



Texas Department of State
Health Services

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Branch

Tuberculosis Specimen Shipping Guide

Table of Contents

Federal Express (FedEx) Accounts.....	2
Shipping TB Specimen to Designated Laboratories	3
DSHS State Laboratory, Austin	3
DSHS South Texas Laboratory, Harlingen	3
National Jewish Health	4
Quest Diagnostics	4
Shipping Biological B Specimen and Supplies.....	5
Common Reasons for Unsatisfactory Specimen	6
Figure 1: Packing Category B Specimen for Transport	7
Labeling Information	8
Category B- Biological Substances label UN 3373	8
Dry Ice Shipping label UN 1845	8
Frequently Asked Questions for Shipping Sputum to DSHS Laboratories	9
G-MYCO, DSHS Austin Sample Requisition	11
G-2A Serology Specimen Submission Form For DSHS Laboratory in Austin	12
F40-TB Elimination, STL Sample Requisition.....	13
F40-B, Sample STL Requisition.....	14

FedEx Accounts

Account Set-Up

Texas Department of State Health Services (DSHS) public health regions (regions) and DSHS-contracted local health department (LHD) tuberculosis (TB) programs must establish a courier account with DSHS TB and Hansen's Disease Branch (Branch) to ship Branch-approved specimen to DSHS laboratories and other DSHS-contracted laboratories using FedEx.

To set up a new account, contact the Branch at TBProgram@dshs.texas.gov and provide the following information:

- Name of submitter
- Email address of clinic contact
- Name of public health region/county/clinic

An account must be established for each DSHS-contracted LHD clinic site and regional field office.

Courier Services Offered

1. FedEx Priority Overnight
2. FedEx Standard Overnight
3. FedEx Home Delivery
4. FedEx Ground

Helpful Resources

- FedEx Customer Service Telephone Number:
 - 1(866) 477-7529
- Prevent Leaking Specimen:
 - [fedex.com/us/packaging/guides/Clinical_fxcom.pdf](https://www.fedex.com/us/packaging/guides/Clinical_fxcom.pdf)
- Federal Express Service Guide:
 - images.fedex.com/us/services/pdf/Service_Guide_2017.pdf
- Ground Transit Map:
 - [fedex.com/grd/maps/ShowMapEntry.do](https://www.fedex.com/grd/maps/ShowMapEntry.do)
- Advanced Tracking:
 - [fedex.com/en-us/tracking/isight.html](https://www.fedex.com/en-us/tracking/isight.html)
- Federal Express Return Labels:
 - [fedex.com/en-us/service-guide/return-shipments.html](https://www.fedex.com/en-us/service-guide/return-shipments.html)

TB and Hansen's Disease Branch Contact Information:

Name: Branch Administrative Team (BAT)

Email: TBProgram@dshs.texas.gov

Shipping TB Specimen to Designated Laboratories

Courier packages will be supplied to programs and can be ordered through the DSHS TB and Hansen's Disease Branch. Regions and LHD TB programs shall not use boxes provided by DSHS Laboratory for other programs such as the Newborn Screening Program.

Laboratories Accepting Specimen from TB Programs

DSHS Laboratory, Austin, Texas

1100 West 49th Street Austin, Texas 78756

Phone: (512) 776-7318 or (512) 776-7598; Fax (512) 776-7294

dshs.texas.gov/lab/

- Tests performed:
 - Acid fast bacilli (AFB) smear and culture;
 - Nucleic Acid Amplification Test (NAAT);
 - drug susceptibility studies;
 - HIV; and
 - Hepatitis B and C.
- Send all cold specimen by FedEx Priority Overnight. Cold specimen should be shipped Mondays – Wednesdays only.
- All other biological specimens can be shipped Mondays - Thursdays; do not ship on Fridays or Saturdays or the day prior to a holiday.

DSHS South Texas Laboratory (STL), Harlingen, Texas

1301 S. Rangerville Road

Harlingen, TX 78552

Phone: (956) 364-8746 or (956) 364-8753 (TB); (956) 364-8751 (Hematology); and (956) 364-8752 (Clinical); Fax (956) 412-8794

dshs.texas.gov/lab/so_tx_lab.shtm

- Tests performed:
 - acid fast bacilli (AFB) smear, culture (to include all urine AFB cultures);
 - Nucleic Acid Amplification (NAAT);
 - drug susceptibility studies;
 - blood testing results for chemistry, special chemistry, hematology.
- Send all cold specimen by FedEx Priority Overnight. Cold specimen should be shipped Mondays – Thursdays only.
- Do not ship on Fridays or Saturdays or the day prior to a holiday.

