TEXAS Health and Human Services | Texas Department of State Health Services

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Unit

Tuberculosis Specimen Shipping Guide

Created September 1, 2020; Revised October 24, 2024

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FedEx Accounts

Account Set-Up

Texas Department of State Health Services (DSHS) public health region (PHR) and DSHS-contracted local health department (LHD) tuberculosis (TB) programs must establish a courier account with DSHS TB and Hansen's Disease Unit (TB Unit) to ship TB Unit-approved specimen to DSHS laboratories and other DSHS-contracted laboratories using Federal Express (FedEx).

To set up a new account, regional and local health department (R/LHD) TB programs may notify the TB Unit's Administrative Team at TBProgram@dshs.texas.gov by submitting the Notice of Change in TB Personnel form with the following information:

- Name of submitter
- Work Address (including zip code)
- Email address of clinic contact
- Name of public health region/county/clinic

An account must be established for each DSHS-contracted LHD clinic site and PHR field office. Once established, programs may use this account to ship all TB specimen to the laboratories outlined in this guide.

Courier Services Offered

1. FedEx Priority Overnight: *Select for specimen shipping*.
2. FedEx Standard Overnight: *Select for return labels.*
3. FedEx Home Delivery
4. FedEx Ground

Helpful FedEx Resources

- Customer Service Telephone Number: 1(866) 477-7529
- How to Ship Clinical Samples (prevent leaking specimen):
  - https://www.fedex.com/en-us/shipping/how-to-ship-clinical-samples.html
- Service Guide:
  - https://www.fedex.com/content/dam/fedex/us-united-states/services/Service_Guide_2024.pdf
- Ground Service Map (transit):
  - http://www.fedex.com/grd/maps/ShowMapEntry.do
- InSight (advanced shipment tracking):
  - https://www.fedex.com/en-us/tracking/insight.html
- Return Shipments (labels):
  - https://www.fedex.com/en-us/service-guide/return-shipments.html

Shipping TB Specimen to Designated Laboratories

R/LHD TB programs may order free specimen shipping boxes from the TB Unit. These boxes may not be used to ship specimen for other programs. TB specimen may be shipped to the laboratories outlined in this document.

DSHS Laboratory

1100 West 49th Street Austin, Texas 78756
Phone: (512) 776-7318 or (512) 776-7598; Fax (512) 776-7294
https://www.dshs.texas.gov/lab/default.shtm

- **Tests performed:**
  - Acid Fast Bacilli (AFB) smear and culture
  - Nucleic Acid Amplification Test (NAAT)
  - Drug susceptibility tests (DSTs)
  - HIV, Hepatitis B and C
- Ship all specimen by FedEx Priority **Overnight** Monday through Thursday (so shipment does not arrive on a weekend).
- Do not ship on Friday, Saturday, or the day prior to a holiday.
- **DSHS laboratory specimen collection criteria:** https://www.dshs.texas.gov/laboratory-services/programs-laboratories/microbiology-unit/mycobacteriology-mycology/growth-detection-mycobacteria
- **DSHS Standing Delegation Orders (SDOs) specimen collection procedures:**
  - TB Sputum Collection SDO
  - TB Blood Specimen SDO
- **Ordering forms for sputum collection supplies:** https://www.dshs.texas.gov/laboratory-services/laboratory-testing-services-manual-forms-laboratory-fee-schedule

DSHS South Texas Laboratory (STL)

1301 S. Rangerville Road, Harlingen, TX 78552
Phone: (956) 364-8746 or (956) 364-8753 (TB); (956) 364-8751 (Hematology); and (956) 364-8752 (Clinical); Fax (956) 412-8794
https://www.dshs.texas.gov/lab/so_tx_lab.shtm

- **Tests performed:**
  - Blood testing results for chemistry, special chemistry, hematology
  - *Mycobacteriology testing (operations are on hold until further notice):*
    - *AFB smear and culture (include urine testing), NAAT, and DSTs*
- Ship all specimen by FedEx Priority **Overnight** Monday through Thursday.
- Do not ship on Friday, Saturday or the day prior to a holiday.

University of Florida – Infectious Disease Pharmacokinetics Laboratory (IDPL)

Infectious Disease Pharmacokinetics Laboratory
Dr. Charles Peloquin, Pharm D.
University of Florida
1600 SW Archer RD., P4-30
Gainesville, FL 32610
Phone: (352) 273-6710
https://idpl.pharmacy.ufl.edu/

- **Test performed:**
  - Therapeutic drug monitoring
- Pack samples upright in Styrofoam box and ship FedEx Priority **Overnight**.
- Only ship specimen Monday through Wednesday. Do *not* ship on Thursday through Sunday, or the day prior to a holiday.
- Package properly for dry ice handling, including a dry-ice specific label. Ship on at least five pounds of dry ice.
- Include a FedEx return label inside the cold box in a plastic bag to prevent damage or loss during transit.
- **Shipping details:** https://idpl.pharmacy.ufl.edu/wordpress/files/2022/08/Instructions-sample-handling-UFShands-v-08.22.pdf.
- **DSHS TB Unit's Therapeutic Drug Monitoring Process:** https://www.dshs.texas.gov/sites/default/files/IDCU/disease/tb/forms/PDFS/TherapeuticDrugMonitoringProcess.pdf.

