

Microbiology Specimen Submission Guidance for Shipping Specimens to the DSHS Austin Laboratory

Every Specimen Must Submitted with a Completed Submission Form

How Do I Obtain New or Updated Master Submission Forms from DSHS?

Request master submission forms by emailing the Laboratory Reporting Team at labinfo@dshs.texas.gov or calling (512) 776-7578 or 1 (888) 963-7111 ext. 7578.

- Most recent submission forms were revised February 2024.

Do not use watermarked sample submission forms from the DSHS website.

- Specimens received with watermarked sample submission forms cannot be tested.

How Do I Update my Submitter Information with DSHS?

Update your contact information by completing a [Submitter ID Request Form](#) and emailing it to labinfo@dshs.texas.gov or faxing it to (512) 776-7533.

- DSHS cannot update submitter contact information without a completed form.
- Please **do not manually correct** contact details in Section 1 of submission forms.

NEW SUBMITTERS can download a Submitter ID Number Request Form from the DSHS website at [Submitter ID Request \(texas.gov\)](#) and complete all applicable fields. Email the completed form to labinfo@dshs.texas.gov or fax to 512-776-7533 to register.

How Should Specimens be Prepared for Shipping to the Laboratory?

- **Ensure** specimen labels are securely affixed to the specimen containers.
 - Do not place specimen labels over the container lid, tape, or Parafilm wrap.
- **Ensure** all containers are securely closed to prevent leaks.
- **Ensure** specimens are secured inside containers to minimize movement during shipment.

All Shipments Must Be:

- **Triple Packaged** to withstand shock, pressure changes, leaks, and other ordinary handling conditions while in transit.
 - Primary and secondary containers must be leakproof and/or sift proof.
- **Packaged with Enough Absorbent Material** such as cellulose wadding or paper towels to soak up the entire contents of the specimen container.
- **Correctly Labeled** according to the specimen's classification (Category B or Category A).
- **Shipped on Multiple Ice Packs** if to be shipped refrigerated.
- **Shipped on Dry Ice** if required to be shipped frozen. Must be labeled accordingly.

Visit DSHS' [Specimen Shipping and Mailing Guidance](#) for more details on shipping to the Lab.



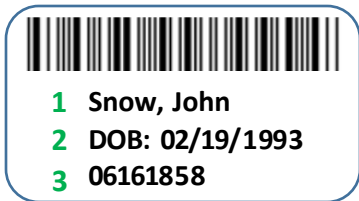
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Shipping Specimens to the DSHS Austin Laboratory

Every Specimen Must Submitted with a Completed Submission Form

Label Specimen With Unique Identifiers

Every specimen must have at least two unique patient identifiers on its label.



Three patient identifiers provided on this label:

1. Name
2. Date of Birth
3. Medical Record Number

Provide Patient Identifiers in Sections 2 and 3 of Submission Forms

Patient identifiers on specimen label and Sections 2 and 3 of submission form **must match**.

- Do not place stickers with patient identifiers in Section 2.

Date of Collection must be provided in Section 3.

Select Test Type (Sections 4 - 8)

- Select one test only.
- Ensure selected test is clearly identified.
- Ensure selected test is appropriate for specimen type.

Select Payor (Sections 6, 7, or 9)

Check the entity that is paying for test. If left blank, submitter is billed.

SECTION 2. PATIENT						
NOTE: Patient name on specimen MUST match name on this form exactly. Name mismatches will be rejected. e.g., Partial name on specimen label but full name is provided on form. Specimen container must have two (2) unique identifiers that match this form exactly. e.g., DOB, Unique ID						
** REQUIRED	Last Name **		First Name **		Phone Number	
	Snow		John			
	Address ** 39 Broad Street					
	City **	State **	Zip Code **			Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkno
	Austin	TX	78756			
	DOB (mm/dd/yyyy) **		Sex **	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
	02/19/1993		M			

SECTION 3. SPECIMEN			
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.			
** REQUIRED	Date of Collection (mm/dd/yyyy) **		Time of Collection **
	12/21/2023		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID		Comments or Additional IC e.g., CDC ID, Previous DSHS Spec
	06161858		

** REQUIRED	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
	<input type="checkbox"/> Submitter (3)	<input type="checkbox"/> Immunizations (1609)
	<input type="checkbox"/> BIDS (1720)	<input type="checkbox"/> Private Insurance* (4)
<input type="checkbox"/> BT Grant (1719)	<input type="checkbox"/> TIPP (5144)	
<input type="checkbox"/> HIV / STD (1608)	<input type="checkbox"/> Zoonosis (1620)	
<input checked="" type="checkbox"/> IDEAS (1610)	<input type="checkbox"/> Other: _____	

Select Specimen Type in Section 3

Check one specimen type only. Ensure the specimen type selected is correct.

NOTE: Selections shown for guidance purposes only. Please follow the specific requirements of your submission form(s).

Questions About . . .

Specimen Shipping: (512) 776-7598 or 1-888-963-7111 ext. 7578 (toll free)
 Submitter Accounts, Submission Forms, or Result Reports: (512) 776-7578 or LabInfo@dshs.texas.gov