



County of Sonoma  
 Department of Health Services  
**Public Health Laboratory**  
 3313 Chanate Road, Santa Rosa, CA 95404  
 Telephone (707) 565-4711  
 www.sonoma-county.org/laboratory

Requested by:

LAB OR CLINIC \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_

- LYME DISEASE SCREEN ELISA WITH REFLEX TO CONFIRMATORY IgM AND IgG ELISAs  
ICD-10: \_\_\_\_\_
- ANAPLASMA PHAGOCYTOPHILUM (HGA) IFA  
ICD-10: \_\_\_\_\_
- EHRLICHIA CHAFFEENSIS (HME) IFA  
ICD-10: \_\_\_\_\_

- BABESIA MICROTI IFA  
ICD-10: \_\_\_\_\_
- BABESIA DUNCANI (WA1) IFA  
ICD-10: \_\_\_\_\_
- RICKETTSIA TYPHI IFA  
ICD-10: \_\_\_\_\_
- RICKETTSIA RICKETTSII (364D) IFA  
ICD-10: \_\_\_\_\_

Lab Number \_\_\_\_\_

Date Received \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Medical Record # \_\_\_\_\_

Collection Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Pregnancy Status  Y  N

SCPHL Use Only	
Date/time received:	Initials:
Specimen Temperature: _____ °C	IR Gun EQID- _____
<input type="checkbox"/> N/A (bacterial isolate)	
<b>Temperature Evaluation: (Refer to Form CLIA: 3.1)</b>	
<input type="checkbox"/> Temperature acceptable for testing	
<input type="checkbox"/> Specimen not received at appropriate temperature	
<input type="checkbox"/> Specimen rejected <input type="checkbox"/> Referred for supervisory review	