National Jewish Health

Pharmacokinetics Laboratory
1400 Jackson Street, K425
Denver, CO 80206
Phone: 800-550-6227

nationaljewish.org/for-professionals/diagnostic-testing/adx/our-laboratories/therapeutic-drug-monitoring

- Test performed:
 - therapeutic drug monitoring.
- Pack samples upright in Styrofoam box and ship FedEx Priority **Overnight**.
- Specimen are received Monday through Friday; shipping Monday through Wednesday is recommended. Do not ship on Friday or Saturday, or the day prior to a holiday.
- Package properly for dry ice handling, including a dry-ice specific label.
 - Ship on at least three pounds of dry ice
- Place the return label on the inside flap in a plastic bag to prevent it from being damaged or lost during transit or when the box is opened to remove the specimens.

Quest Diagnostics

Quest Client Services: 866-MYQUEST (866-697-8378)

questdiagnostics.com

- Tests performed:
 - Interferon Gamma Release Assays (IGRAs):
 - T-SPOT®-TB Test;
 - QuantiFERON®-TB Gold Plus One Tube Test (QFT).
- Shipping:
 - **Send T-SPOT via FedEx.** Contact Quest for shipping details.
 - testdirectory.questdiagnostics.com/test/test-detail/37737/t-spottb?cc=MASTER
 - **Send QFT via Quest.** Contact Quest directly for shipping details.
 - questdiagnostics.com/dms/Documents/Other/QuantiFERON/QFT-Plus_1_Tube_Instructions.pdf

Shipping Biological B Specimen and Supplies

Sputum and blood are categorized as “Biological B” for mailing purposes. This means they are infectious substances transported for diagnostic purposes, and submitters must adhere to certain shipping requirements. Details can be found at: [fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf](https://www.fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf)

Category B specimen should be sent with three packing layers (refer to Figure 1). They are collected in a **primary receptacle** (such as vacutainer for blood or sterile blue top tube for sputum), wrapped in absorbent packaging (such as tissue or cotton), placed in a **secondary receptacle** (a leak proof container), and shipped in a rigid outer covering (box), **third receptacle**, with frozen gel packs when cold shipping is need or dry ice (for therapeutic drug monitoring). They require labels for Category B and dry ice, when applicable.

**Primary receptacle
for sputum**



**Primary receptacle
for blood**



**Sample secondary
receptacles**



**Third receptacle:
rigid outer
covering**



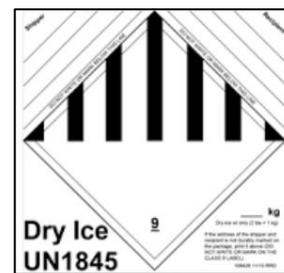
**Gel packs, kept
frozen for cold
shipping**



**Biological B
Specimen shipping
label**



**Dry ice
shipping label**



The following should occur when shipping:

