TEXAS Health and Human Services | Texas Department of State Health Services

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F40-TB Elimination Specimen Submission Form (Jan 2022)

CLIA #45D0503753 CAP #2148801

https://www.dshs.texas.gov/lab/so_tx_lab.shtm

***DSHS LAB USE ONLY**

Section 1. SUBMITTER INFORMATION – (** REQUIRED)

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

Section 2. PATIENT INFORMATION -- (** REQUIRED)

NOTE: **Patient name** on specimen is **REQUIRED & MUST** match name on this form & Medicare/Medicaid card.

Last Name **	First Name **	MI
Address **	Telephone Number	
City **	State ** / Zip Code **	Country of Origin
DOB (mm/dd/yyyy) **	Sex ** / Unique Number	Pregnant? ☐ Yes ☐ No ☐ Unknown

Race: ☐ White ☐ Black or African American ☐ American Indian / Native Alaskan ☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ Other:

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Date of Collection ** (REQUIRED)	**Time of Collection ****	☐ AM ☐ PM	Collected By
Medical Record Number	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 (mm/dd/yyyy)	Diagnosis / Symptoms	Risk

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

Ordering Physician's NPI Number **	Ordering Physician's Name **

Section 4. PAYOR SOURCE – (**REQUIRED)

1. **Please do not use this form if not funded by the TB Elimination Program.**
2. If the submitter does not meet program eligibility requirements for the test requested, **the submitter will be billed**.
3. Check below to certify your eligibility for TB Elimination Services.

☒ TB Elimination (1619)

Section 5. CHEM PANELS

☐ Basic Metabolic Panel ♥ (Sodium, Potassium, Chloride, C02, Glucose, BUN, Creatinine, Calcium)

☐ Comp Metabolic Panel ♥ (Sodium Potassium, Chloride, C02, Glucose, BUN, Creatinine, ALT, AST, Alk Phos, TBili, Alb, Total Protein, Calcium)

☐ Hepatic Function Panel (Alb, ALT AST, Alk Phos, TBili, DBili, Total Protein

☐ Renal Function Panel (Sodium, Potassium, Chloride, C02, Glucose, BUN, Creatinine, Alb, Calcium, Phosphorus)

☐ **TB Panel:** (ALT, AST, Alk Phos, TBili, BUN, Chol, Creat, GGT, Uric Acid

Section 6. CHEMISTRY

☐ Albumin
☐ Alkaline Phosphatase
☐ ALT {SGPT}
☐ AST {SGOT}
☐ Bilirubin, Direct
☐ Bilirubin, Total
☐ Blood Urea Nitrogen (BUN)
☐ Creatinine
☐ GGT
☐ Glucose
☐ Hemoglobin A1C
☐ Magnesium*
☐ Protein, Total
☐ Uric Acid

*Only for patients on Bedaquiline

Section 8. HEMATOLOGY

☐ CBC automated with differential

Section 9. SPECIAL CHEMISTRY

☐ Thyroid stimulating hormone (TSH)

☐ Thyroxine (T4), Total

Additional Information:

NOTES: ♥ = Fasting preferred for test.
▲= Document **time & date** specimens were **removed from FREEZER/REFRIGERATOR** in the lower right-hand box

▲ **REQUIRED for cold/frozen shipments, if stored in an appliance.**

Indicate removal from: ☐FREEZER ☐REFRIGERATOR	DATE	TIME

FOR LABORATORY USE ONLY

Specimen Received: ☐ Room Temp. ☐ Cold ☐ Frozen