

CAP #2148801

Phone: (956) 364-8746 Fax: (956) 412-8794

Texas Department of State

Health Services

Remember 1-1 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 5. ORDERING PHYSICIAN									
	Submitter/TPI Number ** Submitter Name**												QUIRED	
Œ	NPI Number ** Address **									- F	hysi	cian's NPI Number**	Physician's Name**	
JIRE	Audios											SECTION 6 P	AYOR SOURCE	
REQUIRED	City ** State ** Z							Zip Code **			Reflex testing will be performed when necessal, and the appropriate party will be billed.			
*	Phone Number ** Fax ** Contact N							Name and/or Email Address			the	ne patient does not meet p test requested and no thir ting, the submitter will be	rd-pa / payor r the	or
	SECTION 2. PATIENT											dicare generally does no er to applicable Third-party	ay for screening to s-please	s
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#.											det req	uirements.	efit in ations, medical necessity d Bene lary Notice (ABN) icate the Medicaid/Medicare	/
	Last Name **					st Name ** MI				5.	nur	nber required. Please	to indicate whether we should bil	ill
** REQUIRED	Address **					P			Phone Number		th mitter, Medicaid, Medicare, or DSHS Program. □ bmitter (3) □ OPC (5507)			
	City **			State **	Zip	Code **	ode **		Pregnant? ☐ Yes ☐ No ☐ Unknown		REQUIRED	☐ Pulse 4th Follow Up (1608) ☐ HIV Prevention	☐ TB Elimination (1619) ☐ Other:	
	DOB (mm/dd/yyyy) **			Sex**			Ethnicity	hnicity: Hispanic Unknowr				1611) ☐ Medicaid (2)	☐ Medicare (8)	
Rac	Race: White American Indian / N Black or African American Native Hawaiian / N							Asian Other	Θ Indicates fields of epidemiological interest. It		k k	Medicaid/Medicare #:		_
Diagr	nosis / Symptor		Risk		☐ Inpatient☐ Outpatient			epidemiology estigate complete relevantields.	N	lote	s/Comments:			
Date of Onset Θ ☐ Outbreak Association Θ ☐ Country of Origin / Bi-National ID Θ ☐ Surveillance Θ ☐ Surveillance Θ														
ICD [Diagnosis Code	e † (1) ICD) Diagnos	sis Code †	(2)	ICD Diagr	osis Code	† (3)	fying, and billing of this specified.					
				SECT	ION 3.	SPECIN	IEN							
NOTI	E: If the 'Date o	of Collection' fie	eld is not	completed	l, the spe	ecimen will	be rei			11				
REQUIRED							□ AM 3 PM	C e	cted by:					
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID Comments C e.g., CDC ID, Pre													
	Specimen Source or Type (Select One Only) **													
KEQL	☐ Abdominal Fluid ☐ Eye Swab ☐ Abscess (site) ☐ Feces / sto								Swab ☐ Tissue (site) ☐ Tracheal Aspirate					
*	□ Blood □ Gastri			stric	ectal Swab				☐ Urethral Swab		SECTION 7. SEROLOGY			
	☐ Bone Marrow ☐ Lesion & ☐ Lesion & ☐ Liver Asp.				Serum Sputum: Induced				☐ Urine ☐ Vaginal Swab			philis (RPR) screen (qu	,	
	☐ Cervical Swab					☐ Sputt ☐ Throa	ım: Natura	I	☐ Wound (site) ☐ Other:			philis (RPR) screen (qu	antitative)	
	☐ Endocervical Swab						— United Swab					/philis TP-PA ●	ct 🛘 Exposure 🗖 Follow-up	n
			SEC	TION 4.	MYCC	DBACTE	RIOLOG	iΥ				☐ Confir	mation/ Conflicting Results	۲
	B Culture	W	1				•	,	NAAT) for <i>M.tuberculosis</i> and	-			- If specimen is stored in a g, Indicate REMOVAL from:	
□ AFB Smear Only Rifampin Resistance □ AFB Concentration (Respiratory Diagno											app		g, indicate REMOVAL from: REFRIGERATOR	
☐ Convent — Susceptibility (each drug) ☐ MGIT Susceptibility (each drug) ☐ MGIT Susceptibility (each drug)								• /		I	DATE (mm/dd/yyyy)	TIME (hh:mm) □ AM		
NOTES: • = Justification is required if TP-PA is requested regardless of RPR results.														1
▲ = 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.													ı	
sepa	rate form and	specimen. P	iease se						CTION - FOR LABORATO	RY U	SE	ONLY		
	TEST	NONREAC	CTIVE		CTIVE		TITER							
RPF									Results for the TP-PA are inconclusive due to nonspecific hemagglutination in serum control					
TP-I		L						IINSA	ISFACTORY:					
□ Br	oken in Mail				aked in	Transit		JNJA	☐ No Specimen Received			☐ Thyroid		
☐ Hemolyzed ☐ Name Discrepancy ☐ Quantity N								☐ Quantity Not Sufficient			☐ Please Re			
	FOR D	SHS LABO	<u>RATOF</u>	RY USE	ONLY:				Specimen F	Recei	vec	I: ☐ Room Temp	. □ Cold □ Froze	n