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| 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 Brett Austin, MA, PHM - Laboratory Director CLIA ID# 05D0571882 CA Certified Public Health Laboratory #1158 | | | | PH Laboratory Use Only Website: http://www.rivcolab.org/ | |
| <i>If required information (highlighted in red bold below) is included on submitter specimen label place below INSTEAD OF filling out patient information.</i> | | | | | |
| 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) <div> <input type="checkbox"/> Biopsy <input type="checkbox"/> Endocervical <input type="checkbox"/> Penis/Urethra <input type="checkbox"/> Serum <input type="checkbox"/> Vaginal </div> <div> <input type="checkbox"/> Blood <input type="checkbox"/> Lesion/Pustule <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Sputum <input type="checkbox"/> Wound (specify site) </div> <div> <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Nasal <input type="checkbox"/> Plasma <input type="checkbox"/> Stool (feces) <input type="checkbox"/> Other-specify below </div> <div> <input type="checkbox"/> Capillary (blood) <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Throat </div> <div> <input type="checkbox"/> CSF <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rectal <input type="checkbox"/> Urine </div> | | | | | |
| Specimen Type | | <input type="checkbox"/> Isolate <input type="checkbox"/> 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 | |
| <input type="checkbox"/> CT/GC Panel | | <input type="checkbox"/> Hepatitis A Total Antibody 86708 | | <input type="checkbox"/> Culture Campylobacter 87046 | |
| <input type="checkbox"/> Neisseria gonorrhoeae (GC) NAT 87591 | | <input type="checkbox"/> Hepatitis B Surface Antibody 86706 | | <input type="checkbox"/> Culture Salmonella/Shigella 87045 | |
| <input type="checkbox"/> Chlamydia trachomatis (CT) NAT 87491 | | <input type="checkbox"/> Hepatitis B Core Total Antibody 86704 | | <input type="checkbox"/> Culture STEC 87046 | |
| <input type="checkbox"/> Mycoplasma genitalium (Mgen) NAT 87563 | | <input type="checkbox"/> Hepatitis C IgG Antibody 86803 | | <input type="checkbox"/> Isolate for Identification - Enteric 87077 | |
| <input type="checkbox"/> Trichomonas vaginalis (Trich) NAT 87661 | | HIV | | <input type="checkbox"/> Shiga Toxin Screen 87427 | |
| <input type="checkbox"/> Herpes simplex (HSV) 1/2 NAT 87529 | | <input type="checkbox"/> HIV Ag/Ab Combo EIA Screen 87389 | | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> STI Panel (includes CT/GC, Mgen, Trich, HSV 1/2) | | <input type="checkbox"/> HIV 1/2 Conf/Diff 86701 86702 | | Aerobic Culture | |
| <input type="checkbox"/> Norovirus NAT 87797 | | Syphilis | | <input type="checkbox"/> Culture Aerobic Bacteria 87070 | |
| <input type="checkbox"/> Measles NAT 87797 | | <input type="checkbox"/> Syphilis EIA Screen 86592 | | <input type="checkbox"/> Isolate for Identification - Aerobic 87077 | |
| <input type="checkbox"/> Mumps NAT 87797 | | <input type="checkbox"/> Syphilis Confirmation^ 86592 86593 86780 | | <input type="checkbox"/> Culture GC 87081 | |
| <input type="checkbox"/> Mpox NAT 87593 | | <input type="checkbox"/> RPR Titer (Monitoring Previous Positive Only) 86593 | | <input type="checkbox"/> Culture Strep Group A screen (throat) 87081 | |
| Respiratory NAT (answer epidemiological questions in red) | | Positive Screen: YES [] NO [] | | DFA Test | |
| <input type="checkbox"/> Respiratory Panel NAT 87633 | | List Screen Test: _____ | | <input type="checkbox"/> DFA Pneumocystis 87281 | |
| <input type="checkbox"/> Influenza A/B NAT 87797 | | | | <input type="checkbox"/> DFA Cryptosporidium/Giardia 87274 87269 | |
| <input type="checkbox"/> Influenza-SARS-CoV-2 Multiplex NAT 87636 | | ^Syphilis Confirmation will ONLY be performed for positive FDA-approved screen test | | Mycobacteria | |
| [] Outpatient [] Hospitalized [] ICU | | | | <input type="checkbox"/> Culture AFB 87015 87206 87116 | |
| [] Pregnant [] HCW [] Outbreak [] Fatal | | Other Serology | | <input type="checkbox"/> MTB/RIF NAT 87556 | |
| Parasites | | <input type="checkbox"/> Measles IgG Antibody 86765 | | <input type="checkbox"/> Isolate for Identification- AFB 87149 | |
| <input type="checkbox"/> O & P Concentrate/Trichrome 87209 87177 | | <input type="checkbox"/> Mumps IgG Antibody 86735 | | <input type="checkbox"/> MTB Susceptibility 87190 | |
| <input type="checkbox"/> Fecal Leukocyte (WBC) 87205 | | <input type="checkbox"/> Rubella IgG Antibody 86762 | | <input type="checkbox"/> Title 17 MTB Isolate Retention~ | |
| <input type="checkbox"/> O & P and WBC Panel 87209 87177 87205 | | <input type="checkbox"/> VZV (Varicella) IgG Antibody 86787 | | ~Test(s) Requested or Title 17 MTB Isolate Retention Requested (Please include AST Report with Title 17): | |
| <input type="checkbox"/> ID of Parasite 87169 | | Mycology / Fungus | | <input type="checkbox"/> QuantiFeron (*QFT) IGRA * 86480 | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Culture Fungus 87102 | | <input type="checkbox"/> Date/ Time | |
| | | <input type="checkbox"/> ID Fungus / Yeast 87107 87106 | | Incubated: _____ | |
| [] Sendout to external reference laboratory (CDC, CDPH, or other PH Laboratory) | | | | Date/ Time Removed from Incubator: _____ | |
| Sendout Test Request Information: | | | | Incubation Temp.: _____ | |
| | | | | *QFT specimens must be incubated 16-24 hrs at 37°C | |
| Form Updated 8/11/2025 | | | | | |

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 Enzyme 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 = 4 days reflex to RPR / 7 days reflex to TPPA
RPR = 3 days TPPA = 3 days

Specimens giving equivocal results will be retested in duplicate. If the repeat 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 will be performed.

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

MYCOBACTERIA / TB **TAT:** Acid-Fast (FI) Smear = 24 hours Culture: Negative = 6 weeks / Positive = 21 days
MTB/RIF NAT = 24 hours AST = 28 days Quantiferon = 2 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
Pinworm = 24 hours DFA = 3 days Fecal Leukocyte (WBC) = 3 days

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

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

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

Isolates requiring further typing such as for Salmonella, Shigella, and E. coli 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.