Riverside University Health System - Public Health

Public Health Laboratory Test Request Form

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CLIA ID# 05D0571882 CA Certified Public Health Laboratory #1158 Website: http://www.rivcolab.org/

PH Laboratory Use Only

*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)

[ ] CT/GC Panel	87491	87591
[ ] Neissera gonorrheae (GC) NAT		87591
[ ] Chlamydia trachomatis (CT) NAT		87491
[ ] Mycoplasma genitalium (Mgen) NAT		87563
[ ] Trichomonas vaginalis (Trich) NAT		87661
[ ] Herpes simplex (HSV) 1/2 NAT		87529
[ ] STI Panel (includes CT/GC, M.gen, T. vag., HSV 1/2)		
[ ] Norovirus NAT		87801
[ ] Measles NAT		87798
[ ] Mumps NAT		87798
[ ] Mpox NAT		87593

Quantitative NAT

[ ] Hepatitis B Virus Quantitative NAT	87517
[ ] Hepatitis C Virus Quantitative NAT	87522
[ ] HIV-1 Quantitative NAT	87536

Respiratory NAT (answer epidemiological questions in red)

[ ] Respiratory Panel NAT	87633
[ ] Influenza A/B NAT and subtyping	87502
[ ] Influenza-SARS-CoV-2 Multiplex NAT	87636

[ ]Outpatient [ ]Hospitalized [ ]ICU
[ ]Pregnant [ ]HCW [ ]Outbreak [ ]Fatal

Parasites

[ ] O & P Concentrate/Trichrome	87209	87177
[ ] Fecal Leukocyte (WBC)		89055
[ ] O & P and WBC Panel	87209 87177	89055
[ ] ID of Parasite		87169
[ ] Other		

Form Updated 7/9/26

[ ] Hepatitis Panel (includes all tests below)

[ ] Hepatitis A Total Antibody		86708
[ ] Hepatitis B Surface Antibody		86706
[ ] Hepatitis B Surface Antibody-Quantitative		86317
[ ] Hepatitis B Surface Ag/Confirmation	87340	87341
[ ] Hepatitis B Core Total Antibody		86704
[ ] Hepatitis B Core IgM Antibody		86705
[ ] Hepatitis C IgG Antibody		86803

HIV

[ ] HIV 1/2 Ag/Ab Screen/Confirmation	86701 86702	87389

Syphilis

[ ] Syphilis CIA Screen		86592
[ ] Syphilis Confirmation^	86592 86593	86780
[ ] RPR Titer **(Monitoring Previous Positive Only)**		86593

Positive Screen: YES [ ] NO [ ]

List Screen Test: _____

^Syphilis Confirmation will ONLY be performed for positive FDA-approved screen test

Other Serology

[ ] Measles IgG Antibody	86765
[ ] Mumps IgG Antibody	86735
[ ] Rubella IgG Antibody	86762
[ ] VZV (Varicella) IgG Antibody	86787

Mycology / Fungus

[ ] Culture Fungus		87102
[ ] ID Fungus / Yeast	87107	87106

[ ] Sendout to external reference laboratory (CDC/CDPH)

Sendout Test Request Information:

Enteric Culture

[ ] Culture Campylobacter	87046
[ ] Culture Salmonella/Shigella	87045
[ ] Culture STEC	87046
[ ] Isolate for Identification - Enteric	87077
[ ] Shiga Toxin Screen	87427
[ ] Other:	

Aerobic Culture

[ ] Culture Aerobic Bacteria	87070
[ ] Isolate for Identification - Aerobic	87077
[ ] Culture GC	87081
[ ] Culture Strep Group A screen (throat)	87081

DFA Test

[ ] DFA Pneumocystis	87281
[ ] DFA Cryptosporidium/Giardia	87272 87269

Mycobacteria

[ ] Culture AFB	87015 87206 87116
[ ] MTB/RIF NAT	87556
[ ] Isolate for Identification- AFB	87118
[ ] MTB Susceptibility	87188
[ ] Title 17 MTB Isolate Rentention~	

~Test(s) Requested or Title 17 MTB Isolate Retention Requested (Please include AST Report with Title 17)

[ ] QuantiFeron (*QFT) IGRA ×	86480

× Date/ Time Incubated:_____

Date/ Time Removed from Incubator:_____

Incubation Temp.:_____

***QFT specimens must be incubated 16-24 hrs at 37°C**

TESTING ALGORITHMS

HIV 1/2 SEROLOGY **TAT:** CIA: Negative = 2 days / Positive = 4 days reflex to C/D NAT = 7 days

Specimens testing initially reactive by HIV-1/2 Antibody/Antigen Chemiluminescent Immunoassay (CIA) will be retested in duplicate. Repeatedly reactive specimens will be confirmed by HIV-1/2 Antibody Confirmation/Differentiation (C/D) test. Qualitative HIV-1 NAT will be performed on specimens with discordant results.

SYPHILIS SEROLOGY **TAT:** CIA: Negative = 3 days / Positive = reflex to RPR / TPPA

RPR = 3 days TPPA = 3 days

Specimens testing initially Equivocal by the Syphilis CIA 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 reflexed to RPR and confirmed by 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 with be performed.

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

HEPATITIS B SURFACE ANTIGEN/CONFIRMATION SEROLOGY **TAT:** CIA: 5 days

Specimens testing initially Reactive by the Hepatitis B Surface Ag-Qualitative assay with signal to cutoff ratios between 1.0-140.0 will be automatically reflexed to the Hepatitis B Surface Antigen Confirmatory Assay.

MYCOBACTERIA / TB **TAT:** Acid-Fast (Fl) Smear = 24 hours Culture: Negative = 6 weeks/Positive = 21 days

MTB/RIF NAT = 24 hours AST = 28 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 resistance (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 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, 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.