AFB TESTING

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH LABORATORY
PEPPER STOCKTON, LABORATORY DIRECTOR
CLIA 05D0666113, MEDICARE/ MEDI-CAL ID # LAB58595F
529 I ST., EUREKA CA 95501
PHONE (707) 268-2179 Fax (707) 445-7640
EMAIL: HCPHL@CO.HUMBOLDT.CA.US

PATIENT #

P.H. LAB USE ONLY

DATE & TIME RECEIVED

INFORMATION MUST BE PROVIDED TO PROCESS TESTING-PLEASE PRINT CLEARLY

PATIENT'S LAST NAME | FIRST | MI

SUBMITTING AGENCY

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Multiple Race ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ White ☐ Black/African American

GENDER: ☐ FEMALE ☐ MALE ☐ TRANS-FEMALE ☐ TRANS-MALE ☐ UNKNOWN

DOB | MEDICAL RECORD# | SOCIAL SECURITY#

PREGNANCY STATUS (if known)

RESPONSIBLE PARTY | PATIENT PHONE #

PATIENT ADDRESS

CITY/STATE/ZIP

NAME OF PHYSICIAN

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.** .....

ICD10 CODE:

☐ BILL OUR ACCOUNT ☐ INSURANCE *(MUST INCLUDE COPY OF CARD)*

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

SPECIMEN SOURCE:

☐ ASPIRATE NASO-PHARYNGEAL ☐ ASPIRATE OROPHARYNGEAL ☐ ASPIRATE THROAT
☐ BRONCHIAL ALVEOLAR LAVAGE ☐ BRONCHIAL WASH ☐ GASTRIC LAVAGE
☐ PLEURAL FLUID ☐ SPUTUM ☐ SWAB OF LESION
☐ TISSUE (Describe): _____ ☐ TRACHEAL ASPIRATE ☐ WASH NASO-PHARYNGEAL
☐ WASH OROPHARYNGEAL ☐ OTHER: _____

DATE & TIME COLLECTED | **COLLECTED BY**

SPECIMEN CONDITION: ☐ FROZEN ☐ REFRIGERATED ☐ ROOM TEMP ☐ OTHER_____

MYCOBACTERIOLOGY TESTING REQUESTED:	**CPT:**
☐ AFB SMEAR & CULTURE	87206/ 87015 / 87116
☐ GENEXPERT MTB/RIF PCR *(SPUTUM ONLY)*	87206
☐ MTB COMPLEX PCR (*NON-SPUTUM SAMPLES*)	87556
☐ AFB CULTURE FOR ID	87015/ 87116

TESTING PERFORMED AT SONOMA COUNTY PUBLIC HEALTH LABORATORY

P.H. LAB USE ONLY

LAB CLIENT #

LAB SPECIMEN #

CD PHN NOTIFIED:

COMMENTS / OTHER:

v 12.2021