PLACER COUNTY
PUBLIC HEALTH LABORATORY
MUSAU WAKABONGO, PhD, PHM, HCLD, LAB DIRECTOR

11475 C AVENUE
AUBURN, CA 95603
PHONE: (530) 889-7205
FAX: (530) 889-7209

TITLE 17, CALIFORNIA CODE OF REGULATIONS (17CCR)
LABORATORY REPORTABLE DISEASE SPECIMEN SUBMISSION FORM

THIS FORM SHOULD ACCOMPANY ISOLATES SUBMITTED TO COMPLY WITH TITLE 17 CCR, SECTIONS 1075, 1081, 1082, 1276(F), 205,2596,2602,2612, AND 2628.

PATIENT INFORMATION:

Name: (Last, First) _____
Address: (Street) _____
(City, State, Zip) _____
Telephone: _(____)_____
Date of Birth: _____ Sex: ☐Male ☐Female
Patient Hospital # or Lab ID #: _____

HEALTHCARE PROVIDER INFORMATION:

Physician Name: _____
Address: (Street) _____
(City, State, Zip) _____
(County) _____
Telephone: _(____)_____

SUBMITTING LABORATORY INFORMATION:

Laboratory Name: _____
Address: (Street) _____
(City, State, Zip) _____
Telephone: _(____)_____

SPECIMEN INFORMATION:

Submitting Laboratory ID or Accession Number: _____
Submitting Laboratory Result:

☐Salmonella species (specify sero group) _____ ☐Salmonella typhi
☐ Mycobacterium tuberculosis ☐Multiple Drug Resistant M. tuberculosis
(Please attach results of your susceptibility tests)
☐Plasmodium species (specify species) _____
☐Other _____

Specimen Type or Source: _____
Specimen Collection Date: _____ Submission Date: _____
Consult with Public Health Laboratory for submission of other laboratory reportable diseases

For submission of miscellaneous cultures for identification, acid fast cultures for identification, or other isolates, complete additional information on reverse.

Do not write in this space. For Public Health Laboratory use only.

Date Rec'd in PHL:_____

Date Prelim Rept FAXed:_____Date PHL Results FAXed:_____Date Final Report FAXed:_____

Notes: PHL Lab #:_____