Ventura County Public Health Laboratory

Test Catalog

Laboratory Director: Thomas Rush, DrPH, MPH
2240 E. Gonzales Road, Suite 160
Oxnard, CA 93036
Ph: 805-981-5131
Fax: 805-981-5130
Website: https://hca.venturacounty.gov/public-health/ph-laboratory/
Hours: Monday-Friday 8:00 am-5:00pm
Accreditations:
CLIA# 05D0668137
State of California# 1565
ELAP# 1910
CAP Proficiency# 2349401-01
WSLH# 05D0668137

VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency

Table of Contents

1. Specimen Submission Instructions

a. Identification/Labeling
    i. Label specimen container with:
        1. Patient first and last name
        2. Unique Patient Identifier (ex. Date of Birth)
        3. Date and time of collection
b. Test Requisition
    i. Required information is as follows:
        1. Patient first and last name (verify that it matches the label on specimen container)
        2. Date of birth
        3. Sex
        4. Collection date and time
        5. Ordering physician and location
        6. Source of specimen
c. Reference Cultures
    i. Please indicate test requested and organism suspected on test requisition.
    ii. Send an actively growing pure culture on solid test-tube media or broth.
    iii. For malaria identification, please place slide in protective slide holder and include pertinent information related to clinical history, travel history, insect bites, etc.
    iv. Ensure that isolates or broth are packaged and transported in compliance with Division 6.2 Infectious Substance Shipping Guide requirements.
d. Transport
    i. Ensure the integrity of specimens before transport such as:
    ii. Specific storage and transport requirements are provided for each test in this catalog.
    iii. Specimens should be placed in a biohazard zip lock bag and a completed requisition is placed in the outside pocket of the biohazard bag.
    iv. When needed, ensure that the specimens are packaged and transported in compliance with Division 6.2 Infectious Substance Shipping Guide requirements.
e. Quality Assurance
    i. To assure quality testing and meet federal and state regulations, the laboratory must follow unacceptable/rejection criteria for identification. When unsatisfactory specimens are received, an effort is made to contact the submitter by telephone, email, or fax in attempt to reconcile the discrepancy. Unsatisfactory criteria for specimens are as follows:
        1. The information on the label does not match the information on the test requisition
        2. The specimen has been transported at the improper temperature.

3. The specimen has not been transported in the proper medium or container.
4. The quantity of specimen is insufficient for testing.
5. The specimen is leaking.
6. Clotted, lipemic, or grossly hemolyzed blood.
7. The specimen transport time exceeds post collection requirements, and the specimen is not preserved.
8. The specimen was received in a fixative which kills any microorganisms present.
9. The specimen is dried up.

2. Specimen Collection Supplies

The Ventura County Public Health Laboratory will provide the following supplies upon request. Call 805-981-5131 to order the following supplies:

Category	Description	Source	Testing Performed
Qiagen Blood Collection Tubes	A set of 4 (Grey top, Green top, Yellow top and Purple top)	Blood	QuantiFERON-TB
Viral Transport Media	Red/White top transport tube	Throat, NP	SARS-CoV-2/Influenza Multiplex PCR
			Measles/Mumps PCR
Modified Cary Blair	Yellow top containers	Stool	Enteric Pathogens culture
			Salmonella/Shigella culture
			E. coli STEC culture
Hologic Aptima Urine Tube	Yellow tube	Urine	Chlamydia/Gonorrhea NAAT, Trichomonas NAAT
Hologic Aptima Unisex Swab	Purple tube	Cervix (female), Urethra (Male), Throat, Rectal	Chlamydia/Gonorrhea NAAT, Trichomonas NAAT
Hologic Aptima Multitest Swab	Orange tube	Female vaginal, Anogenital (HSV)	Chlamydia/Gonorrhea NAAT (vaginal), Trichomonas NAAT, HSV ½ NAAT
Urine cup	Blue lid container	Misc. ie. urine, stool, sputum, nail clippings	Measles PCR
			Mycobacteriology Testing
			Mycology Testing

Ventura County Public Health Laboratory
2240 E. Gonzales Road, Suite #160
Oxnard, CA 93036
Phone 805-981-5131/ Fax 805-981-5130
CLIA #05D0668137

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM

Patient Information	Ordering Physician (Required):
MRN#:	Facility/Hospital (Required):
DOB:	Phone #:
☐Male or ☐Female	Fax #:
Patient Name: (Last, First)	Date Collected:
Street Address:	Time Collected:
City/State/Zip:	Collected By:
Brief Clinical History:	

Specimen Source				
☐Serum (Blood)	☐Vagina	☐Throat	☐Aspirate	☐Skin (specify location)
☐Plasma (Blood)	☐Cervix	☐Sputum	☐CSF	☐Tissue (specify location)
☐Urine	☐Stool	☐Bronchial alveolar lavage	☐Body Fluid (specify type)	☐Nails (specify location)
☐Urethra	☐Rectal Swab	☐Nasopharynx	☐Swab (specify type)	☐ Other (specify)

Test(s) Requested			
BACTERIOLOGY	**SEROLOGY**	**VIROLOGY**	**MYCOBACTERIOLOGY**
☐ Chlamydia/Gonorrhea, NAAT (CPT code 87491/591)	☐ HIV 1/2 Antibody Screen* (CPT code 87389)	☐ SARS-CoV-2/Influenza Multiplex (CPT code 87635)	☐ Mycobacterium smear/culture* (CPT code 87116/206)
☐ Trichomonas, NAAT (CPT code 87661)	☐ Syphilis Screen* (CPT code 86780)	☐ HIV Quant Viral Load (CPT code 87536)	☐ Mycobacterium isolate identification (CPT code 87118)
☐ Salmonella culture (CPT code 87045)	☐ Syphilis VDRL Titer (CSF) (CPT code 86593)	☐ Hep C Quant Viral Load (CPT code 87522)	☐ Title 17 MTB Isolate
☐ Shigella culture (CPT code 87045)	☐ Measles IgG (CPT code 86765)	☐ HSV 1/2 NAAT (CPT code 87529)	**MYCOLOGY**
☐ E. coli culture/Shiga-toxin (CPT code 87046/87427)	☐ Mumps IgG (CPT code 86735)	☐ Influenza Typing (Influenza A or B Positives)	☐ Fungal culture (CPT code 87102)
☐ Yersinia, culture (CPT code 87045)	☐ Rubella IgG (CPT code 86762)	☐ Mpox PCR (CPT code 87593)	☐ Fungal isolate identification (CPT code 87107)
☐ Vibrio, culture (CPT code 87045)	☐ Varicella IgG (CPT code 86787)	☐ Measles PCR (pre-approved only)	☐ Yeast isolate Identification (CPT code 87106)
☐ Enteric Pathogens, culture (CPT code 87045)	☐ Hepatitis C Antibody* (CPT code 86803)	☐ Mumps PCR (pre-approved only)	**PARASITOLOGY**
☐ Identification, culture (CPT code 87077)	☐ Hepatitis B Antibody (CPT code 86706)	☐ BioFire Respiratory PCR (pre-approved only)	☐Malaria Confirmation (CPT code 87169)
☐ Carbapenemase Gene PCR (CPT code 87150)	☐ Hepatitis B Antigen* (CPT code 87340)	☐ BioFire GI PCR (pre-approved only)	**REFERRALS/MISCELLANEOUS**
	☐ QuantiFERON-TB (CPT code 86480)		☐**Please specify Below:**