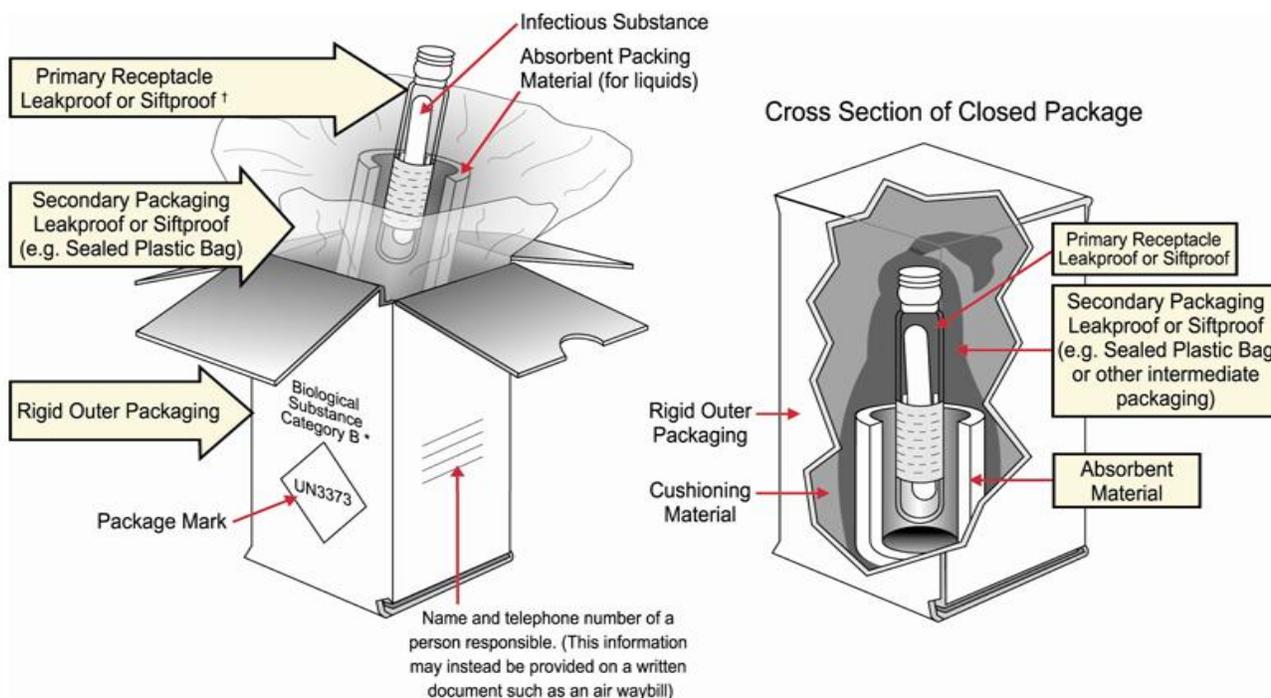
1. The primary receptacle should first be wrapped in an absorbent material (i.e. a paper towel or cotton) and then placed into the secondary receptacle. Ensure that there is enough absorbent material around and on top of the primary receptacle tube so that it cannot easily move around.
2. Ensure the completed laboratory requisition is included with the specimen and that the requisition will not get wet. Do not put any patient information on outer or secondary container or lids.
3. Place the secondary receptacle with the enclosed/affixed requisition in the third receptacle that is made up of the Styrofoam layer and outer cardboard box (rigid outer covering). Place at least two icepacks in the box, one on the bottom and one on the top, "sandwiching" the specimen, or at least 5 pounds of dry ice if sending therapeutic drug monitoring specimen. Place absorbent paper towels on the ice to ensure melting does not wet the bag or laboratory requisition.
4. Place the FedEx return label on the inside flap in a pouch to prevent it from being damaged or lost during transit or when the box is opened. If the return label is placed on top of the Styrofoam container (inside the taped seam), it may be sliced in half when personnel are opening the box.
5. Close the box and tape securely unless otherwise directed by the courier. Affix the "To" address label and **UN3373 Biological B Specimen label** (and **UN 1845 Dry Ice Label when applicable**) to the outside of the box where clearly visible.

Common Reasons for Unsatisfactory Specimen

- 1. Leaking specimen.** This occurs when the blue lid for sputum samples is not fully shut, causing the specimen to leak during transit. To avoid leaking specimen, tighten the blue lid carefully. Ensure the lid is threaded correctly and tightened; do not overtighten or strip the threads. Pack the blue-top tube tightly inside the black top outer receptacle with absorbent material to reduce the risk of leakage.
- 2. Missing patient identifiers.** Specimen will be rejected if two matching patient identifiers are not included on the requisition form and on the outside of the primary receptacle. Common identifiers are **patient name (first and last)** and **date of birth**, or **patient name** and **medical record number**.

For other examples of unsatisfactory specimen sent to South Texas Laboratories (STL), see: dshs.texas.gov/lab/stlUnsat.htm

Figure 1: Packing Category B Specimen for Transport



From: cdc.gov/smallpox/lab-personnel/specimen-collection/pack-transport.html

See dshs.texas.gov/lab/mrs_shipping.shtm#Samples for details specific to DSHS shipping recommendations.

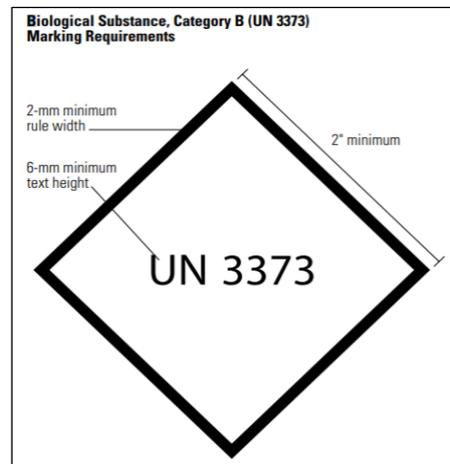
Labeling Information

Category B – Biological Substances Label **UN3373**

“Biological Substance, Category B” must appear in 6-mm-high text on the outer package adjacent to a diamond-shaped mark. The UN 3373 marking must be in the form of a square set at an angle of 45 degrees. Each side of the UN 3373 diamond should measure a minimum of 2" (50 mm). The width of the diamond rule line must be a minimum of 2 mm, and the letters and numbers must be at least 6 mm high.”

These may be printed, or contact FedEx for labeling support:

[fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf](https://www.fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf)



Dry Ice – Class 9 Miscellaneous Dangerous Goods **UN1845**

An International Air Transport Association (IATA) Class 9 Miscellaneous label must appear on all dry ice shipments. FedEx Express offers a dry ice label that, when correctly completed, satisfies the IATA marking and labeling requirements.

