Public Health
Seattle & King County

Public Health – Seattle & King County Laboratory
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Submitter Name		Patient Name (Last, First, Middle Initial)			
Submitter Address (Street, City, State, Zip Code)		Patient Address (Street, City, State, Zip Code)			
Ordering Provider Name & NPI	Date & Time Collected	Patient ID	DOB	Sex	Race/Ethnicity

Specimen Source

- ☐ Blood/Serum
- ☐ CSF
- ☐ Urine
- ☐ Vaginal swab
- ☐ Throat swab
- ☐ Rectal swab
- ☐ Urethral swab
- ☐ Cervical swab
- ☐ Nasopharyngeal swab
- ☐ Nasal swab
- ☐ Sputum
- ☐ Stool

HIV Serology

- ☐ HIV-1/HIV-2 Ag/Ab

Syphilis Serology

- ☐ RPR Qualitative
- ☐ RPR Quantitative
- ☐ TP-PA
- ☐ CSF VDRL
- ☐ CSF FTA-ABS

Hepatitis Serology

- ☐ Hepatitis A Antibody
- ☐ Hepatitis B Surface Antigen
- ☐ Hepatitis B Surface Antibody
- ☐ Hepatitis B Core Antibody
- ☐ Hepatitis C Antibody

Other Serology

- ☐ HSV-1 Antibody (type-specific)
- ☐ HSV-2 Antibody (type-specific)
- ☐ Measles Antibody
- ☐ Mumps Antibody
- ☐ Rubella Antibody
- ☐ Varicella Zoster Antibody

Bacteriology

- ☐ Gonorrhea Culture
- ☐ Stool Culture with Shiga Toxin

Mycobacteriology

- ☐ AFB Culture with Smear
- ☐ Quantiferon - TB

Parasitology

- ☐ Ova & Parasites
- ☐ Pinworm

Molecular

- ☐ Chlamydia/Gonorrhea NAAT
- ☐ Trichomonas NAAT
- ☐ Mycoplasma NAAT
- ☐ Herpes Simplex NAAT
- ☐ Varicella Zoster NAAT
- ☐ Adenovirus NAAT
- ☐ Group A Strep NAAT
- ☐ Pertussis NAAT
- ☐ SARS-CoV-2 NAAT
- ☐ Influenza A & B NAAT
- ☐ Respiratory Pathogens NAAT
- ☐ Enteric Pathogens NAAT

REMARKS

DATE RECEIVED