



TEXAS
Health and Human
Services

Texas Department of State
Health Services

G-22 Specimen Submission Form
(January 2025)

CAP# 3024401

CLIA #45D0660644

NELAC# T104704297

Questions? LabInfo@dshs.texas.gov
Specimen Acquisition: (512) 776-7598

SPECIMEN BARCODE
This Space for DSHS Laboratory Use Only

THE SUBMITTER WILL BE BILLED FOR ALL TESTING

DSHS is not responsible for 3rd party payment arrangements

Section 1. SUBMITTER/BILLING INFORMATION (REQUIRED)			Section 4. REPORTING INFORMATION <i>Indicate where & how you would like the results sent</i>		
Sample Identifier	Submitter Number	Establishment or Location	Name		
Date of Collection ** (REQUIRED)	Time of Collection **	<input type="checkbox"/> AM** <input type="checkbox"/> PM**	Collected By/Contact **	Address	
Agency / Submitter Name			City	State	Zip Code
Address			Preferred Reporting Method <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		Fax Number or email:
City	State	Zip Code	Section 5. PROGRAM INFORMATION when applicable		
Laboratory Identification # / TCEQ NELAC Certificate #			Phone #	Fax #	Program Sample Identifier
Date Received			Date Reported	Program Name	
Section 2. SAMPLE INFORMATION -- (** REQUIRED)			Section 6. SPLIT SAMPLE FLUORIDES		
Sample Type/Description**:			System ID #:	Date Collected	
			Name of Water System		
Section 3. ENVIRONMENTAL TESTING INFORMATION			Collected By:		
**** To Ensure Proper Collection Please Refer to Laboratory Services Section's web site at http://www.dshs.texas.gov/lab for Container, Sample Size, and Requirements Specific to the Test Requested ****			Phone #		
<input type="checkbox"/> Reagent Water Suitability Test			Sample Location / Comments:		
<input type="checkbox"/> List Other Test(s) Requested:			Water System Test Results		
			Fluoride _____ mg/L		
			DSHS Lab Test Results(Do Not Write Below)		
			Fluoride _____ mg/L		
Notes / Comments					
FOR LABORATORY USE ONLY					
Date Received			Date Reported		
Specimen Received: <input type="checkbox"/>			Room Temp. <input type="checkbox"/>		
			Cold _____ °C		

SAMPLED

NOT FOR USE

SAMPLE DO NOT USE