*This test is a part of an algorithm that include other tests.

Ventura County Public Health Laboratory
2240 E. Gonzales, Suite #160
Oxnard, CA 93036
Phone 805-981-5131/ Fax 805-981-5130
ELAP #1910

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM – WATER QUALITY ASSESSMENT

Client Information	
Company Name (required):	
Street Address (required):	
City/State/Zip (required):	
Person to Notify (required):	
Phone# (required):	Fax# or Email:
Sample Information	
Sample Name/Location	Date of Collection:
	Time of Collection:
Water Source	☐Drinking Water ☐Wastewater ☐Source/Ocean Water
Testing Requested	☐Presence/Absence ☐Multiple Tube Fermentation (circle one: 20 or 25 tube) ☐Quanti-tray 18 hour ☐Quanti-tray 24 hour ☐Quanti-tray Enterococcus
For Lab Use Only	
Date Received:	
Time Received:	
Temperature upon arrival:	
Received By:	
Condition of Sample ☐Good ☐Leaking ☐Cracked ☐Discolored ☐Sediment ☐Residue ☐Overfill ☐Other: please describe_____	
Calculated Transit Time ☐ <1 hour ☐<6 hours ☐ <24 hours ☐>24 hours	
Sample Acceptable ☐ Yes ☐No	

Ventura County Public Health Laboratory
2240 E. Gonzales, Suite #160
Oxnard, CA 93036
Phone 805-981-5131/ Fax 805-981-5130
CLIA #05D0668137

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM – ANIMAL RABIES

Client Information	
Company Name (required):	
Street Address (required):	
City/State/Zip (required):	
Person to Notify (required):	
Phone# (required):	Fax# or Email:
Sample Information	
Animal Species:	Date of Brain Tissue Collection:
Date of Animal Death:	Time of Brain Tissue Collection:
Cause of Animal Death: ☐Euthanized ☐Died in Quarantine ☐Killed – How?_____	
Animal Symptoms:	
Reason for Rabies test:	
Vaccination Status of Animal:	
Comments:	
Human/Animal Exposure REQUIRED	☐Human, bite Bite Location:_____ ☐Animal, bite Bite Location:_____ ☐Other, specify:_____ ☐Unknown ☐None
Circumstances of Bite:	
Person Exposed Name:	
Contact Information:	
Test Requested	☐Rabies Virus by DFA

Title 17. California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions *

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§ 2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§ 2500(c)** The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local officer.
- **§ 2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500(h)(i)]

✆! = Report immediately by telephone (designated by a ♦ in regulations).
† = Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
✆ = Report by telephone within one working day of identification (designated by a + in regulations).
FAX ✆✉ = Report by electronic transmission (including FAX), telephone, or mail within one working day of identification (designated by a + in regulations).
WEEK = All other diseases/conditions should be reported by electronic transmission (including FAX), telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(i)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ✆✉
Anthrax, human or animal	✆!	Lyme Disease	WEEK
Babesiosis	FAX ✆✉	Malaria	FAX ✆✉
Botulism (Infant, Foodborne, Wound, Other)	✆!	Measles (Rubeola)	✆!
Brucellosis, animal (except infections due to *Brucella canis*)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ✆✉
Brucellosis, human	✆!	Meningococcal Infections	✆!
Campylobacteriosis	FAX ✆✉	Middle East Respiratory Syndrome (MERS)	✆!
Candida auris, colonization or infection	✆	Monkeypox or orthopox virus infection	✆
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella)(Outbreaks, hospitalizations and deaths)	FAX ✆✉	Novel Coronavirus Infection	✆!

Disease Name	Urgency	Disease Name	Urgency
Chikungunya Virus Infection	FAX ✆✉	Novel Virus Infection with Pandemic Potential	✆!
Cholera	✆!	Paralytic Shellfish Poisoning	✆!
Ciguatera Fish Poisoning	✆!	Paratyphoid Fever	FAX ✆✉
Coccidioidomycosis	WEEK	Pertussis (Whooping Cough)	FAX ✆✉
Coronavirus Disease 2019 (COVID-19)	✆	Plague, human or animal	✆!
Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)	WEEK	Poliovirus Infection	FAX ✆✉
Cryptosporidiosis	FAX ✆✉	Psittacosis	FAX ✆✉
Cyclosporiasis	WEEK	Q Fever	FAX ✆✉
Cysticercosis or taeniasis	WEEK	Rabies, human or animal	✆!
Dengue Virus Infection	FAX ✆✉	Relapsing Fever	FAX ✆✉
Diphtheria	✆!	Respiratory Syncytial Virus-associated deaths in laboratory-confirmed cases less than five years of age	WEEK
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	✆!	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses	WEEK
Ehrlichiosis	WEEK	Rocky Mountain Spotted Fever	WEEK
Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ✆✉	Rubella (German Measles)	WEEK
Escherichia coli: shiga toxin producing (STEC) including *E. coli* O157	FAX ✆✉	Rubella Syndrome, Congenital	WEEK
Flavivirus infection of undetermined species	✆!	Salmonellosis (Other than Typhoid Fever)	FAX ✆✉
Foodborne Disease	†FAX ✆✉	Scombroid Fish Poisoning	✆!
Giardiasis	WEEK	Shiga toxin (detected in feces)	✆!
Gonococcal Infections	WEEK	Shigellosis	FAX ✆✉
Haemophilus influenzae, invasive disease, all serotypes (report an incident less than 5 years of age)	FAX ✆✉	Smallpox(Variola)	✆!
Hantavirus Infections	FAX ✆✉	Syphilis (all stages, including congenital)	FAX ✆✉
Hemolytic Uremic Syndrome	✆!	Tetanus	WEEK
Hepatitis A, acute infection	FAX ✆✉	Trichinosis	FAX ✆✉
Hepatitis B (specify acute, chronic, or perinatal)	WEEK	Tuberculosis	FAX ✆✉
Hepatitis C (specify acute, chronic, or perinatal)	WEEK	Tularemia, animal	WEEK
Hepatitis D (Delta) (specify acute case or chronic)	WEEK	Tularemia, human	✆!
Hepatitis E, acute infection	WEEK	Typhoid Fever, Cases and Carriers	FAX ✆✉