Quest Diagnostics

Quest Client Services: 866-MYQUEST (866-697-8378)
www.questdiagnostics.com

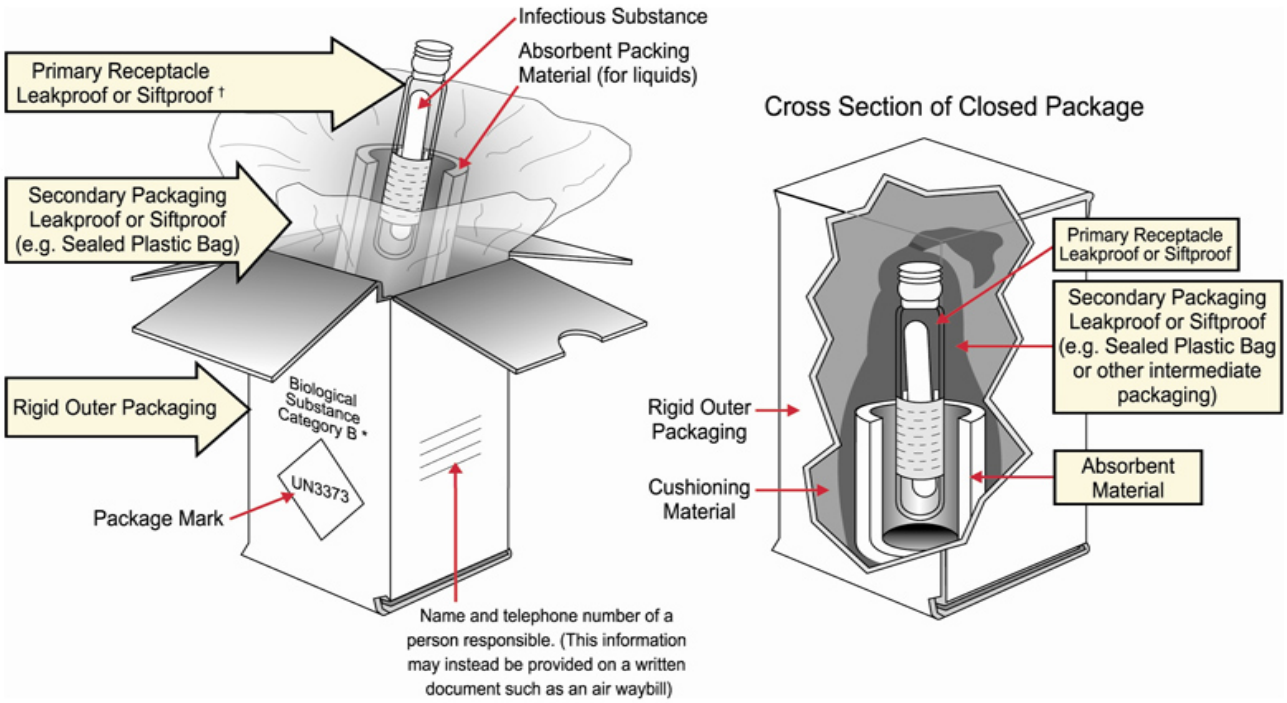
- **Tests performed:**
  - Interferon Gamma Release Assays (IGRAs):
    - T-SPOT®-TB Test
    - QuantiFERON®-TB Gold Plus One Tube Test (QFT)
- R/LHDs can request a Quest courier pick up either via Quanum (the "Specimen Pick Up" button) or by calling 1-866-MY QUEST.
- Both IGRAs must be picked up by the Quest courier or shipped with Quest's FedEx label and packaging the same day they are drawn.
- **Quest T-SPOT details:**
  - https://testdirectory.questdiagnostics.com/test/test-detail/37737/t-spottb?cc=MASTER
- **Quest QFT details:**
  - https://www.questdiagnostics.com/healthcare-professionals/clinical-education-center/faq/faq204

Shipping Biological B Specimen and Supplies

Sputum and blood are categorized as "Biological Substance, Category B" for shipping. This means they are infectious substances transported for diagnostic purposes and submitters must adhere to shipping requirements. Details are at https://www.fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf.

TB Programs must ship Category B specimen with three packing layers (see Figure 1). Collect specimen in a **primary receptacle** (such as vacutainer for blood or sterile blue top tube for sputum), wrap in absorbent packaging (such as tissue or cotton), place in a **secondary receptacle** (a leak proof container), and ship in a rigid outer covering (a box, or **third receptacle)** with frozen gel packs for cold shipping or with dry ice for therapeutic drug monitoring. Specimen require labels for Category B and dry ice, when applicable.

Figure 1: Packing Category B Specimen for Transport



Source: https://www.cdc.gov/smallpox/lab-personnel/specimen-collection/pack-transport.html.
See https://www.dshs.texas.gov/lab/mrs_shipping.shtm#Samples for DSHS shipping recommendations.

Primary Receptacle for Sputum

Primary Receptacle for Blood

Secondary Receptacle(s): Hard Plastic Liner Tube or 95 KPa Biohazard Bag

Third Receptacle: Rigid Outer Covering

Gel Packs, Kept Frozen for Cold Shipping

Biological B Specimen Shipping Label

Dry Ice Shipping Label

Follow these shipping steps for each specimen:

1. Wrap the primary receptacle in absorbent material (i.e. a paper towel or cotton) and place into the secondary receptacle. Ensure there is enough absorbent material around and on top of the primary receptacle tube so that it cannot easily move around.