The following permanent markings are required on the outer packaging of all IATA dry ice shipments:

“Dry Ice”

“UN 1845”

Net weight of dry ice in kilograms

Name and address of the shipper

Name and address of the recipient

Labels may be found here:

[fedex.com/content/dam/fedex/us-united-states/services/Dry_Ice_Label.pdf](https://www.fedex.com/content/dam/fedex/us-united-states/services/Dry_Ice_Label.pdf)



Frequently Asked Questions for Shipping Sputum to DSHS Laboratories

1. We have always shipped specimens using cold boxes that come from the DSHS laboratory. What's changed?

In 2019, the DSHS laboratory stopped accepting cold boxes designated for TX Health Steps specimen when they contained TB specimen. The TB Branch will now purchase and supply these cold boxes and some supplies for shipping TB specimen via the FedEx account. The TB Branch-supplied cold boxes look similar to boxes used the TX Health Steps Programs; the difference is the FedEx return label.

2. What type of TB specimen should be sent in the cold boxes?

Cold boxes may be used to ship any TB specimen to the DSHS laboratories in Austin or South Texas, or to outside reference laboratories for TB testing. This includes sputum samples and blood tests. The boxes are insulated for shipment of cold specimen when used with ice packs, or room temperature specimens when cold packs are not needed.

See dshs.texas.gov/lab/MRS_specimens.shtml for details

3. How many specimens can fit in one box?

Sites may ship 50 ml of specimen or less per mail piece. Two or more primary receptacles may be included per mail piece.

4. How many cold packs are recommended per sputum canister or box?

Typically, using two ice packs is recommended. However, temperature conditions should be kept in mind. FedEx doesn't use temperature-controlled vehicles to pick up packages, so temperatures could be warmer inside the vehicle than actual outside temperature depending on the season (Summer especially). Also amount of time the vehicle is on the road would be another factor. In these cases, it might be better suited to use three or four, depending on distance or time of day package will be picked up by FedEx.

5. Do we need to ship all sputum to the DSHS laboratory in the cold box with ice packs, or can we send samples via regular mail in the brown mailing canisters?

Now that the TB Branch has provided a cold-box FedEx account for all TB programs, it is recommended that **every** sputum sample is collected and shipped via cold box with ice packs. This will provide the DSHS laboratories the best possible specimen to test, as it will arrive quickly via FedEx, and at the recommended cold temperature necessary for testing. There may be times when this is not possible, for example when mailing canisters are left for the patient to self-collect and send via U.S. mail. When this occurs, patients should be instructed to keep the sample refrigerated before shipping in the brown outer mailer. Ideally even these self-collected specimens should be saved, refrigerated, and shipped in the cold boxes with ice packs when public health personnel can pick up from the patient.

6. What type of Return Shipping Labels should we use to ensure the boxes are returned after shipping?

You may use the FedEx return labels that include the account information provided to your clinic by the TB and Hansen's Disease Branch; ensure the return address is up to date and accurate. If you are unsure of your account, please email: TBProgram@dshs.texas.gov

7. How quickly will the shipping boxes be returned to us? Will we need a supply on hand in case our returns don't come back to us immediately?

Cold boxes are returned in the afternoon on Tuesday through Friday, 1-2 days after they have been picked up from FedEx. For example, if the submitter sends the cold box on Monday, FedEx will deliver the box on Tuesday morning and it will be returned to the submitter on Tuesday afternoon (or Wednesday depending on distance). The only exceptions are closed holidays which would extend the return to the next business day.

Cold boxes received by DSHS laboratories will be returned in brown cardboard boxes to help prevent wear and tear on the outer cardboard box that protects the Styrofoam containers, provided a return shipping label was sent. If no return label is received with the cold box and no information is available inside the cold box to determine who it belongs to, the lab will not return the cold box. Writing "Please return" will not be acceptable. The return label should include the name and address of facility, phone number and contact name.