Disease Name	Urgency	Disease Name	Urgency
Human Immunodeficiency Virus (HIV), acute infection	✆	*Vibrio* Infections	FAX ✆✉
Human Immunodeficiency Virus (HIV) infection, any stage	WEEK	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)	✆!
Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)	WEEK	West Nile Virus (WNV) Infection	FAX ✆✉
Influenza-associated deaths in laboratory- confirmed cases less than 18 years of age	WEEK	Yellow Fever	FAX ✆✉
Influenza due to novel strains (human)	✆!	Yersiniosis	FAX ✆✉
Legionellosis	WEEK	Zika Virus Infection	FAX ✆✉
Leprosy (Hansen Disease)	WEEK	OCCURRENCE of ANY UNUSUAL DISEASE	✆!
Leptospirosis	WEEK	OUTBREAKS of ANY DISEASE (Including diseases not listed in **§2500**). Specify if institutional and/or open community.	✆!

HIV REPORTING BY HEALTH CARE PROVIDERS §2641.30-2643.20

Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person-to-person transfer, or electronically within seven calendar days. For complete HIV-specific reporting requirements, see Title 17, CCR, §2641.30-2643.20 and the California Department of Public Health's HIV Surveillance and Case Reporting Resource page (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx)

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness (§2800-2812)

Pesticide-related illness or injury (known or suspected cases) **

Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix) (§2593) ***

LOCALLY REPORTABLE DISEASES (If Applicable):

* The Confidential Morbidity Report (CMR) is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). The CMR form can be found here: Communicable Disease Reporting Forms. Failure to report is a misdemeanor (Health & Safety Code §120295) and is a citable offense under the Medical Board of California Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code

§105200).

*** The Confidential Physician Cancer Reporting Form may also be used. See Physician Reporting Requirements for Cancer Reporting in CA on the California Cancer Registry website (www.ccrcal.org).

Revised 08/2022

Title 17, California Code of Regulations (CCR), Section 2505

REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES TO PUBLIC HEALTH

March 2024

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results, including molecular and pathologic results, suggestive of diseases of public health importance to the local health department. Laboratories must report any initial findings as well as any subsequent findings. In addition, laboratories must report negative test results or findings when requested by the Department or a local health officer. The diseases included are:

Subsection (e)(1) List

- **Anthrax**, animal (*B. anthracis*)
- **Anthrax**, human (*B. anthracis*)
- **Botulism**
- **Brucellosis**, human (all *Brucella spp.*)
- ***Burkholderia pseudomallei*** (detection or isolation from a clinical specimen)
- ***Burkholderia mallei*** (detection or isolation from a clinical specimen)
- **Coronavirus,** novel strains
- **Influenza**, novel strains (human)
- **Plague**, animal (*Y. pestis*)
- **Plague**, human (*Y. pestis*)
- **Smallpox** (Variola)
- **Tularemia**, human (*F. tularensis*)
- **Viral hemorrhagic Fever** agents, animal (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- **Viral Hemorrhagic Fever** agents, human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

Subsection (e)(2) List

- **Acid-fast bacillus** (AFB)
- **Anaplasmosis**
- **Babesiosis**
- ***Bordetella pertussis*** acute infection, by culture or molecular identification
- ***Borrelia burgdorferi*** infection
- **Brucellosis**, animal (*Brucella* spp. except *Brucella canis*)
- **Campylobacteriosis** (*Campylobacter* spp.) (detection or isolation from a clinical specimen)
- ***Candida auris***, colonization or infection
- **Carbapenemase-producing organism,** colonization or infection
- **Chancroid** (*Haemophilus ducreyi*)
- **Chikungunya Virus** infection
- ***Chlamydia trachomatis*** infection, including lymphogranuloma venereum
- **Coccidioidomycosis**
- **Cryptosporidiosis**
- **Cyclosporiasis** (*Cyclospora cayetanensis*)
- **Dengue virus** infection
- **Diphtheria**
- **Ehrlichiosis**
- **Encephalitis**, arboviral

