

# Sonoma County Public Health Laboratory

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## Title 17 Specimen Submission Form (fill all sections)

<b>Submitting Facility/Reference Lab</b>		<b>Originating Facility Name</b> (if different from submitting facility):	
Address:		Address:	
Phone number:	Fax number:	Phone number:	Fax number:
<b>Physician Name:</b>		<b>Physician NPI Number:</b>	
<b>PATIENT Demographics</b>			
Last Name		First Name	Date of Birth <input type="checkbox"/> Female <input type="checkbox"/> Male
Patient Address	Patient Phone Number	Medical Record #	Pregnancy Status <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
<b>SPECIMEN &amp; TEST Information</b>			
Submitter Specimen ID #		Date & Time Collected:	ICD10 Code:
<b>Tuberculosis: Title 17 2505 (f) (g) (m)(2)</b> <input type="checkbox"/> M. tuberculosis <input type="checkbox"/> Culture Isolate PREFERRED <input type="checkbox"/> Primary Specimen <input type="checkbox"/> Sputum <input type="checkbox"/> Other _____  <input type="checkbox"/> Identification results attached - Instrument printout  <input type="checkbox"/> Drug susceptibility results attached		<b>Title 17 2505 (m)(1) Specimens:</b>  <input type="checkbox"/> Malaria <input type="checkbox"/> Blood film slides <input type="checkbox"/> EDTA whole blood  <input type="checkbox"/> Neisseria meningitidis eye specimens  <input type="checkbox"/> Shiga toxin positive fecal broth  <input type="checkbox"/> Vibrio positive by culture independent diagnostic test <input type="checkbox"/> Specimen source: _____  <input type="checkbox"/> Zika virus immunoglobulin M (IgM)-positive sera	<b>Title 17 2505 (m)(2) Isolates:</b>  <input type="checkbox"/> Identification results attached - Instrument printout <input type="checkbox"/> N. gonorrhoeae, drug resistant <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Neisseria meningitidis (sterile sites) <input type="checkbox"/> Specimen source: _____  <b>Enterics (from stool):</b> <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Shiga toxin producing E. coli <input type="checkbox"/> Culture Isolate PREFERRED <input type="checkbox"/> Primary Specimen <input type="checkbox"/> Broth _____
<b>Title 17 2505 (r) Isolates:</b> <input type="checkbox"/> Candida auris  submit to a public health laboratory within 10 working days from the date the specimen was collected.			
Other (Describe)			