G-MYCO Laboratory Requisition For DSHS Laboratory in Austin

TEXAS Health and Human Services Texas Department of State Health Services		G-MYCO Specimen Submission Form (Jan 2020) CAP# 3024401 CLIA 45D0660644 www.dshs.texas.gov/lab	G-MYCO: Use for mycobacteriology and TB specimen testing.
Specimen Acquisition: (512) 776-7598			
Section 1. SUBMITTER INFORMATION (** REQUIRED, DO NOT ALTER)		Section 6. ORDERING PHYSICIAN INFORMATION – (** REQUIRED)	
Submitter/TPI Number **	Submitter Name **	Ordering Physician's NPI Number **	Ordering Physician's Name **
NPI Number **	Address **	Section 7. PAYOR SOURCE – (REQUIRED)	
City **	Phone **	Six testing will be performed when necessary and the appropriate party be billed. If patient does not meet program eligibility requirements for the test tested and no third party payor will cover the testing, the submitter will be billed. Medicare generally does not pay for screening tests. Please refer to applicable third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations and Advanced Beneficiary Notice (ABN) requirements.	
Fax **	Clinic Code	4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided.	
Section 2. PATIENT INFORMATION – (** REQUIRED)		Section 2. Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.	
NOTE: Patient name MUST match name on this form, Medicare/Medicaid card & specimen container. Specimen must have two (2) identifiers that match this form.			
Last Name **	First Name **	Medicaid/Medicare #	Medicaid/Medicare #
Address **	Telephone Number	<input type="checkbox"/> Medicaid (<input type="checkbox"/> Medicare (
City **	State **	Zip Code **	Country of Origin / Bi-National ID #
DOB (mm/dd/yyyy) **	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian		
Date of Collection ** (RE	Date of Collection ** (RE		
Medical Record #	ICD Diagnosis Code (1)	ICD Diagnosis Code (2)	ICD Diagnosis Code (3)
Section 3. SPECIMEN SOURCE OR TYPE – (** REQUIRED)		Section 3. Specimen source MUST be provided. This will direct how the specimen is processed in the laboratory.	
<input type="checkbox"/> Abdominal fluid	<input type="checkbox"/> Eye	<input type="checkbox"/> Sputum: Normal	Responsible
<input type="checkbox"/> Abscess (site)	<input type="checkbox"/> Feces/Stool	<input type="checkbox"/> Thoracentesis	Insurance P
<input type="checkbox"/> Aspirate (site)	<input type="checkbox"/> Gastric	<input type="checkbox"/> Tissue (site)	Group Name
<input type="checkbox"/> BAL	<input type="checkbox"/> Lesion (site)	<input type="checkbox"/> Urinal	*I hereby au
<input type="checkbox"/> Biopsy (site)	<input type="checkbox"/> Lymph node (site)	<input type="checkbox"/> Vaginal	here an
<input type="checkbox"/> Bronchial washings	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Wound (site)	Depart
<input type="checkbox"/> Cervical	<input type="checkbox"/> Pleural fluid/PLF	<input type="checkbox"/> Other:	Signature *
<input type="checkbox"/> CSF	<input type="checkbox"/> Sputum: Induced	Date *	Date *
Section 4. CLINICAL SPECIMEN		Section 8. SUSCEPTIBILITY TESTING	
FOR RAW UNPROCESSED SPECIMENS:		Is MDR M. tuberculosis suspected?	
<input type="checkbox"/> AFB Smear Only (for release from Isolation)	<input type="checkbox"/> AFB Smear and Culture	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Drug susceptibility tests are performed automatically on toxic isolate.
<input type="checkbox"/> AFB Smear, Culture and Direct NAAT (Respiratory Diagnostic Specimen Only)	For Respiratory Diagnostic Specimen		
Direct NAAT for M. tuberculosis (NAAT ONLY – NO CULTURE PERFORMED)			
Please provide the AFB smear result for this processed sediment:			
For AFB Smear Positive Specimen			
<input type="checkbox"/> Direct HPLC for Mycobacterium species, not M. tuberculosis			
***** Prior authorization required *****			
Telephone (512) 776-7342 for authorization.			
Section 5. REFERRED PURE CULTURE		Section 5. and 8. are ONLY for referred isolates from other laboratories.	
<input type="checkbox"/> Referred AFB Isolate Identification	<input type="checkbox"/> MTB Genotyping Only/for Compliance	<input type="checkbox"/> Capreomycin	<input type="checkbox"/> Ethambutol
<input type="checkbox"/> Fungal Isolate Identification	<input type="checkbox"/> Actinomycete, Aerobic, Identification	<input type="checkbox"/> Isoniazid	<input type="checkbox"/> Ethionamide
NOTES: Please see the form's instructions for details on how to complete this form. Visit our web site at www.dshs.texas.gov/lab . All dates must be entered in mm/dd/yyyy format.		<input type="checkbox"/> Kanamycin	<input type="checkbox"/> Rifampin
FOR LABORATORY USE ONLY		<input type="checkbox"/> Ofloxacin	<input type="checkbox"/> Rifabutin
Specimen Received: <input type="checkbox"/> Ro		<input type="checkbox"/> M. kansasII Susc	<input type="checkbox"/> Rifampin
Laboratory Services Section: 1100 West 49th St Austin, Tx 78756		<input type="checkbox"/> Agar, Rifampin	Test Only

