



TEXAS

Health and Human Services

Texas Department of State Health Services

Specimen Acquisition: (512) 776-7598

G-22 Specimen Submission Form (Jan 2020)

NELAC# T104704297

www.dshs.texas.gov/lab

For DSHS Use Only

THE SUBMITTER WILL BE BILLED FOR ALL TESTING

DSHS is not responsible for 3rd party payment arrangements

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

Section 4. REPORTING INFORMATION

Indicate where & how you would like the results sent

Form fields for Section 1: Sample Identifier, Submitter Number, Establishment or Location, Name

Form fields for Section 1: Date of Collection, Time of Collection, AM/PM, Collected By/Contact, Address

Form fields for Section 1: Agency / Submitter Name, City, State, Zip Code

Form fields for Section 1: Address, Preferred Reporting Method (Mail, Fax, Email), Fax Number or email

Form fields for Section 1: City, State, Zip Code

Form fields for Section 1: Laboratory Identification # / TCEQ NELAC Certificate #, Phone #, Fax #, Program Identification Number, Program Sample Identifier

Section 5. PROGRAM INFORMATION when applicable

Program Name

Section 2. SAMPLE INFORMATION - (** REQUIRED)

Section 6. SPLIT SAMPLE FLUORIDES

Form fields for Section 2: Sample Type/Description, System ID #, Date Collected

Name of Water System

Section 3. ENVIRONMENTAL TESTING INFORMATION

Collected By:

***** To Ensure Proper Collection Please Refer to Laboratory Services Section's web site at http://www.dshs.texas.gov/lab for Container, Sample Size, and Requirements Specific to the Test Requested *****

- Reagent Water Suitability Test
List Other Test(s) Requested:

Phone #

Sample Location / Comments:

Water System Test Results, DSHS Lab Test Results(Do Not Write Below)

Fluoride mg/L, Fluoride mg/L

Notes / Comments

FOR LABORATORY USE ONLY Specimen Received: Room Temp. Cold °C

Form fields for FOR LABORATORY USE ONLY: Date Received, Date Reported