



Texas Department of State Health Services

F40-A-Specimen Submission Form (Jan 2020)

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)

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. Last Name, First Name, MI, Address, Telephone Number, City, State, Zip Code, Country of Origin, DOB, Sex, SSN, Pregnant?, Race, Ethnicity, Date of Collection, Time of Collection, Medical Record #, CDC ID, Previous DSHS Specimen Label Number, ICD Diagnosis Code, Inpatient/Outpatient, Date of Onset, 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... 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... Medicaid (2), Medicare (8), Submitter (3), Private Insurance (4), BT Grant (1719), TB Elimination (1619), HIV / STD (1608), Other, OPC

Section 5. CHEM PANELS

Basic Metabolic Panel, Comp Metabolic Panel, Electrolytes Panel, Hepatic Function Panel, Lipid Profile Panel, Renal Function Panel, TB Panel

Section 6. CHEMISTRY

Albumin, Alkaline Phosphatase, ALT (SGPT), Amylase, AST (SGOT), Bilirubin - Direct, Bilirubin - Total, Blood Urea Nitrogen (BUN), Calcium, Carbon dioxide (CO2), Chloride, Cholesterol, Total, Cholesterol HDL, Cholesterol LDL, Creatine kinase (CK), Creatinine, Glucose, Hemoglobin A1C, Iron, Total, Iron Binding Capacity, Total (TIBC), Lactic Acid Dehydrogenase (LDH), Lipase, Magnesium, Phosphorus, Potassium, Protein, Total, Sodium, Triglycerides, Uric Acid

Section 7. URINALYSIS

Urine Micro Albumin Random, Urine Microscopic Analysis, Urinalysis, Microscopy with Urinalysis (UA)

Section 8. HEMATOLOGY

CBC automated with differential, Differential, Manual, Hematocrit, Hemoglobin, Total, Peripheral Smear Review, Sedimentation Rate (ESR)

Section 9. SPECIAL CHEMISTRY

Ferritin, Thyroid stimulating hormone (TSH), FSH, Thyroxine (T4), free, LH, Thyroxine (T4), Total, Prolactin, Thyroid Hormone (T3) Uptake, PSA, Total, Tri-iodothyronine (T3), free

HMO / Managed Care / Insurance Company Name

Address

City, State, Zip Code

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.

Signature, Date

ADDITIONAL ORDERS

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