2. Include the completed laboratory requisition with the specimen and ensure that it will not get wet. Do not put patient information on outer or secondary container or lids.

3. Place the secondary receptacle with the enclosed/affixed requisition in the third receptacle that is made of a Styrofoam layer and an outer cardboard box (rigid outer covering). Place at least two icepacks in the box, including one on bottom and one on top to "sandwich" the specimen, or at least five pounds of dry ice if sending therapeutic drug monitoring specimen. Place absorbent paper towels on the ice to ensure melting does not wet the bag or laboratory requisition.

4. Place the FedEx label on the inside flap in a pouch to prevent damage or loss during transit or when the box is opened. If the return label is placed on top of the Styrofoam container (inside the taped seam), it may be sliced in half when staff open the box.

5. Close the box and tape securely unless otherwise directed by the courier. Affix the "To" address label and **UN 3373 Biological B Specimen label** (and **UN 1845 Dry Ice Label, when applicable**) to the outside of the box where clearly visible.

Common Reasons for Unsatisfactory Specimen

1. Leaking specimen. This occurs when the blue lid for sputum samples is not fully shut, causing the specimen to leak during transit. To avoid leaking specimen, tighten the blue lid carefully. Ensure the lid is threaded correctly and tightened; do not overtighten or strip the threads. Pack the blue-top tube tightly inside the black top outer receptacle with absorbent material to reduce the risk of leakage.

2. Missing patient identifiers. Labs will reject specimen without two matching patient identifiers on the requisition form and on the outside of the primary receptacle. Common identifiers are **patient name (first and last)** and **date of birth,** or **patient name** and **medical record number**.

For other examples of unsatisfactory specimen sent to South Texas Laboratories (STL), see https://www.dshs.texas.gov/laboratory-services/south-texas-laboratory/stl-unsatisfactory-specimen-examples.

Shipping Labels

Category B – Biological Substances Label UN 3373

"Biological Substance, Category B" must appear in 6-mm-high text on the outer package adjacent to a diamond-shaped mark. The UN 3373 mark must be in the form of a square set at an angle of 45 degrees. Each side of the UN 3373 diamond should measure a minimum of 2" (50 mm). The width of the diamond rule line must be a minimum of 2 mm, and the letters and numbers must be at least 6 mm high."

These labels may be printed or purchased from various online sources. Contact FedEx for labeling support at https://www.fedex.com/content/dam/fedex/us-united-states/services/UN3373_fxcom.pdf.

Dry Ice – Class 9 Miscellaneous Dangerous Goods UN 1845

An International Air Transport Association (IATA) Class 9 Miscellaneous label must appear on all dry ice shipments. FedEx offers a dry ice label that when correctly completed, satisfies the IATA marking and labeling requirements.

The following permanent markings are required on the outer packaging of all IATA dry ice shipments:

- Dry Ice
- UN 1845
- Net weight of dry ice in kilograms
- Name and address of the shipper
- Name and address of the recipient

Print this label at https://www.fedex.com/content/dam/fedex/us-united-states/services/Dry_Ice_Label.pdf.

Frequently Asked Questions for Shipping to DSHS Laboratories

What FedEx shipping supplies are needed, and where can R/LHDs find them?
After setting up the R/LHD FedEx account, shipping labels can be printed locally. R/LHDs can also order clear plastic envelopes (to adhere shipping label to the cardboard cold box) and preprinted shipping labels from FedEx: https://www.fedex.com/en-us/shipping/packing.html.

Where do R/LHDs order cold boxes and gel ice packs?
Insulated cardboard cold boxes and gel ice packs that can be frozen are available via the DSHS Pharmacy Inventory Ordering System (PIOS). When searching for bulk options, looks for "Specimen Transport Cold Box" and "Specimen Transport Gel Packs".

Should cold boxes be reused?
Yes, please reuse cold boxes. Include a FedEx return label with *all* shipments to ensure the box is returned to the sending R/LHD program. The return label should include the account information provided by the TB Unit. Ensure the return address is accurate. If submitters are unsure of their account details, please email TBProgram@dshs.texas.gov. Maintain boxes in good condition by preventing specimen leaks and tears.

Where can R/LHDs order specimen collection supplies?
Sterile TB specimen collection tubes, secondary containers, and cardboard outer mailers are available via the DSHS laboratory. Download the most current order form from: https://www.dshs.texas.gov/laboratory-services/laboratory-testing-services-manual-forms-laboratory-fee-schedule.

What type of TB specimen should be sent in the cold boxes?
Cold boxes are used to ship TB specimen to DSHS laboratories in Austin or South Texas, or to outside reference laboratories for TB testing. This includes sputum samples and blood tests. The boxes are insulated for shipment of cold specimen when used with gel ice packs, or room temperature specimens when gel ice packs are not needed. See https://www.dshs.texas.gov/lab/MRS_specimens.shtm for details.

Note: Do not use the cold box program for shipping specimen to Quest. They provide shipping supplies including pick-up service to ship blood specimen for IGRA testing to their laboratories.