- ***Escherichia coli*** infection: shiga toxin producing (STEC) including *E. coli* O157
- **Flavivirus** infection of undetermined species
- **Giardiasis** (*Giardia lamblia, intestinalis,or duodenalis*)
- **Gonorrhea**
- ***Haemophilus influenzae*** infection, all types (detection or isolation from a sterile site in a person less than five years of age)
- **Hantavirus** infection
- **Hepatitis A**, acute infection
- **Hepatitis B**, acute or chronic infection (specify gender)
- **Hepatitis C**, acute or chronic infection
- **Hepatitis D** (Delta), acute or chronic infection
- **Hepatitis E**, acute infection (detection of hepatitis E virus RNA from a clinical specimen or positive serology)
- **Human Immunodeficiency Virus** (HIV), acute infection
- **Influenza**
- **Legionellosis** (*Legionella spp.*) (antigen or culture)
- **Leprosy** (Hansen Disease) (*Mycobacterium leprae*)
- **Leptospirosis** (*Leptospira spp.*)
- **Listeriosis** (*Listeria*)
- **Malaria** (Plasmodium spp.)
- **Measles** (Rubeola), acute infection
- **Middle East Respiratory Syndrome Coronavirus (MERS-CoV),** infection
- **Monkeypox or orthopox virus** infection
- **Mumps** (mumps virus), acute infection
- ***Neisseria meningitidis*** (sterile site isolate or eye specimen) infection
- **Poliovirus** infection
- **Psittacosis** (*Chlamydophila psittaci*)
- **Q Fever** (*Coxiella burnetii*)
- **Rabies**, animal or human
- **Relapsing Fever** (*Borrelia spp.*) (identification of *Borrelia spp.* spirochetes on peripheral blood smear)
- **Respiratory syncytial virus**
- ***Rickettsia***, any species, acute infection (detection from a clinical specimen or positive serology)
- **Rocky Mountain Spotted Fever** (*Rickettsia rickettsii*)
- **Rubella**, acute infection
- **Salmonellosis** (*Salmonella spp.*)
- **Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)**
- **Shiga toxin** (detected in feces)
- **Shigellosis** (*Shigella spp.)*
- **Syphilis**
- **Trichinosis** (*Trichinella*)
- **Tuberculosis,** including *Mycobacterium tuberculosis* complex
- **Latent Tuberculosis Infection identified by a positive laboratory test** (includes interferon gamma release assays)
- **Tularemia**, animal (*F. tularensis*)
- **Typhoid**
- ***Vibrio* species** infection
- **West Nile virus** infection

- **Yellow Fever** (yellow fever virus)
- **Yersiniosis** (*Yersinia spp.*, non-pestis) (isolation from a clinical specimen)
- **Zika virus** infection

Reportable laboratory findings for these diseases are those specified in 17 CCR Section 2505 or that satisfy the most recent communicable disease surveillance case definitions published by the Centers for Disease Control and Prevention (https://wwwn.cdc.gov/nndss/conditions/search/). **All laboratory reports to public health agencies are treated as confidential.**

WHEN TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

These laboratory findings are reportable to the local health officer of the health jurisdiction where the patient resides by telephone within one (1) hour (List (e)(1) diseases) or within one (1) working day (List (e)(2) diseases) from the time that the laboratory notifies the health care provider or other person authorized to receive the report. If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall notify the local health officer of the jurisdiction in which the patient resides within the time specified above from the time the laboratory notifies the referring laboratory that submitted the specimen. If the laboratory is an out-of-state laboratory, the California laboratory that receives a report of such findings shall notify the local health officer in the same way as if the finding had been made by the California laboratory.

HOW TO REPORT (ALL DISEASES EXCEPT HIV ACUTE INFECTION)

Laboratories must report results via electronic laboratory reporting (ELR) to the California Reportable Disease Information Exchange (CalREDIE). Laboratories unable to submit reports electronically may temporarily report on paper to the local health department; reporting on paper must be approved by the local health department. Additional information, including instructions for format of reports, can be found on the CalREDIE ELR webpage (https://www.cdph.ca.gov/Programs/ CID/DCDC/Pages/CalREDIE-ELR.aspx).

Reporting requirements for diseases and agents listed in Subsection (e)(1):

- Make initial report to the local health officer via telephone **within one hour**, and
- Report result(s) to CalREDIE **within one working day** of identification.

Reporting requirements for diseases and agents listed in Subsection(e)(2):

- Report result(s) to CalREDIE within **one working day** of identification.

All reports to the local health officer must include the following: the date the specimen was obtained, the patient identification number, the specimen accession number or other unique specimen identifier, the specimen site, the diagnosis codes, the laboratory findings for the test performed, and the date that the laboratory findings were identified. In addition, all reports to the local health officer and all test requisitions must include the name, gender, address, telephone number, pregnancy status, race, ethnicity and date of birth of the person from whom the specimen was obtained, and the name, address, and telephone number of the health care provider for whom such examination or test was performed.

HIV ACUTE INFECTION REPORTING REQUIREMENTS

In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases within one business day to the local health officer of the jurisdiction in which the patient resides by telephone. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the local health officer.

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA (NOVEL STRAINS), MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS

Whenever a laboratory **receives a specimen** for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall **communicate immediately by telephone** with the Infectious Disease Laboratory Branch of the Department of Public Health forinstruction.

TUBERCULOSIS (Section 2505 Subsections (f) and (g))

Any laboratory that isolates *Mycobacterium tuberculosis* complex or identifies *Mycobacterium tuberculosis* complex by molecular testing from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the patient resides as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. If *Mycobacterium tuberculosis* complex is identified by molecular testing but no culture isolate is available, a specimen available to the laboratory must be submitted instead.

The information listed under "HOW TO REPORT" above must be submitted with the culture.

Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* complex was isolated,
- Report the results of drug susceptibility testing, including molecular assays for drug resistance if performed, to the local health officer of the city or county where the patient resides within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug- resistant *Mycobacterium tuberculosis* complex was isolated to the local public health laboratory (as described above) as soon as available.

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA (Section 2505 Subsection (h))

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the patient resides. When requested, all blood films will be returned to the submitter.

SALMONELLA (Section 2612)

California Code of Regulations, Title 17, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory and then to the State's Microbial Diseases Laboratory for definitive identification.

Additional Specimens or Isolates to be Submitted to Public Health (Section 2505 Subsection (m)(1) and (m)(2) Lists)

The specimens or isolates listed below must be submitted as soon as available to the local or state public health laboratory. The isolate or specimen submission must include the name, address, and date of birth of the person from whom the isolate or specimen was obtained, the patient identification number, the isolate or specimen accession number or other unique identifier, the date the isolate or specimen was obtained from the patient, the name address, and telephone number of the health care provider for whom such examination or test was performed, and the name, address, telephone number and laboratory director's name of the laboratory submitting the isolate or specimen.