Visit laboratory website for the most recent requisition version
dshs.texas.gov/lab/MRS_forms.shtm

G-2A Serology Specimen Submission Form For DSHS Laboratory in Austin

TEXAS Health and Human Services Texas Department of State Health Services Specimen Acquisition: (512) 776-7598		G-2A Specimen Submission Form (Jan 2020)-Rev. 1 CAP# 302440 CLIA #45D0660644 www.dshs.texas.gov/lab		****F
Section 1. SUBMITTER INFORMATION (** REQUIRED) Submitter/TPI Number ** Submitter Name ** NPI Number ** Address ** City ** Phone ** Fax **		Section 7. ORDERING PHYSICIAN INFORMATION (** REQUIRED) Ordering Physician's NPI Number ** Ordering Physician's Name **		
Section 2. PATIENT INFORMATION NOTE: Patient name on this form & Medicaid/Medicare card must match exactly the patient name labeled on the specimen container. Last Name ** First Name ** MI Address ** Telephone Number City ** State ** Zip Code ** DOB (mm/dd/yyyy) ** Sex ** Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other		Section 8. PAYOR SOURCE (REQUIRED) 1. Reflex testing will be performed when necessary and the appropriate party will be billed. If the patient does not meet program eligibility requirements for the test requested and the payor will cover the testing, the submitter will be billed. Generally, the submitter is responsible for screening tests-please refer to applicable Third Party guidelines for instructions regarding coverage, costs, benefit limitations, pre-authorization, and Advanced Beneficiary Notice (ABN) requirements. If Medicare or Medicaid is indicated, the Medicaid/Medicare number is required. If it is in the space provided below. 2. If private insurance is indicated, the required beneficiary information below is designated with an asterisk (*). 3. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or Other (Program #) as the payor. <input type="checkbox"/> Medicaid (2) <input type="checkbox"/> Medicare (8) Medicaid/Medicare #: _____ <input type="checkbox"/> Submitter (1) <input type="checkbox"/> Private Insurance (4) (1720) (1619) (1608) <input type="checkbox"/> TB Elimination (1619) (1608) <input type="checkbox"/> Zoonosis (1620) (1608) <input type="checkbox"/> Other: _____		
Medical Record #/Allen #/OLE CDC ID Previous DSHS Specimen ID Address * ICD Diagnosis Code ** (1) ICD Diagnosis Code ** (2) ICD Diagnosis Code ** (3) City * State * Zip Code * Date of Onset Diagnosis / Symptoms Risk Responsible Party (Last Name, First Name) * <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outbreak association: <input type="checkbox"/> Surveillance Responsible Party's Insurance ID Number *		Group Number		
Section 3. SPECIMEN SOURCE (TYPE/USE) <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Other		Section 3. SPECIMEN SOURCE (TYPE/USE) Document storage conditions, date and time specimens were removed from storage: <input type="checkbox"/> FREEZER <input type="checkbox"/> DATE: (mm/dd/yyyy) _____ <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> TIME: (AM/PM) _____ 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 4. HIV/STD TESTING <input type="checkbox"/> HIV Screen <input type="checkbox"/> Syphilis R Only: Justification Required: _____ <input type="checkbox"/> Syphilis Screen <input type="checkbox"/> Syphilis Confirmation: TR-PA: Justification Required: _____		Section 5. HEPATITIS TESTING <input type="checkbox"/> Hepatitis A IgM <input type="checkbox"/> Hepatitis A, Total (IgM/IgG) <input type="checkbox"/> Hepatitis B Core Antibody IgM <input type="checkbox"/> Hepatitis B Core Total Antibodies (IgM/IgG) <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> Hepatitis C Antibody		
Section 6. SEROLOGICAL TESTING <input type="checkbox"/> Brucella IgG <input type="checkbox"/> Chlamydia IgG <input type="checkbox"/> Ehrlichia IgG <input type="checkbox"/> Rickettsia IgG <input type="checkbox"/> Hantavirus IgM & IgG <input type="checkbox"/> Rubella IgM <input type="checkbox"/> Measles IgM <input type="checkbox"/> Rubella IgG <input type="checkbox"/> Measles IgG <input type="checkbox"/> Schistosoma IgG <input type="checkbox"/> Mumps IgG <input type="checkbox"/> Strongyloides IgG <input type="checkbox"/> Plague IgG <input type="checkbox"/> Tularemia IgG		CDC REFERENCE TESTS Date * _____ history on reverse side of form or delay of specimen processing <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Paragonimiasis <input type="checkbox"/> Echinococcosis <input type="checkbox"/> VRDL (CSF only) <input type="checkbox"/> Fascioliasis <input type="checkbox"/> Other: _____ <input type="checkbox"/> HTLV-1		
FOR LABORATORY USE ONLY		Specimen Received: <input type="checkbox"/> Room Temp. <input type="checkbox"/> Cold <input type="checkbox"/> Frozen		

G-2A: Use for Hepatitis B, C and HIV serology testing for patients in the TB program.