How many specimens fit in one cold box?
Sites may ship 50 ml of specimen or fewer per box. Two or more primary receptacles may be included per box.

How many cold packs are recommended per sputum canister or box?
Typically, two gel ice packs per box is recommended. However, FedEx does not use temperature-controlled trucks to transport boxes, so consider outside temperatures and transport drive time. For extreme heat, use three or four gel ice packs.

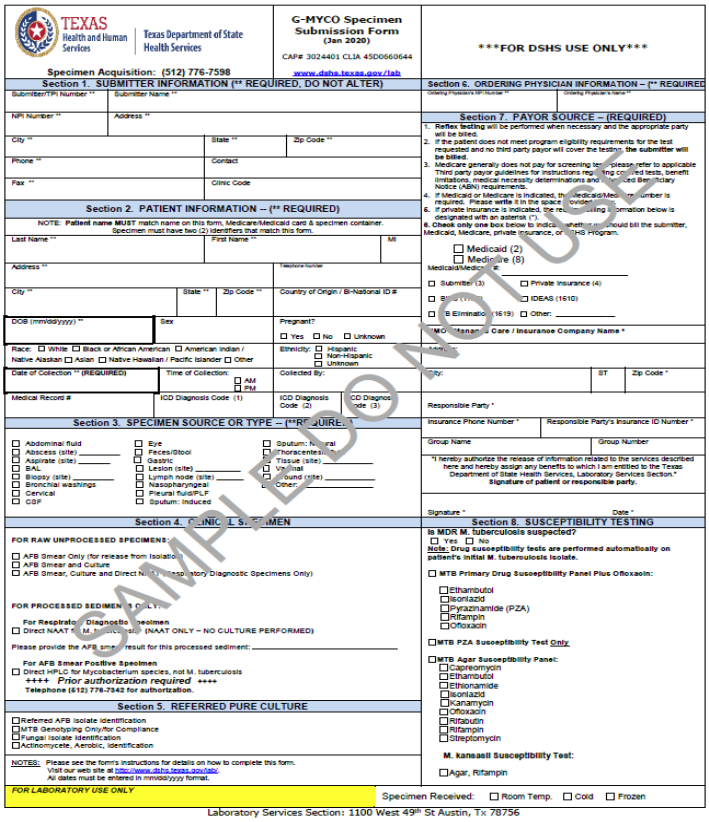
Do R/LHDs need to ship all sputum to the DSHS laboratory in a cold box via FedEx, or can R/LHDs send samples via regular mail in the brown mailing canisters?
Now that the TB Unit provides a cold-box FedEx account for all TB programs, it is recommended that every sputum sample is collected and shipped via cold box with gel ice packs. This will provide DSHS laboratories the best possible specimen to test, as it will arrive quickly via FedEx at the recommended cold temperature necessary for testing.

There may be times when this is not possible. For example, cold-box shipping is not possible when mailing canisters are left for the patient to self-collect and send via U.S. mail. When this occurs, instruct patients to keep the sample refrigerated before shipping in the brown outer mailer. Self-collected specimens should be saved, refrigerated and shipped in the cold boxes with ice packs when public health personnel can pick up the specimen from the patient.

How often does DSHS return shipping boxes? How can R/LHDs ensure that DSHS returns boxes?
DSHS returns cold boxes on Tuesday through Friday afternoons, 1-2 days after they have been picked up from FedEx. For example, if the submitter sends the cold box on Monday, FedEx will deliver the box on Tuesday morning and DSHS will return it to the submitter on Tuesday afternoon (or Wednesday, depending on distance). The only exceptions are closed holidays which would extend the return to the next business day.

Cold boxes received by DSHS laboratories are returned in brown cardboard boxes to prevent wear and tear on the outer cardboard box that protects the Styrofoam containers, provided there is a return shipping label. If no return label is received with the cold box and no information is available inside the cold box to determine who it belongs to, the lab will not return the cold box. Writing “please return” is not acceptable. The return label should include the name and address of facility, phone number and contact name.

G-MYCO Specimen Submission Form – DSHS Austin



TEXAS Health and Human Services | Texas Department of State Health Services

G-MYCO Specimen Submission Form (Jan 2020)

CAP# 3024401 CLIA 45D0660644

www.dshs.texas.gov/lab

Specimen Acquisition: (512) 776-7598

FOR DSHS USE ONLY

Section 1. SUBMITTER INFORMATION (** REQUIRED, DO NOT ALTER)

Section 2. PATIENT INFORMATION – (** REQUIRED)

NOTE: Patient name MUST match name on this form, Medicare/Medicaid card & specimen container. Specimen must have two (2) identifiers that match this form.