(m)(1) Specimens:

- Malaria positive blood film slides (see (h) for additional reporting requirements)
- *Neisseria meningitidis* eye specimens
- Shiga toxin-positive fecal broths
- Zika virus immunoglobulin M (IgM)-positive sera

(m)(2) Isolates:

- Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
- *Listeria monocytogenes* isolates
- *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
- *Neisseria meningitidis* isolates from sterile sites
- *Salmonella* isolates (see section 2612 for additional reporting requirements)
- Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
- *Shigella* isolates

Additional Instructions for (m)(2) Isolates (Section 2505 Subsection (m)(3)):

If a laboratory test result indicates infection with any one of the pathogens listed in (m)(2), then the testing laboratory must attempt to obtain a bacterial culture isolate for submission to a public health laboratory in accordance with (m)(2). This requirement includes identification of Shiga toxin in a clinical specimen. If latent tuberculosis infection is identified, an attempt to obtain a bacterial culture isolate is not required. The testing laboratory shall take steps necessary to obtain an isolate, including requesting that additional specimens be collected and sending specimens to a laboratory able to carry out bacterial culture as soon as possible.

Instructions for HIV-1/2 Specimens (Section 2505 Subsection (n)):

Upon written request and submission instructions by the Department, a laboratory that receives a specimen reactive for HIV-1/2 antigen or antibody shall submit the specimen to either the local public health laboratory for the jurisdiction in which the patient resides, the State Public Health Laboratory, or their designee. The specimen submission shall include the information identified in subdivision (m) and the Clinical Laboratory Improvement Amendments number.

Instructions for SARS-CoV-2 Specimens (Section 2505 Subsection (p)):

Upon written request and submission instructions by the Department or a local health officer, a laboratory that tests any specimen for SARS-CoV-2 shall submit the specimen and any nucleic acid extract to either the local public health laboratory, the State Public Health Laboratory, or their designee. The specimen submission must include the data elements specified under the HOW TO REPORT section on page 3 of this document. In addition, the submission must include the Cycle Threshhold (CT) or Relative Light Units (RLU) value and the federal Clinical Laboratory Improvement Amendments (CLIA) certificate number.

Instructions for SARS-CoV-2 Sequence Data (Section 2505 Subsection (q)):

A laboratory that performs genetic sequencing of SARS-CoV-2 shall submit sequence data to the Department in an electronic format specified by the Department. In addition, a laboratory that identifies a SARS-CoV-2 strain designated as a variant of public health importance by the Department shall transmit the report in a format specified by the Department to the state electronic reporting system or local electronic reporting system that this linked to the state electronic reporting system. The sequence data submission and the strain report shall include the information specified under the HOW TO REPORT section on page 3 of this document and if applicable, the federal Clinical Laboratory Improvement Amendments (CLIA) certificate number.

Instructions for *Candida auris* isolates (Section 2505 Subsection (r)):

If a Candida auris isolate(s) is identified from a sterile site, and the laboratory has obtained a fungal culture isolate, the isolate(s) must be submitted to a public health laboratory within 10 working days from the date the specimen was collected. The isolate submission must include the data elements specified in subsection (m) and the federal Clinical Laboratory Improvement Amendments (CLIA) certificate number.

Additionally, if requested by the Department or local health officer, the laboratory must attempt to obtain a fungal culture isolate from a specimen site for submission as soon as available to the public laboratory for the local health jurisdiction where the patient resides.

7. Suspect Bioterrorism Agent Guidelines

Whenever a laboratory receives or cultures a suspect organism including *Bacillus anthracis*, *Clostridium botulinum*, *Brucella* species, *Burkholderia pseudomallei*, *Burkholderia mallei*, *Yersinia pestis*, Variola, *Francisella tularensis*, or viruses that cause Viral Hemorrhagic Fever, please call Ventura County Public Health Lab for consultation at 805-981-5131. These samples will be referred to San Luis Obispo Public Health Laboratory for identification. Special packaging and shipping requirements must be met for these organisms.

BACTERIOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT (business days)
Chlamydia/Gonorrhea NAAT	87491 87591	Automated qualitative nucleic acid amplification (NAAT) for the primary diagnosis of Chlamydia and/or Gonorrhea	NAAT by Hologic Aptima Assay	Female Endocervical in white Aptima Unisex swab collection tube/ Female Vaginal in orange Aptima Multitest swab collection tube	1) Remove excess mucus from the cervix and surrounding mucosa using white shaft swab and discard swab. 2) Insert the specimen collection swab (blue shaft swab) into the endocervical canal. 3) Carefully withdraw the swab and avoid any contact with the vaginal mucosa. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
				Male Urethra in white Aptima Unisex swab collection tube	1) Patient should not urinate at least 1 hour prior to sample collection. 2) Insert specimen collection swab (blue shaft swab) 2-4 cm into urethra. Gently rotate the swab clockwise for 2-3 seconds. 3) Withdraw swab carefully. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days
				Urine in yellow Aptima Urine collection tube	1) Patient should not urinate for at least 1 hour prior to sample collection. 2) Patient collects specimen in a labeled urine cup by collecting 20-30 ml of the first-catch urine. 3) Transfer 2 ml (between the 2 black lines) of urine into the urine specimen transport tube using a disposable pipette. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30^{o}C	Negative	3 days

				Throat in white Aptima Swab Collection tube or orange Aptima Multitest swab Collection tube	1) Instruct patient to tilt head back, breathe deeply, open mouth wide and say "ah", this serves to lift the uvula and aids in reducing the gag reflex. 2) Use tongue depressor to gently depress the tongue and look for areas of inflammation and/or exudate. 3) Carefully but firmly rub the specimen collection swab (blue shaft swab) over areas of pus or inflammation, tonsils and/or posterior pharynx. Avoid touching the swab to the tongue, teeth, roof of mouth or inside cheeks. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30°C	Negative	3 days
				Rectal in white Aptima Swab Collection tube or orange Aptima Multitest swab Collection tube	1) Insert the specimen collection swab (blue shaft swab) 3-5 cm into the rectum. Rotate against the rectal wall at least three times. Note: Swabs that are grossly contaminated with feces should be discarded and the collection repeated. 4) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 5) Tightly screw cap on tube. 6) Label appropriately.	2-30°C	Negative	3 days
Trichomonas NAAT	87661	Automated qualitative nucleic acid amplification for the primary diagnosis of Trichomonas	NAAT by Hologic Aptima Assay	Female Endocervical/ Vaginal Swabs	Same collection instructions as Chlamydia/Gonorrhea, NAAT for Endocervical/Vaginal source	2-30°C	Negative	3 days
				Urine	Same collection instructions as Chlamydia/Gonorrhea, NAAT	2-30°C	Negative	3 days
Salmonella culture/identification	87045	Identification and confirmation of Salmonella using conventional biochemical and serological techniques	Culture	Isolate	Inoculate isolate on slanted tubed media	25°C	No *Salmonella* isolated	4-7 days
				Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days, 4°C for 4 days	No *Salmonella* isolated	4-7 days
Shigella culture/identification	87045	Identification and confirmation of *Shigella* using conventional	Culture	Isolate	Inoculate isolate on slanted tubed media	25°C	No *Shigella* isolated	4-7 days

