



COUNTY OF HUMBOLDT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH LABORATORY
 MICHAEL FERRIS, LABORATORY DIRECTOR
 CLIA 05D0666113, MEDICARE/ MEDI-CAL ID # LAB58595F
 529 I STREET, EUREKA CA 95501
 PHONE (707) 268-2179 Fax (707) 445-7640

INSIGHT # _____
 DATE & TIME RECEIVED _____

INFORMATION MUST BE PROVIDED TO PROCESS TESTING-PLEASE PRINT CLEARLY

PATIENT'S LAST NAME		FIRST	MI	NAME/ADDRESS/PHONE OF SUBMITTING AGENCY
SEX	DOB	CHART#	SOCIAL SECURITY#	
RESPONSIBLE PARTY			PHONE #	
ADDRESS				
CITY/STATE/ZIP				
				NAME OF PHYSICIAN

DIAGNOSIS/ICD10 CODE/ S CODE: _____

PROOF OF ELIGIBILITY REQUIRED OR ACCOUNT WILL BE BILLED. ATTACH PHOTOCOPY OR COMPUTER PRINT-OUT TO BACK OF FORM.

MEDI-CAL/CHDP # with AID CODE and COUNTY CODE (write legibly): _____

BILL OUR ACCOUNT INSURANCE (MUST INCLUDE COPY OF CARD)

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to the County of Humboldt Public Health Laboratory. I am financially responsible for any non-covered services. I also authorize the Public Health Laboratory to release any information required to process this claim.

SIGNED _____ DATE _____

If this is a confidential test and any balance not covered by insurance cannot be billed to your home, INITIAL HERE: _____

SPECIMEN SOURCE: FINGERSTICK VENOUS
 SERUM STOOL URINE
 NASOPHARYNGEAL SWAB/SOURCE _____ OTHER _____

TICK TEST (LYME DISEASE): GEOGRAPHICAL LOCATION TICK ACQUIRED? _____ PAID/RECEIPT# _____

DATE & TIME COLLECTED _____ COLLECTED BY _____

SPECIMEN CONDITION: FROZEN REFRIGERATED ROOM TEMP OTHER _____

TEST REQUESTED:

CULTURES & SENSITIVITIES (C & S):	CPT	PCR:	CPT	LAB CLIENT #
<input type="checkbox"/> CULTURE FOR I.D. Rule out: _____	87077/ 87147	<input type="checkbox"/> INFLUENZA A/B PCR	87798	LAB SPECIMEN #
<input type="checkbox"/> OTHER CULTURE	87070	<input type="checkbox"/> MEASLES PCR	87798	
<input type="checkbox"/> STOOL ENTERIC CULTURE (complete)	87045/ 87046 X2	<input type="checkbox"/> NOROVIRUS PCR	87798	
<input type="checkbox"/> STOOL CULTURE Rule out: _____	87045	<input type="checkbox"/> PERTUSSIS PCR	87798	
		<input type="checkbox"/> STEC PCR (Shiga Toxin-producing E.coli)	87798	
<input type="checkbox"/> BLOOD LEAD LEVEL	83655	TEST PANELS:		COMMENTS/ OTHER:
		RESPIRATORY PANEL:		
		<input type="checkbox"/> INFLUENZA A/B PCR	87798	
		<input type="checkbox"/> *IF ABOVE TEST IS NEGATIVE: VIRAL R-MIX CULTURE	87253	
		GASTROENTERITIS PANEL:		
<input type="checkbox"/> Bioterrorism testing Rule out: _____		<input type="checkbox"/> NOROVIRUS PCR	87798	
<input type="checkbox"/> SEND OUT:		<input type="checkbox"/> *IF ABOVE TEST IS NEGATIVE: ENTERIC CULTURE	87045/ 87046 X2	
<input type="checkbox"/> VIRAL R-MIX CULTURE	87253			