Section 3. SPECIMEN SOURCE OR TYPE – (**REQUIRED)

Abdominal fluid; Abscess (site); Aspirate (site); BAL; Biopsy (site); Bronchial washings; Cervical; CSF; Eye; Feces/Stool; Gastric; Lesion (site); Lymph node (site); Nasopharyngeal; Pleural fluid/PLF; Sputum: induced; Sputum: Natural; Thoracentesis; Tissue (site); Vaginal; Wound (site); Other

Section 4. CLINICAL SPECIMEN

FOR RAW UNPROCESSED SPECIMENS:

AFB Smear Only (for release from Isolation)
AFB Smear and Culture
AFB Smear, Culture and Direct NAAT (Respiratory Diagnostic Specimens Only)

FOR PROCESSED SEDIMENTS ONLY:

For Respiratory Diagnostic Specimen
Direct NAAT for M. tuberculosis (NAAT ONLY – NO CULTURE PERFORMED)

Please provide the AFB smear result for this processed sediment: _____

For AFB Smear Positive Specimen
Direct HPLC for Mycobacterium species, not M. tuberculosis
++++ Prior authorization required ++++
Telephone (512) 776-7542 for authorization.

Section 5. REFERRED PURE CULTURE

Refered AFB Isolate Identification
MTB Genotyping Only/for Compliance
Fungal Isolate Identification
Actinomycete, Aerobic, Identification

NOTES: Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.texas.gov/lab/. All dates must be entered in mm/dd/yyyy format.

FOR LABORATORY USE ONLY

Specimen Received: Room Temp. Cold Frozen

Section 6. ORDERING PHYSICIAN INFORMATION – (** REQUIRED)

Section 7. PAYOR SOURCE – (REQUIRED)

1. Reflex testing will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the test, the submitter will be billed.
3. Medicare generally does not pay for screening tests, please refer to applicable Third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations and required Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. Check only one box below to indicate whether you should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.

Medicaid (2); Medicare (8); Submitter (3); Private Insurance (4); IDEAS (1610); Other:

Section 8. SUSCEPTIBILITY TESTING

Is MDR M. tuberculosis suspected? Yes No

Note: Drug susceptibility tests are performed automatically on patient's initial M. tuberculosis isolate.

MTB Primary Drug Susceptibility Panel Plus Ofloxacin:

Ethambutol; Isoniazid; Pyrazinamide (PZA); Rifampin; Ofloxacin

MTB PZA Susceptibility Test Only

MTB Agar Susceptibility Panel:

Capreomycin; Ethambutol; Ethionamide; Isoniazid; Kanamycin; Ofloxacin; Rifabutin; Rifampin; Streptomycin

M. kansasii Susceptibility Test:

Agar, Rifampin

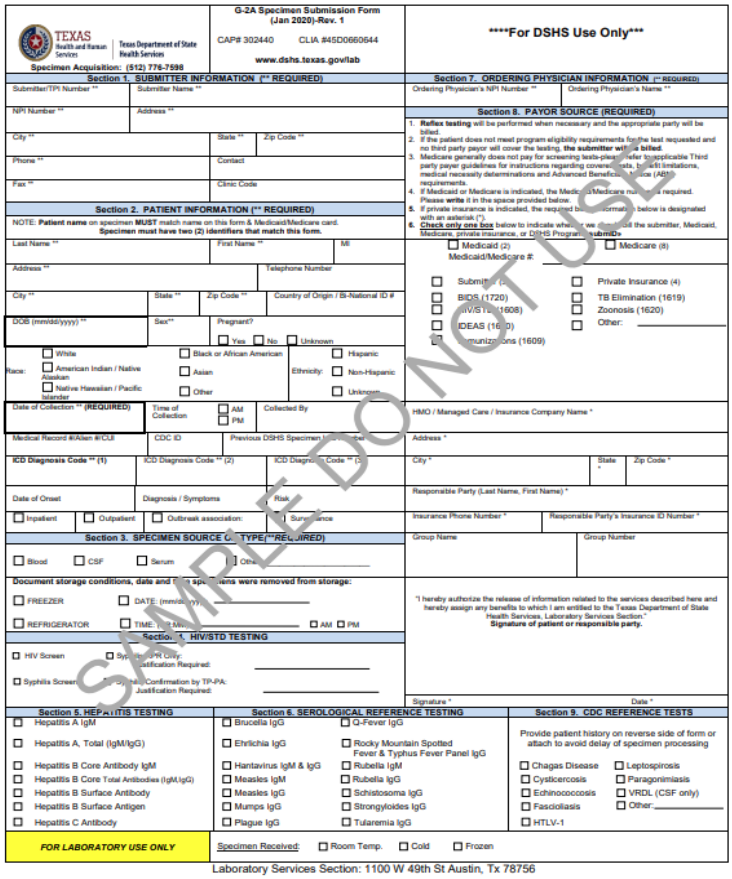
SAMPLE – DO NOT USE

Laboratory Services Section: 1100 West 49th St Austin, Tx 78756

- Use the **G-MYCO Specimen Submission Form** for mycobacteriology and TB specimen testing.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.
- **Section 3.** Specimen source must be provided. This will direct how the specimen is processed in the laboratory.
- **Section 4.** Requested test must be selected or specimen is unsatisfactory for testing.
- **Sections 5 and 8.** These sections are only for referred isolates from other laboratories.
- **Sections 6 and 7.** Fill out completely. Ensure *TB Elimination* is marked in "Payor Source" in Section 7.

