



Texas Department of State Health Services

F40-TB Elimination Specimen Submission Form (Jan 2020) Rev.v.1

CLIA #45D0503753 CAP #2148801

https://www.dshs.texas.gov/lab/so\_tx\_lab.shtm

\*\*\*DSHS LAB USE ONLY\*\*

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

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. 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.

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? 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

☑ TB Elimination (1609)

Section 5. CHEM PANELS

Section 6. CHEMISTRY

- Basic Metabolic Panel (Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Calcium)
Comp Metabolic Panel (Sodium Potassium, Chloride, CO2, 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, CO2, Glucose, BUN, Creatinine, Alb, Calcium, Phosphorus)
TB Panel: (ALT, AST, Alk Phos, TBili, BUN, Chol, Creat, GGT, Uric Acid)

- Albumin, Alkaline Phosphatase, ALT (SGPT), AST (SGOT), Bilirubin (Direct), Bilirubin (Total), Blood Urea Nitrogen (BUN), Creatinine, GGT, Glucose, Hemoglobin A1C, Magnesium\* (Only for patients on Bedaquiline), Protein, Total, Uric Acid

Section 8. HEMATOLOGY

Section 9. SPECIAL CHEMISTRY

- CBC automated with differential
Thyroid stimulating hormone (TSH)
Thyroxine (T4), Total

Additional Information:

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

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
FREEZER REFRIGERATOR

FOR LABORATORY USE ONLY

Specimen Received: Room Temp. Cold Frozen