Section 1.
Ensure all information is updated and current.

Section 2.
Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.

Section 7 and 8.
Fill out completely. Ensure TB Elimination is marked as "Payor Source" in Section 8.

Section 3.
Specimen source MUST be provided.

Sections 4 and 5.
Requested test must be selected or specimen is unsatisfactory for testing.

Visit laboratory website for the most recent requisition version
dshs.texas.gov/lab/mrs_forms.shtm

F40-TB Elimination Specimen Submission Form for DSHS South Texas Laboratory (STL)

TEXAS Health and Human Services Texas Department of State Health Services P: (956) 364-8746 FAX: (956) 412-8794 https://www.dshs.texas.gov/lab/so_tx_lab.shtm		F40-TB Elimination Specimen Submission Form (Jan 2020) CLIA #45D0503753 CAP #2148801 ***DSHS LAB USE ONLY**	
Section 1. SUBMITTER INFORMATION - (** REQUIRED) Submitter IPI Number ** Submitter Name ** NPI Number ** Address		Section 3. ORDERING PHYSICIAN INFORMATION - (** REQUIRED) Ordering Physician's NPI Number ** Ordering Physician's Name **	
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 ** SSN Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown Date of Collection ** (REQUIRED) Time of Collection ** <input type="checkbox"/> AM <input type="checkbox"/> PM Collected By Medical Record Number Alien # / OUI / CDC ID Previous DSHS Specimen Lab Number HMO / Managed Care / Insurance Code ICD Diagnosis Code ** (1) ICD Diagnosis Code ** (2) ICD Diagnosis Code ** (3) Address * <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outbreak association: <input type="checkbox"/> Surveillance City * State * Zip Code * Date of Onset (mm/dd/yyyy) Diagnosis / Symptoms Risk Responsible Party (Last Name, First Name) / Insurance Phone Number * Responsible Party's Insurance ID Number * Group Name I hereby authorize the release of this information to the Texas Department of State Health Services. Signature * Signature * Additional Information		Section 4. PAYOR SOURCE - (** REQUIRED) 1. Please do not use this form if not funded by the TB Elimination Program; use the F40-A specimen submission form. 2. If the patient does not meet program eligibility requirements for financial assistance and no third party payor will cover the testing, the submitter will be billed. 3. Medicare generally does not pay for screening tests. Please refer to applicable Third party payor guidelines for instructions regarding screening tests, coverage limitations, medical necessity determinations and Advance Beneficiary Notice of Noncoverage (ABN) requirements. 4. If Medicaid or Medicare is indicated, the Medicaid/Medicare payor information must be provided below. 5. If private insurance is indicated, the insurance company information must be provided below. 6. Check only one box below to indicate whether we should bill Medicaid, Medicare, private insurance or DSHS Program. <input type="checkbox"/> TB Elimination (1619)	
Section 5. CHEM PANELS <input type="checkbox"/> Basic Metabolic Panel (Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Calcium) <input type="checkbox"/> Comp Metabolic Panel (Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, ALT, AST, Alk Phos, TBI, Abi, Total Protein, Calcium) <input type="checkbox"/> Hepatic Function Panel (Alb, ALT, AST, Alk Phos, TBI, DBi, Total Protein) <input type="checkbox"/> Renal Function Panel (Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Abi, Calcium, Phosphorus) <input type="checkbox"/> TB Panel: (Alb, AST, Alk Phos, TBI, BUN, Chol, Creatinine, Uric Acid)		Section 6. CHEMISTRY <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Blood Urea Nitrogen (BUN) <input type="checkbox"/> Creatinine <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Hemoglobin A1C <input type="checkbox"/> Magnesium* *Only for patients on Bedaquiline <input type="checkbox"/> Protein, Total <input type="checkbox"/> Uric Acid	
Section 8. HEMATOLOGY <input type="checkbox"/> CBC automated with differential		Section 9. SPECIAL CHEMISTRY <input type="checkbox"/> Thyroid stimulating hormone (TSH) <input type="checkbox"/> Thyroxine (T4), Total	
NOTES: ▼ = Fasting preferred for test. ▲ = Document time & date specimens were removed from FREEZER/REFRIGERATOR in the lower right-hand box.		Indicate removal from: DATE TIME <input type="checkbox"/> FREEZER <input type="checkbox"/> REFRIGERATOR Specimen Received: <input type="checkbox"/> Room Temp. <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	
FOR LABORATORY USE ONLY			

Section 1.
Ensure all information is updated and current.