Visit laboratory website for the most recent requisition version
https://dshs.texas.gov/lab/MRS_forms.shtm

G-2A Serology Specimen Submission Form- DSHS Austin



TEXAS Health and Human Services | Texas Department of State Health Services
Specimen Acquisition: (512) 776-7598

G-2A Specimen Submission Form (Jan 2020)-Rev. 1
CAP# 302440 CLIA #45D0660644
www.dshs.texas.gov/lab

****For DSHS Use Only***

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 & Medicaid/Medicare card.
Specimen must have two (2) identifiers that match this form.
Last Name ** | First Name ** | MI
Address ** | Telephone Number
City ** | State ** | Zip Code ** | Country of Origin / Bi-National ID #
DOB (mm/dd/yyyy) ** | Sex** | Pregnant? ☐ Yes ☐ No ☐ Unknown
Race: ☐ White ☐ Black or African American ☐ Hispanic ☐ American Indian / Native Alaskan ☐ Asian ☐ Non-Hispanic ☐ Native Hawaiian / Pacific Islander ☐ Other ☐ Unknown
Ethnicity:
Date of Collection ** (REQUIRED) | Time of Collection ☐ AM ☐ PM | Collected By
Medical Record #/Alien #/CIS | CDC ID | Previous DSHS Specimen
ICD Diagnosis Code ** (1) | ICD Diagnosis Code ** (2) | ICD Diagnosis Code ** (3)
Date of Onset | Diagnosis / Symptoms | Risk
☐ Inpatient ☐ Outpatient ☐ Outbreak association: ☐ Surveillance

Section 3. SPECIMEN SOURCE & TYPE (REQUIRED)**
☐ Blood ☐ CSF ☐ Serum ☐ Other
Document storage conditions, date and time specimens were removed from storage:
☐ FREEZER ☐ DATE: (mm/dd/yy)
☐ REFRIGERATOR ☐ TIME: (hh:mm) ☐ AM ☐ PM

Section 4. HIV/STD TESTING
☐ HIV Screen ☐ Syphilis RPR Only; Justification Required:
☐ Syphilis Screen ☐ Syphilis Confirmation by TP-PA; Justification Required:

Section 5. HEPATITIS TESTING
☐ Hepatitis A IgM
☐ Hepatitis A, Total (IgM/IgG)
☐ Hepatitis B Core Antibody IgM
☐ Hepatitis B Core Total Antibodies (IgM,IgG)
☐ Hepatitis B Surface Antibody
☐ Hepatitis B Surface Antigen
☐ Hepatitis C Antibody

Section 6. SEROLOGICAL REFERENCE TESTING
☐ Brucella IgG ☐ Q-Fever IgG
☐ Ehrlichia IgG ☐ Rocky Mountain Spotted Fever & Typhus Fever Panel IgG
☐ Hantavirus IgM & IgG ☐ Rubella IgM
☐ Measles IgM ☐ Rubella IgG
☐ Measles IgG ☐ Schistosoma IgG
☐ Mumps IgG ☐ Strongyloides IgG
☐ Plague IgG ☐ Tularemia IgG

Section 7. ORDERING PHYSICIAN INFORMATION (REQUIRED)**
Ordering Physician's NPI Number ** | Ordering Physician's Name **

Section 8. PAYOR SOURCE (REQUIRED)
1. **Reflex testing** will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, **the submitter will be billed.**
3. Medicare generally does not pay for screening tests-please refer to applicable Third party payer guidelines for instructions regarding coverage limitations, medical necessity determinations and Advanced Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please **write** it in the space provided below.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. **Check only one box** below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program. **Submitter**

☐ Medicaid (2) ☐ Medicare (8)
Medicaid/Medicare #:
☐ Submitter (3) ☐ Private Insurance (4)
☐ BIDS (1720) ☐ TB Elimination (1619)
☐ HIV/STD (1608) ☐ Zoonosis (1620)
☐ IDEAS (1610) ☐ Other:
☐ Immunizations (1609)

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 *

Section 9. CDC REFERENCE TESTS
Provide patient history on reverse side of form or attach to avoid delay of specimen processing
☐ Chagas Disease ☐ Leptospirosis
☐ Cysticercosis ☐ Paragonimiasis
☐ Echinococcosis ☐ VRDL (CSF only)
☐ Fascioliasis ☐ Other:
☐ HTLV-1

