TEXAS Department of State Health Service

Specimen Acquisition: (512) 776-7598

G-23 Food Sample Specimen Submission Form
CAP# 3024401 CLIA# 45D0660644 (SEP 2016)
Laboratory Services Section, MC-1947
P. O. Box 149347, Austin, Texas 78714-9347
Courier: 1100 W. 49th Street, Austin, Texas 78756
(888) 963-7111 x7318 or (512) 776-7318
http://www.dshs.texas.gov/lab

****For DSHS Use Only****
Place DSHS Bar Code Label Here

ONE FORM PER SPECIMEN REQUIRED

Section 1. SAMPLE INFORMATION –(**REQUIRED)

Reason for Testing

☐ Routine

☐ Food Borne Outbreak
(please complete the outbreak section to the right if this box is checked)

Sample Description:

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

Facility/ Submitter Name

Sample Number:	Submitter Number:
Contact Phone #	Contact Fax #

Section 2. TESTING INFORMATION

***** EACH TEST REQUIRES ≥ 4 oz SAMPLE-REPEAT, EACH TEST*****

Please Indicate Desired Testing

- ☐ Bacillus identification
- ☐ Campylobacter identification
- ☐ Clostridium perfringes identification
- ☐ Cronobacter sakazakii
- ☐ E.coli 0157 identification
- ☐ E.coli enumeration (MPN)
- ☐ E.coli non-0157 STEC
- ☐ Listeria identification
- ☐ Salmonella identification
- ☐ Shigella identification
- ☐ Staphylococcus identification
- ☐ Staphylococcus enterotoxin detection
- ☐ Yersinia identification
- ☐ Other: _____

Remarks:

Section 3. PAYOR SOURCE -- (REQUIRED)

~~~~~~ *YOU MUST CHECK THE APPROPRIATE BOX*~~~~~~~~

☒ IDEAS

Section 4. OUTBREAK LINKED SAMPLES

Outbreak Location: (City)	PH Region

Brand:

Code:

Product:

Seal:

Size:

Condition:

Brief description of patient's symptoms:

REFLEX & REFERENCE TESTING:

Please note that additional testing procedures (i.e., reflex testing) will be performed when necessary and clinically indicated by the initial lab test results. Reflex testing will be billed to the appropriate payor in addition to the original test requested. This is particularly applicable to microbiology testing and other laboratory testing requiring confirmation or further diagnostic work.

All reference tests will be billed to the submitter at the prevailing reference laboratory's price with the addition of a handling fee.

Details of test and specimen requirements can be found in the Laboratory Services Section's web site at http://www.dshs.texas.gov/lab/.

Date Received

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