F40-TB Elimination: Use for chemistry and hematology clinical blood samples.

Sections 3 and 4.
Fill out completely. Ensure TB Elimination is marked in Section 4 "Payor Source."

Section 2.
Patient name must match exactly the name labeled on the specimen container. Ensure date and time of collection are included.

Sections 5, 6, 8, 9.
Select each test requested. Note: Magnesium may be ordered for patients on Bedaquiline only.

Laboratory Services Section/South Texas Lab: 1301 S.Rangerville Rd Harlingen, Tx 78552

Visit laboratory website for the most recent requisition version
dshs.texas.gov/lab/stlForms.htm

F40-B Specimen Submission Form for DSHS South Texas Laboratory (STL)



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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

F40-B Specimen Submission Form
(Jan 2020)

CLIA #45D0503753 CAP #2148801

www.dshs.texas.gov/lab/so_tx_lab

Place DSHS Bar

Section 1. SUBMITTER INFORMATION -- (REQUIRED)**

Submitter/TPI Number ** Submitter Name **

Address ** Telephone Number

City ** State ** Zip Code Country of Origin

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 (mm/dd/yyyy) ** Sex ** SSN Pregnant Yes No Unknown

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

Ethnicity: Non-Hispanic Hispanic Non-Specific Unknown

Date of Collection ** (REQUIRED) Time of Collection ** AM PM Collected By

Medical Record #/Alien #/CUI CDC ID Previous DSHS Specimen Lab No.

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

Inpatient Outpatient Outbreak association: Yes No

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. Reflex testing will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements and no third party payor is requested and no third party payor will cover the bill.
3. Medicare generally does not pay for serology testing. Third party payor guidelines for instructions regarding limitations, medical necessity determinations, and (ASN) requirements.
4. If Medicaid or Medicare is indicated on the Medicare card, please write it in the space provided below.
5. If private insurance is indicated, the required billing designated with an asterisk.
6. Check only one box below to indicate whether Medicaid, Medicare, private insurance, or DSHS program.

Medicaid (2) Medicare (3)

Medicaid/Medicare #: Submitter (3) OPC

IDEAS Private Insurance (4)

AIDS (1700) TB Elimination (1619)

BIP (1600) TB (1600)

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

Abscess (site) Lesion (site) Throat swab

Blood Lymph node (site) Tissue (site)

Bone marrow Nasopharyngeal Urine

Bronchial washings Plasma Vaginal

CSF Rectal swab Wound (site)

Eye Serum Other:

Feces/stool Sputum (indirect) Sputum (direct)

Gastric Sputum (Nasal)

Section 6. SEROLOGY

Syphilis (RPR) screen (qualitative) Syphilis TP-PA *

Syphilis (RPR) titer (quantitative) * Justification:

Section 7. MYCOBACTERIOLOGY

AFB Culture Identification of AFB isolate, DNA Probe

AFB Smear only Identification, refer to isolates, DNA Probe

AFB Concentration MGIT Susceptibility (each drug)

Direct NAAT for M. tuberculosis MGIT Susceptibility (each drug) + ZNA

(Respiratory Diagnostic Specimen Only) Conventional Susceptibility (each drug)

NOTES: * = Justification 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.

Section 9. ZIKA, DENGUE, CHIKUNGUNYA

Zika, Dengue, and/or Chikungunya

NOTE: Serology, PCR, or both will be performed at DSHS and the testing

*** FOR DSHS USE ONLY ***

Testing Criteria? Met Not Met

PCR Serology Indirect Direct

LABORATORY TEST RESULTS SECTION - FOR LABORATORY USE ONLY

TEST	NONREACTIVE	REACTIVE	TITER
RPR			
TP-PA			

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

UNSATISFACTORY:

Broken in Mail Leaked in Transit No Specimen Received Thyroid

Hemolyzed Name Discrepancy Quantity Not Sufficient Please resubmit:

FOR LABORATORY USE ONLY: Specimen Received: Room Temp. Cold Frozen

F40-B: Use for mycobacteriology and TB specimen testing.

Section 1.
Ensure all information is updated and current.

Sections 3 and 4.
Fill out completely. Ensure TB Elimination is marked in Section 4 "Payor Source."

Section 2.
Patient name must match exactly the patient name labeled on the specimen container. Ensure date and time of collection are included.

Section 5.
Specimen source MUST be provided. This will direct how the specimen is processed in the laboratory.

Section 7.
Requested test must be selected or specimen is unsatisfactory for testing.

Visit laboratory website for the most recent requisition version
dshs.texas.gov/lab/stlForms.htm