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

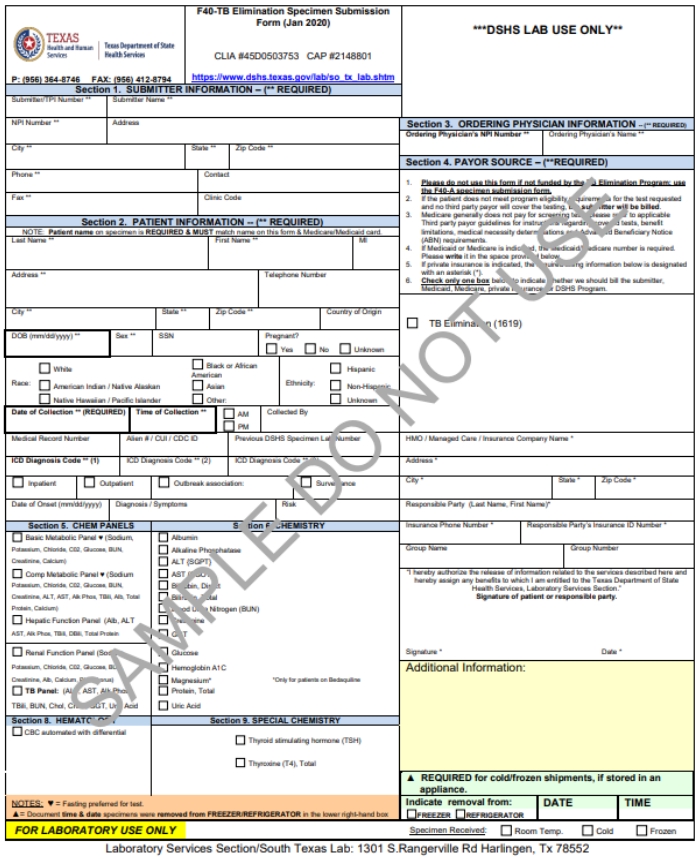
SAMPLE DO NOT USE

Laboratory Services Section: 1100 W 49th St Austin, Tx 78756

- Use the **G-2A Serology Specimen Submission Form** for Hepatitis B, C and HIV serology testing for patients in the TB program.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.
- **Section 3.** Specimen source must be provided.
- **Sections 4 and 5.** Requested test must be selected, or specimen is unsatisfactory for testing.
- **Section 7 and 8.** Fill out completely. Ensure *TB Elimination* is marked as "Payor Source" in Section 8.

Visit laboratory website for the most recent requisition version
https://www.dshs.texas.gov/lab/mrs_forms.shtm

F40-TB Elimination Specimen Submission Form - DSHS South Texas Laboratory (STL)



F40-TB Elimination Specimen Submission Form (Jan 2020)

TEXAS Health and Human Services | Texas Department of State Health Services

CLIA #45D0503753 CAP #2148801

P: (956) 364-8746 FAX: (956) 412-8794 https://www.dshs.texas.gov/lab/so_tx_lab.shtm

***DSHS LAB USE ONLY**

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 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)

Inpatient Outpatient Outbreak association: Surveillance

Date of Onset (mm/dd/yyyy) | Diagnosis / Symptoms | Risk

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; use the F40-A specimen submission form.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, [illegible] will be billed.
3. Medicare generally does not pay for screening tests; please refer to applicable Third party payor guidelines for instructions regarding coverage of tests, benefit limitations, medical necessity determinations and Advanced Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
5. If private insurance is indicated, the insurance company information below is designated with an asterisk (*).
6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance or DSHS Program.

TB Elimination (1619)

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 Information:

Section 5. CHEM PANELS

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, DBil, Total Protein

Renal Function Panel (Sod Potassium, Chloride, CO2, Glucose, BU Creatinine, Alb, Calcium, Phosphorus)

TB Panel: (Alb, AST, Alk Phos TBili, BUN, Chol, Creat, GGT, Uric Acid

Section 6. CHEMISTRY

Albumin

Alkaline Phosphatase

ALT (SGPT)

AST (SGOT)

Bilirubin, Direct

Bilirubin, Total

Blood Urea Nitrogen (BUN)

Calcium

CO2

Glucose

Hemoglobin A1C

Magnesium* *Only for patients on Bedaquiline

Protein, Total

Uric Acid

Section 8. HEMATOLOGY

CBC automated with differential

Section 9. SPECIAL CHEMISTRY

Thyroid stimulating hormone (TSH)

Thyroxine (T4), Total

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

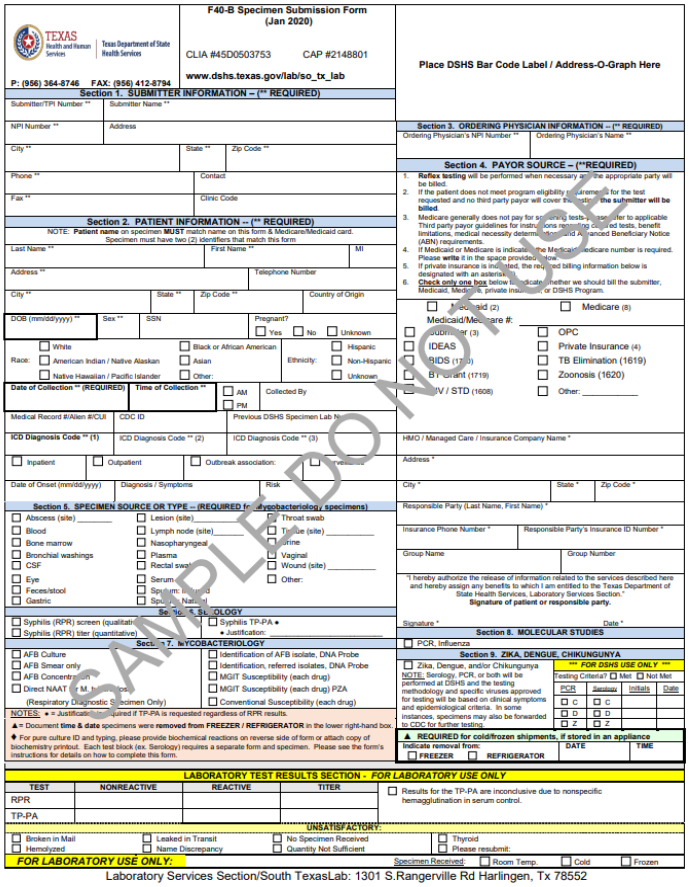
SAMPLE DO NOT USE

Laboratory Services Section/South Texas Lab: 1301 S.Rangerville Rd Harlingen, Tx 78552

- Use the **F40-TB Elimination Specimen Submission Form** for chemistry and hematology clinical blood samples.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Patient name must match exactly the name labeled on the specimen container. Ensure date and time of collection are included.
- **Sections 3 and 4.** Fill out completely. Ensure *TB Elimination* is marked in Section 4 "Payor Source."
- **Sections 5, 6, 8 and 9.** Select each test requested. Magnesium may be ordered for patients on Bedaquiline only.

