



Texas Department of State Health Services

F40-A-Specimen Submission Form (Jan 2022)

CLIA #45D0503753 CAP #2148801

www.dshs.texas.gov/lab/so_tx_lab

P.(956) 364-8746 F.(956) 412-8794

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

Section 1. SUBMITTER INFORMATION - (** REQUIRED)

Form fields for Submitter Information: Submitter/TPI Number, Submitter Name, NPI Number, Address, City, State, Zip Code, Phone, Contact, Fax, Clinic Code.

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

Form fields for Patient Information: Last Name, First Name, MI, Address, Telephone Number, City, State, Zip Code, Country of Origin, DOB, Sex, Unique Number, Pregnant?, Race, Ethnicity, Date of Collection, Time of Collection, Medical Record #, ICD Diagnosis Code, Inpatient/Outpatient status, Date of Onset, Diagnosis/Symptoms, Risk.

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

Form fields for Ordering Physician Information: Ordering Physician's NPI Number, Ordering Physician's Name

Section 4. PAYOR SOURCE - (**REQUIRED)

Form fields for Payor Source: Reflex testing instructions, Medicaid/Medicare #, Private Insurance, Other, HMO / Managed Care / Insurance Company Name, Address, City, State, Zip Code, Responsible Party, Insurance Phone Number, Responsible Party's Insurance ID Number, Group Name, Group Number.

Section 5. CHEM PANELS

Section 6. CHEMISTRY

Form fields for Section 5 (Chem Panels) and Section 6 (Chemistry): Basic Metabolic Panel, Comp Metabolic Panel, Electrolytes Panel, Hepatic Function Panel, Lipid Profile Panel, Renal Function Panel, TB Panel, Albumin, Alkaline Phosphatase, ALT, Amylase, AST, Bilirubin, Blood Urea Nitrogen, Calcium, Carbon dioxide, Chloride, Cholesterol, Creatinine, GGT, Glucose, Hemoglobin A1C, Iron, Iron Binding Capacity, Lactic Acid Dehydrogenase, Lipase, Magnesium, Phosphorus, Potassium, Protein, Sodium, Triglycerides, Uric Acid.

Section 7. URINALYSIS

Form fields for Section 7 (Urinalysis): Urine Micro Albumin Random, Urinalysis, Microscopy with Urinalysis.

Section 8. HEMATOLOGY

Form fields for Section 8 (Hematology): CBC automated with differential, Differential Manual, Hematocrit, Hemoglobin Total, Peripheral Smear Review, Sedimentation Rate (ESR).

Section 9. SPECIAL CHEMISTRY

Form fields for Section 9 (Special Chemistry): Ferritin, FSH, LH, Prolactin, PSA, Thyroid stimulating hormone (TSH), Thyroxine (T4) free, Thyroxine (T4) Total, Thyroid Hormone (T3) Uptake, Tri-iodothyronine (T3) free.

Form fields for Signature and Date: Signature, Date.

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

*additional testing procedures will be ordered as reflex testing if clinically indicated.

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

Form fields for Indicate removal from: FREEZER, REFRIGERATOR, DATE, TIME.

FOR LABORATORY USE ONLY

Specimen Received: Room Temp, Cold, Frozen