



Texas Department of State Health Services

South Texas Laboratory
CAP #2148801 CLIA #45D0503753
Phone: (956) 364-8746 Fax: (956) 412-8794

Remember 1-1



1 FORM = 1 SAMPLE
Please complete a separate form for each specimen submitted

SPECIMEN BARCODE / Address-O-Graph

This Space for DSHS Laboratory Use Only

F40-B Specimen Submission Form - South Texas Laboratory

SECTION 1. SUBMITTER

Form section for Submitter information including fields for Submitter/TPI Number, Submitter Name, NPI Number, Address, City, State, Zip Code, Phone Number, Fax, and Contact Name/Email Address.

SECTION 5. ORDERING PHYSICIAN

Form section for Ordering Physician information including fields for Physician's NPI Number and Physician's Name.

SECTION 2. PATIENT

Form section for Patient information including fields for Last Name, First Name, MI, Address, Phone Number, City, State, Zip Code, Pregnant?, DOB, Sex, Ethnicity, Race, Diagnosis/Symptoms, Risk, Date of Onset, Country of Origin, and ICD Diagnosis Codes.

SECTION 6. PAYOR SOURCE

Form section for Payor Source information including a list of 5 questions and checkboxes for various payor types like Medicare, Medicaid, and DSHS Program.

SECTION 3. SPECIMEN

Form section for Specimen information including fields for Date of Collection, Time of Collection, Unique Identification Number, Specimen Source/Type, and various specimen collection options.

Form section for Notes/Comments and Serology information, including checkboxes for Syphilis (RPR) screen and other serology tests.

SECTION 4. MYCOBACTERIOLOGY

Form section for Mycobacteriology information including checkboxes for AFB Culture, Nucleic Acid Amplification (NAAT), and MGIT Susceptibility.

NOTES: • = Justification is 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.

LABORATORY TEST RESULTS SECTION - FOR LABORATORY USE ONLY. Table with columns for TEST, NONREACTIVE, REACTIVE, and TITER. Includes checkboxes for inconclusive results.

UNSATISFACTORY section with checkboxes for reasons like Broken in Mail, Leaked in Transit, No Specimen Received, etc.

FOR DSHS LABORATORY USE ONLY: Specimen Received: Room Temp, Cold, Frozen