Visit laboratory website for the most recent requisition version
https://dshs.texas.gov/lab/stlForms.htm

F40-B Specimen Submission Form - DSHS South Texas Laboratory (STL)



F40-B Specimen Submission Form
(Jan 2020)

TEXAS Health and Human Services | Texas Department of State Health Services

CLIA #45D0503753 CAP #2148801

www.dshs.texas.gov/lab/so_tx_lab

P: (956) 364-8746 FAX: (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.
Specimen must have two (2) identifiers that match this form.

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 #/Alien #/CUI | CDC ID | Previous DSHS Specimen Lab #

ICD Diagnosis Code ** (1) | ICD Diagnosis Code ** (2) | ICD Diagnosis Code ** (3)

Inpatient | Outpatient | Outbreak association: | Pregnant

Date of Onset (mm/dd/yyyy) | 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 and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, the submitter will be billed.
3. Medicare generally does not pay for screening tests. Refer to applicable Third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations, and valid Advanced Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance or DSHS Program.

Medicaid (2) | Medicare (8)

Medicaid/Medicare #:

Submitter (3) | OPC

IDEAS | Private Insurance (4)

AIDS (1709) | TB Elimination (1619)

BT Grant (1719) | Zoonosis (1620)

HIV / STD (1608) | Other: _____

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 *

Section 5. SPECIMEN SOURCE OR TYPE – (REQUIRED for mycobacteriology specimens)

Abscess (site) _____ | Lesion (site) _____ | Throat swab
Blood | Lymph node (site) _____ | Tissue (site) _____
Bone marrow | Nasopharyngeal | Urine
Bronchial washings | Plasma | Vaginal
CSF | Rectal swab | Wound (site) _____
Eye | Serum | Other:
Feces/stool | Sputum:
Gastric | Sputum: Induced

Section 6. SYPHILLOLOGY

Syphilis (RPR) screen (qualitative)
Syphilis (RPR) titer (quantitative)
Syphilis TP-PA ♦
♦ Justification: _____

Section 7. MYCOBACTERIOLOGY

AFB Culture
AFB Smear only
AFB Concentration
Direct NAAT (for M. tuberculosis complex) (Respiratory Diagnostic Specimen Only)
Identification of AFB isolate, DNA Probe
Identification, referred isolates, DNA Probe
MGIT Susceptibility (each drug)
MGIT Susceptibility (each drug) PZA
Conventional Susceptibility (each drug)

NOTES: ♦ = Justification required if TP-PA is requested regardless of RPR results.
▲ = Document time & date specimens were removed from FREEZER / REFRIGERATOR in the lower right-hand box.
♦ For pure culture ID and typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test block (ex. Serology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form.

Section 8. MOLECULAR STUDIES

PCR, Influenza

Section 9. ZIKA, DENGUE, CHIKUNGUNYA

Zika, Dengue, and/or Chikungunya

NOTE: Serology, PCR, or both will be performed at DSHS and the testing methodology and specific viruses approved for testing will be based on clinical symptoms and epidemiological criteria. In some instances, specimens may also be forwarded to CDC for further testing.

*** FOR DSHS USE ONLY ***
Testing Criteria? Met Not Met

PCR	Serology	Initials	Date
C	C		
D	D		
Z	Z		

▲ REQUIRED for cold/frozen shipments, if stored in an appliance
Indicate removal from: FREEZER REFRIGERATOR | DATE | TIME

LABORATORY TEST RESULTS SECTION - FOR LABORATORY USE ONLY

TEST	NONREACTIVE	REACTIVE	TITER
RPR			
TP-PA			

Results for the TP-PA are inconclusive due to nonspecific hemagglutination in serum control.

UNSATISFACTORY:
Broken in Mail | Leaked in Transit | No Specimen Received | Thyroid
Hemolyzed | Name Discrepancy | Quantity Not Sufficient | Please resubmit:

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

SAMPLE DO NOT USE

Laboratory Services Section/South TexasLab: 1301 S.Rangerville Rd Harlingen, Tx 78552

- Use the **F40-B Specimen Submission Form** for mycobacteriology and TB specimen testing.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Patient name must match exactly the patient name labeled on the specimen container. Ensure date and time of collection are included.
- **Sections 3 and 4.** Fill out completely. Ensure *TB Elimination* is marked in Section 4 "Payor Source."
- **Section 5.** Specimen source must be provided. This will direct how the specimen is processed in the laboratory.
- **Section 7.** Requested test must be selected or specimen is unsatisfactory for testing.

Visit laboratory website for the most recent requisition version
https://dshs.texas.gov/lab/stlForms.htm