		biochemical and serological techniques		Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days, 4°C for 4 days	No *Shigella* isolated	4-7 days
E. coli culture/Shiga-toxin	87046 87427	Identification and confirmation of *E. coli* O157 using conventional biochemical and serological techniques	Culture	Stool or Positive Broth	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days 4°C for 4 days	No Shiga toxin producing *E. coli* isolated. No *E. coli* O157 isolated.	4 days
Vibrio culture/identification	87045	Identification and confirmation of *Vibrio* using conventional biochemical and serological techniques	Culture	Isolate	Inoculate isolate on slanted tubed media	25°C	No *Vibrio* isolated	4-7 days
				Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days, 4°C for 4 days	No *Vibrio* isolated	4-7 days
Enteric *Yersinia* culture/identification	87045	Identification and confirmation of *Yersinia* using conventional biochemical and serological techniques	Culture	Isolate	Inoculate isolate on slanted tubed media	25°C	No *Yersinia* isolated	4-7 days
				Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days, 4°C for 4 days	No *Yersinia* isolated	4-7 days
Enteric pathogens, culture	87045	Isolation and identification and confirmation of enteric pathogens such as: *Salmonella sp.*, *Shigella sp.*, *E.coli*, *Yersinia sp*. *Campylobacter sp.*, *Vibrio sp.*	Culture	Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	25°C for 1 days 4°C for 4 days	No enteric pathogens isolated	4-7 days
Identification, culture	87077	Identification of aerobic organisms found using convention aerobic culture techniques.	MALDI-TOF	Isolate	Pure culture isolate on slanted nutrient or blood agar.	2-30°C	Varies	4-7 days
Carbapenemase Gene PCR	87150	Molecular Detection of 5 genes (KPC, NDM, VIM, OXA-48, IMP) associated with carbapenem resistance	PCR	Isolate	Inoculate isolate (*Enterobacteriaceae*, *Acinetobacter*, *Pseudomonas*) with phenotypic resistance to a carbapenem (e.g. meropenem) on slanted tubed media	25°C	Not Detected	4-7 days

SEROLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
HIV 1/2 Antibody Screen	87389	Multiplex Flow Immunoassay for qualitative detection of HIV-1 p24 antigen and HIV 1/2 antibodies	HIV Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
HIV Confirmatory (Part of HIV Testing Algorithm)	86689	Immuno-chromatographic assay for the differentiation and confirmation of HIV-1 and HIV-2 antibodies	HIV Geenius, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
HIV Qualitative NAAT (Part of HIV Testing Algorithm)	87535	Nucleic acid amplification test (NAAT) for the detection of HIV-1	Aptima HIV-1, Hologic	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 3 days	Not Detected	7 days
Syphilis Screen	86780	Multiplex Flow Immunoassay for qualitative detection of total (IgG/IgM) antibodies to Syphilis.	Syphilis Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Syphilis RPR (Part of Syphilis Testing Algorithm)	86593	Non-treponemal titer assay used to confirm reactive treponemal test.	Syphilis Bioplex 2200, Bio-Rad or ASI	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 5 days	Negative	3 days
Syphilis TPPA (Part of Syphilis Testing Algorithm)	86780	Treponemal assay for the confirmation of syphilis by passive agglutination.	Particle Agglutination	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 5 days	Non-Reactive	3 days
Syphilis VDRL Titer (CSF)	86593	Non-treponemal titer assay used to confirm reactive treponemal test (CSF only).	ASI	CSF	1 ml of CSF collected in a sterile tube.	2-8^{o}C for 5 days	Non-Reactive	3 days
Measles (Rubeola) IgG	86765	Multiplex Flow Immunoassay for qualitative detection of Measles IgG.	MMRV Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days

Mumps IgG	86735	Multiplex Flow Immunoassay for qualitative detection of Mumps IgG.	MMRV Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Rubella IgG	86762	Multiplex Flow Immunoassay for qualitative detection of Rubella IgG.	MMRV Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Varicella IgG	86787	Multiplex Flow Immunoassay for qualitative detection of VZV IgG.	MMRV Bioplex 2200, Bio-Rad	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Hepatitis C Antibody	86803	Chemiluminescent Immunoassay for qualitative detection of antibodies to HCV	Diasorin	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Hepatitis B Antibody	86706	Chemiluminescent Immunoassay for qualitative detection of antibodies to HBV (anti-HBs)	Diasorin	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Hepatitis B Antigen	87340	Chemiluminescent Immunoassay for qualitative detection of HBV surface antigen	Diasorin	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days
Hepatitis B Antigen, Confirmatory (Neutralization)	87341	Neutralization assay for confirmation of HBV surface antigen	Diasorin	Serum	2 ml of serum collected in a serum separator tube.	2-8^{o}C for 7 days	Negative	3 days

QuantiFERON-TB	86480	Interferon Gamma Release Assay that indirectly tests for *M. tuberculosis* exposure.	Qiagen	Serum	Collect in the 4 Qiagen tubes (gray, green, yellow, and purple). Shake tubes 10 times after collection. Tubes must be incubated at 37C within 16 hours of collection and incubated for 16-24 hours at 37C. Alternatively, 5 mL of blood may be collected in a green top lithium heparin blood tube and submitted to the lab for processing.	If incubated at 37°C for 16-24 hours ship at 4°C to lab within 3 days. If specimens have not been incubated, ship at 25°C within 16 hours of collection. Green lithium heparin tubes 2-8°C for 48 hours.	Negative	3 days

VIROLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
SARS-CoV-2/Influenza Multiplex	87635	Multiplexed real-time RT-PCR for qualitative detection and differentiation of SARS-CoV-2, Influenza A, and/or Influenza B	Real-Time PCR	NP/throat swab	UTM or VTM transport vial with swabs	2-8°C for 3 days	Negative	3 days
HIV Quantitative Viral Load	87536	Nucleic acid amplification test for the detection and quantification of HIV-1	Aptima HIV-1, Hologic	Plasma	2 ml of plasma collected in a EDTA (Lavender) blood tube.	2-8°C for 3 days	Not Detected	7 days
Hepatitis C RNA Viral Load (Part of Hepatitis C Testing Algorithm)	87522	Nucleic acid amplification test for the detection and quantification of HCV RNA	Aptima HCV Quant, Hologic	Serum	2 ml of serum collected in a serum separator tube.	2-8°C for 5 days	Not Detected	7 days

Herpes Simplex Virus HSV 1/2 NAAT	87529	For primary diagnosis of HSV ½ in anogenital sites	NAAT	Anogenital swab in orange Aptima Mulitest swab collection tube	1) Use a sterile needle to unroof the top of the lesion. 2) Use the provide swab to vigorously wipe the base of the lesion to collect vesicular fluid. 3) Place swab in transport tube and carefully break the swab shaft against the side of tube at the score line. Discard top portion of shaft. 4) Tightly screw cap on tube. 5) Label appropriately.	2-30^{o}C	HSV-1 Negative. HSV-2 Negative	5 days
Influenza Typing PCR (Performed on Positive Influenza A or Influenza B samples)	87502	Subtyping of Influenza A: H1, H3, H1N1, H5, H7. Genotyping of Influenza B: Yamagata, Victoria.	Real-Time PCR	NP/throat swab	UTM or VTM transport vial with swabs	2-8^{o}C for 3 days	Negative	3 days
Mpox PCR	87593	For primary diagnosis of Mpox infection, with Clade II determination	Real-Time PCR	Lesion swab	UTM or VTM transport vial for swabs	2-8^{o}C for 7 days	Negative	3 days
Mumps PCR	87798	For primary diagnosis of Mumps infection. Testing approved by Communicable Disease Department only.	Real-Time PCR	Buccal swab	UTM or VTM transport vial for swabs	2-8^{o}C for 3 days	Negative	3 days
Measles PCR	87798	For primary diagnosis of Measles infection. Testing approved by Communicable Disease Department only.	Real-Time PCR	NP/throat swab	UTM or VTM transport vial for swabs	2-8^{o}C for 3 days	Negative	3 days
				Urine	Approximately 30-50 ml in sterile urine cup.			
BioFire Respiratory Panel	87633	Multiplexed panel for 22 respiratory pathogens. Testing approved by Communicable Disease Department only.	Real-Time PCR	NP swab	UTM or VTM transport vial for swabs	2-8^{o}C for 3 days	Negative	3 days
BioFire Gastrointestinal Panel	0097U	Multiplexed panel for 19 gastrointestinal pathogens. Testing approved by Communicable Disease Department only.	Real-Time PCR	Stool	Transfer enough stool that displaces media and reaches the line of the modified Cary-Blair transport tube.	2-8^{o}C for 4 days	Negative	3 days

MYCOBACTERIOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Mycobacterium Culture/Smear/ Concentration	87116 87206 87015	Mycobacterium Culture, Acid Fast Smear, and presumptive identification	Concentration, fluorochrome smear, and culture	Abscess	Closed or open, cellulitis, eye exudate, lesions: 1) Remove exudate by wiping with 70% alcohol or saline. 2) Collect fluid abscess material with syringe and remove tissue. 3) Place in sterile, leak proof container.	2-8°C for 7 days	No Acid Fast Bacilli Isolated	Smear is 24 hours. Negative culture is 6 weeks.
				Body fluids	Joint, Pleural, Ascites, Bile, Pericardial, Paracentesis, Pericardial, Synovial: Collect 5-15 mL aseptically into sterile tube.	25°C for 7 days		
				CSF	Exudates: Collect 2-10 mL aseptically into sterile leak-proof tube.	25°C for 7 days		
				Gastric Lavage fluid	Collect 5-10 mL, adjusted to neutral pH into sterile leak-proof screw-cap tube. Specimen must be neutralized with 100 mg sodium carbonate if specimen is not processed within 4 hours.	25°C for 7 days		
				Sputum	Collect three consecutive early morning expectorated or induced sputum's, 10-15 mL of respiratory secretion into sterile container.	2-8°C for 7 days		
				Stool	Not recommended, **requires pre-approval**. Collect into a sterile wax free container without fixative or preservative.	2-8°C		
				Urine	**Requires pre-approval.** Wash the external genitalia then immediately collect 30-50 mL of a single early morning midstream urine sample into a sterile container.	2-8°C for 7 days		
				Tissue or Lymph Node	Collect tissue aseptically during surgery or biopsy. Submit in sterile container with 2-3 mL of sterile saline. Swabs are not ideal for recovery of AFB, may be accepted based on source.	25°C for 7 days		
				Isolate	Inoculate isolate on LJ or 7H11 and send according to Infectious Substance Shipping Guidelines.	25°C		
GeneXpert MTB/RIF PCR	87556	Real-time PCR for qualitative detection of *M. tuberculosis* and rifampin-resistance	Real-Time PCR	Processed Sputum	Performed on Positive AFB Smear	25°C	MTB Not Detected	3 days

Kinyoun Acid Fast Stain	87207	Identification of Mycobacterium growth on solid media	Stain	Culture	Performed on Mycobacterium Culture growth	25°C	Negative	6 weeks
Mycobacterium culture identification	87118	Identification and confirmation of isolate of the *Mycobacterium sp.*	MALDI-TOF	Isolate	Inoculate isolate on LJ or 7H11 and send according to Infectious Substance Shipping Guidelines.	25°C	Negative	6 weeks

MYCOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Fungal Culture	87102	Testing includes morphological and biochemical tests.	Culture	Abscess/Drainage/ Wound	Clean surface with 70% alcohol. Aspirate sample and transport in syringe without needle; Or, submit in sterile screw-cap container; Or, collect sample with aerobic swab transport system. Sample advancing margin of lesion. If collected in surgery, also submit portion of abscess wall.	25°C for 7 days	No fungus isolated.	4 weeks
				CSF	3-5mL in a sterile, screw capped tube.	25°C for 7 days		
				Ear	Swab in transport medium. Swab should be rotated firmly in the outer ear canal.	25°C for 7 days		
				Eye--Corneal scrapings	Use bedside inoculation onto appropriate media at time of collection. Agar plates are inoculated by lightly touching both sides of spatula in a row of separate C streak marks.	25°C for 7 days		
				Eye--Conjunctiva	Use bedside inoculation onto appropriate media or aerobic swab transport system. Sample both eyes separately, even if one is uninfected prior to applying anesthetic. Uninfected eye can act as control.	25°C for 7 days		
				Eye--Intraocular Fluid	Collect in sterile screw-cap container. If washings, concentrate fluid prior to plating.	25°C for 7 days		

