



Texas Department of State Health Services

F40-B Specimen Submission Form (Jan 2022)

CLIA #45D0503753 CAP #2148801 www.dshs.texas.gov/lab/so_tx_lab

P: (956) 364-8746 FAX: (956) 412-8794

Place DSHS Bar Code Label / Address-O-Graph Here

Section 1. SUBMITTER INFORMATION - (** REQUIRED)

Submitter/TPI Number, Submitter Name, NPI Number, Address, City, State, Zip Code, Phone, Contact, Fax, Clinic Code

Section 3. ORDERING PHYSICIAN INFORMATION - (** REQUIRED)

Ordering Physician's NPI Number, Ordering Physician's Name

Section 4. PAYOR SOURCE - (**REQUIRED)

- 1. Reflex testing will be performed when necessary... 2. If the patient does not meet program eligibility... 3. Medicare generally does not pay for screening tests... 4. If Medicaid or Medicare is indicated... 5. If private insurance is indicated... 6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.

Section 2. PATIENT INFORMATION - (** REQUIRED)

NOTE: Patient name on specimen MUST match name on this form & Medicare/Medicaid card. Specimen must have two (2) identifiers that match this form

Last Name, First Name, MI, Address, Telephone Number, City, State, Zip Code, Country of Origin, DOB, Sex, SSN, Pregnant?, Race, Ethnicity

Medicaid (2), Medicare (8), Medicaid/Medicare #, Submitter (3), IDEAS, BT Grant (1719), HIV / STD (1608), OPC, Private Insurance (4), TB Elimination (1619), Zoonosis (1620), Other

Date of Collection, Time of Collection, AM/PM, Collected By

Medical Record #/Alien #/CUI, CDC ID, Previous DSHS Specimen Lab Number

ICD Diagnosis Code (1), ICD Diagnosis Code (2), ICD Diagnosis Code (3)

Inpatient, Outpatient, Outbreak association, Surveillance

Date of Onset, Diagnosis / Symptoms, Risk

HMO / Managed Care / Insurance Company Name

Address

City, State, Zip Code

Section 5. SPECIMEN SOURCE OR TYPE - (REQUIRED for Mycobacteriology specimens)

Abscess (site), Blood, Bone marrow, Bronchial washings, CSF, Eye, Feces/stool, Gastric, Lesion (site), Lymph node (site), Nasopharyngeal, Plasma, Rectal swab, Serum, Sputum: Induced, Sputum: Natural, Throat swab, Tissue (site), Urine, Vaginal, Wound (site), Other

Responsible Party (Last Name, First Name)

Insurance Phone Number, Responsible Party's Insurance ID Number

Group Name, Group Number

I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section. Signature of patient or responsible party.

Section 6. MYCOBACTERIOLOGY

AFB Culture, AFB Smear only, AFB Concentration, Conventional Susceptibility (each drug), Identification of AFB isolate, DNA Probe, Identification, referred isolates, DNA Probe, Nucleic Acid Amplification (NAAT) for M.tuberculosis and Rifampin Resistance Detection (Respiratory Diagnostic Specimen Only), MGIT Susceptibility (each drug), MGIT Susceptibility (each drug) PZA

Signature, Date

Section 7. SEROLOGY

Syphilis (RPR) screen (qualitative), Syphilis (RPR) titer (quantitative), Syphilis TP-PA, Justification

NOTES: • = Justification is required if TP-PA is requested regardless of RPR results. ▲ = Document time & date specimens were removed from FREEZER / REFRIGERATOR in the lower right-hand box. ♦ For pure culture ID and typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test block (ex. Serology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form.

LABORATORY TEST RESULTS SECTION - FOR LABORATORY USE ONLY

Table with columns: TEST, NONREACTIVE, REACTIVE, TITER. Rows: RPR, TP-PA

Results for the TP-PA are inconclusive due to nonspecific hemagglutination in serum control.

UNSATISFACTORY:

Broken in Mail, Hemolyzed, Leaked in Transit, Name Discrepancy, No Specimen Received, Quantity Not Sufficient, Thyroid, Please resubmit

FOR LABORATORY USE ONLY:

Specimen Received: Room Temp., Cold, Frozen