

Ventura County Public Health Laboratory

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CLIA #05D0668137

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM

Patient Information	Ordering Physician (Required):
MRN#:	Facility/Hospital (Required):
DOB:	Phone #:
<input type="checkbox"/> Male or <input type="checkbox"/> Female	Fax #:
Patient Name: (Last, First)	Date Collected:
Street Address:	Time Collected:
City/State/Zip:	Collected By:
Brief Clinical History:	

Specimen Source				
<input type="checkbox"/> Serum (Blood)	<input type="checkbox"/> Vagina	<input type="checkbox"/> Throat	<input type="checkbox"/> Aspirate	<input type="checkbox"/> Skin (specify location)
<input type="checkbox"/> Plasma (Blood)	<input type="checkbox"/> Cervix	<input type="checkbox"/> Sputum	<input type="checkbox"/> CSF	<input type="checkbox"/> Tissue (specify location)
<input type="checkbox"/> Urine	<input type="checkbox"/> Stool	<input type="checkbox"/> Bronchial alveolar lavage	<input type="checkbox"/> Body Fluid (specify type)	<input type="checkbox"/> Nails (specify location)
<input type="checkbox"/> Urethra	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> Swab (specify type)	<input type="checkbox"/> Other (specify)

Test(s) Requested			
BACTERIOLOGY	SEROLOGY	VIROLOGY	MYCOBACTERIOLOGY
<input type="checkbox"/> Chlamydia/Gonorrhea, NAAT (CPT code 87491/591)	<input type="checkbox"/> HIV 1/2 Antibody Screen* (CPT code 87389)	<input type="checkbox"/> SARS-CoV-2/Influenza Multiplex (CPT code 87635)	<input type="checkbox"/> Mycobacterium smear/culture* (CPT code 87116/206)
<input type="checkbox"/> Trichomonas, NAAT (CPT code 87661)	<input type="checkbox"/> Syphilis Screen* (CPT code 86780)	<input type="checkbox"/> HIV Quant Viral Load (CPT code 87536)	<input type="checkbox"/> Mycobacterium isolate identification (CPT code 87118)
<input type="checkbox"/> Salmonella culture (CPT code 87045)	<input type="checkbox"/> Syphilis VDRL Titer (CSF) (CPT code 86593)	<input type="checkbox"/> Hep C Quant Viral Load (CPT code 87522)	<input type="checkbox"/> Title 17 MTB Isolate
<input type="checkbox"/> Shigella culture (CPT code 87045)	<input type="checkbox"/> Measles IgG (CPT code 86765)	<input type="checkbox"/> HSV 1/2 NAAT (CPT code 87529)	MYCOLOGY
<input type="checkbox"/> E. coli culture/Shiga-toxin (CPT code 87046/87427)	<input type="checkbox"/> Mumps IgG (CPT code 86735)	<input type="checkbox"/> Influenza Typing (Influenza A or B Positives)	<input type="checkbox"/> Fungal culture (CPT code 87102)
<input type="checkbox"/> Yersinia, culture (CPT code 87045)	<input type="checkbox"/> Rubella IgG (CPT code 86762)	<input type="checkbox"/> Measles PCR (pre-approved only)	<input type="checkbox"/> Fungal isolate identification (CPT code 87107)
<input type="checkbox"/> Vibrio, culture (CPT code 87045)	<input type="checkbox"/> Varicella IgG (CPT code 86787)	<input type="checkbox"/> Mumps PCR (pre-approved only)	<input type="checkbox"/> Yeast isolate Identification (CPT code 87106)
<input type="checkbox"/> Enteric Pathogens, culture (CPT code 87045)	<input type="checkbox"/> Hepatitis C Antibody* (CPT code 86803)	<input type="checkbox"/> BioFire Respiratory PCR (pre-approved only)	PARASITOLOGY
<input type="checkbox"/> Identification, culture (CPT code 87077)	<input type="checkbox"/> Hepatitis B Antibody (CPT code 86706)	<input type="checkbox"/> BioFire GI PCR (pre-approved only)	<input type="checkbox"/> Malaria Confirmation (CPT code 87169)
<input type="checkbox"/> Carbapenemase Gene PCR (CPT code 87150)	<input type="checkbox"/> Hepatitis B Antigen* (CPT code 87340)		REFERRALS/MISC
	<input type="checkbox"/> QuantiFERON-TB (CPT code 86480)		<input type="checkbox"/> Please specify Below:

*This test is a part of an algorithm that include other tests.