: A/B NAT = 3 days
------------------	------------------------------

Respiratory specimens sent for diagnostic testing must be sent with this Lab Test Request form or ordered electronically via EPIC Beaker or Laboratory Web Portal.

Respiratory specimens testing positive for Influenza A will be further subtyped. Untypeable specimens will be sent to the CDPH, Viral and Rickettsial Disease Laboratory (VRDL) for further testing.

FUNGUS/MYCOLOGY	TAT: Culture: Negative = 4 weeks / Positive = 3-6 weeks. Fungus Isolate for ID = 2-4 weeks
------------------------	---

All Fungal specimens will be sent out for testing to the San Bernardino County Public Health Laboratory.