



**COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY**

2191 Johnson Avenue, San Luis Obispo, CA 93401
 Ph: 805-781-5507 FAX: 805-781-1023
www.sloPublicHealth.org/lab
 CLIA: 05D0695770

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

PATIENT (or affix patient label below)		
Last Name	First Name	Middle Initial
Medical record #		
Residential Address <input type="checkbox"/> Same as Submitter Location		
City	State	Zip
DOB	<input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Female	
Phone	Pregnancy Status	
Race	Ethnicity	

SUBMITTER (Lab/Clinic/Medical Group)		
Account #		
Submitter Name		
Street Address		
City	State	Zip
Phone	Fax	
Name of Contact		
Ordering/Supervising Physician		
Signature of Physician or Authorized Representative (must be legible)		

PROPERTY TRANSFER			
LAB USE ONLY Specimen Number	Collection Time and Date	Specimen Type	Test Order
		<input type="checkbox"/> Urine	<input type="checkbox"/> <i>Chlamydia</i> NAAT 2750 <input type="checkbox"/> <i>Gonorrhea</i> NAAT 2770 <input type="checkbox"/> <i>Trichomonas</i> NAAT* 2850 <input type="checkbox"/> <i>M. genitalium</i> NAAT* 2870 <input type="checkbox"/> <i>Urine culture and susceptibility</i> 2065
		<input type="checkbox"/> Throat Swab	<input type="checkbox"/> <i>Chlamydia</i> NAAT 2750 <input type="checkbox"/> <i>Gonorrhea</i> NAAT 2770
		<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> <i>Chlamydia</i> NAAT 2750 <input type="checkbox"/> <i>Gonorrhea</i> NAAT 2770
		<input type="checkbox"/> Vaginal Swab	<input type="checkbox"/> <i>Chlamydia</i> NAAT 2750 <input type="checkbox"/> <i>Gonorrhea</i> NAAT 2770 <input type="checkbox"/> <i>Trichomonas</i> NAAT* 2850 <input type="checkbox"/> <i>M. genitalium</i> NAAT* 2870

* For *Trichomonas* and *M. genitalium* use a new specimen number

CHAIN OF CUSTODY						PURPOSE/ REASON
Relinquished By:	Date	Time	Received By:	Date	Time	
Relinquished By:	Date	Time	Received By:	Date	Time	
Relinquished By:	Date	Time	Received By:	Date	Time	