				Hair/Scalp	Disinfect with 70% alcohol. Hair root is most important, plucking is best. Submit 10-12 hairs in sterile container. For scalp, gently scrape with dull edge of scalpel. For piedra, cut off several hairs with nodules attached and transport in sterile container.	25°C for 14 days		
				Muco-cutaneous membranes (Mouth, Throat, Vaginal)	Swab infected area and place in aerobic transport media.	25°C for 7 days		
				Nails	Clean with 70% alcohol and then clip or scrape with a scalpel. Material under nail should also be scraped. Submit in sterile screw-cap container.	25°C for 7 days		
				Sterile Body Fluids (CSF, pleural, peritoneal, pericardial, joint, etc.)	Collect a minimum of 2 ml in sterile container; the more fluid submitted, the better the chance of isolating fungal pathogen	25°C for 7 days		
				Gastric lavage fluid	Patient must fast 8-12 hours before collection. Collect in morning before eating food. Collect 5-10 ml in sterile container.	Specimen must be transported within 4 hours after collection at 4°C. If specimen is transported after 4 hours of collection, add 100 mg of sodium carbonate to specimen.		

				Respiratory: sputum, aerosol, bronchoalvelar lavage (BAL), tracheal aspirate	Use first morning expectorated sputum or induced sputum. Collect brushings and BAL surgically. Submit in sterile screw-cap container.	2-8°C for 7 days		
				Tissue/Biopsy Specimens	Collect surgically and transport in sterile screw-cap container with a small amount of sterile saline to prevent drying. Size of tissue should approximate that of a pea. Never transport in formalin.	2-8°C for 7 days		
				Urine	First morning, clean catch, suprapubic or catheterized specimens. 5-15mL should be collected in a sterile container.	2-8°C		
Fungal identification	87107	Identification using morphological and/or MALDI-TOF tests.	MALDI-TOF	Isolate	Inoculate isolate onto IMA slant or SabDex flask or slant.	25°C	No fungus isolated.	4 weeks
Yeast identification	87106	Identification using morphological and/or MALDI-TOF tests.	MALDI-TOF	Isolate	Inoculate isolate onto IMA slant or SabDex flask or slant.	25°C	No fungus isolated.	4 weeks

PARSITOLOGY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Title 17 Malaria Confirmation	8716	Malaria confirmation in blood slides per Title 1 requirements	Microscopic examination	Previously prepared Giemsa-stained blood slides	Preferably draw blood between chills in successive draws at 6, 12, and 24 hours. Blood drawn at any time acceptable. Thick and thin smears must be made within 1 hour after blood drawn.	Slides sent as soon as possible at room temperature.	Negative	24 hours

WATER QUALITY

TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Presence/Absence Coliforms	NA	Identification and qualitative determination of total coliforms and *E. coli* in drinking water.	Culture	100 mL of water with sodium thiosulfate	1) Remove any attachments from tap. 2) For a cold tap, allow water to flow from 2-3 minutes before collection. For a mixed tap, allow hot water to flow for 2 minutes then allow cold water to flow for 2-3 minutes before collection. 3) Collect 100 mL of water in collection bottle containing sodium thiosulfate. Do not overfill container. 4) Replace cap and invert bottle 10 times to dissolve the sodium thiosulfate. 5) Label and place water sample on ice immediately, holding at < 10°C.	Sample must be delivered to lab within 6 hours (recommended) or less than 24 hours of collection at 4°C	Absent 100 ml	1 day
Multiple Tube Fermentation- 20 tube	NA	Identification and quantification of total coliforms, fecal coliforms, and *E. coli* in wastewater.	Culture	100 mL of water	1) Plunge open sampling bottle, neck down, into the water. 2) Tip bottle slightly upright until it is facing the current. Collect 100 mL of water into a provided collection bottle. If no current is present, push the mouth of the bottle horizontally away from land. 3) Pull sampling bottle out of the water and replace cap. 4) Label and place water sample on ice immediately, holding at < 10°C.	Sample must be delivered to lab within 6 hours.	<1.0 MPN /100 ml	3-5 days
Quanti-tray Coliforms (18 or 24 hour)	NA	Quantification of total coliforms and *E. coli* in source/ocean water.	Culture	100 mL of water	1) Plunge open sampling bottle, neck down, into the water. 2) Tip bottle slightly upright until it is facing the current. Collect 100 mL of water into a provided collection bottle. If no current is present, push the mouth of the bottle horizontally away from land. 3) Pull sampling bottle out of the water and replace cap. 4) Label and place water sample on ice immediately, holding at < 10°C.	Sample must be delivered to lab within 6 hours.	<1.0 MPN /100 ml	1 day

Quanti-tray Enterococcus	NA	Quantification of *Enterococcus spp.* in source/ocean water.	Culture	100 mL of water	1) Plunge open sampling bottle, neck down, into the water. 2) Tip bottle slightly upright until it is facing the current. Collect 100 mL of water into a provided collection bottle. If no current is present, push the mouth of the bottle horizontally away from land. 3) Pull sampling bottle out of the water and replace cap. 4) Label and place water sample on ice immediately, holding at < 10°C.	Sample must be delivered to lab within 6 hours.	<1.0 MPN /100 ml	1 day

RABIES								
TEST NAME	CPT CODE	DESCRIPTION	TEST METHOD	ACCEPTABLE SPECIMENS	COLLECTION	TRANSPORT CONDITIONS	REFERENCE RANGE	TAT
Rabies exam	NA	Identification of rabies virus in brain material.	DFA	Complete brain intact or whole bat	Contact Ventura County Animal Services at (805) 388-4341 for assistance. Place specimen in sterile container.	2-8^{o}C	No specific yellow-green fluorescence found.	2 days or 24 hours if human contact.