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

G-27A Emergency Preparedness Specimen Submission Form (Jan 2022)

CAP# 3024401   CLIA #45D0660644

https://www.dshs.texas.gov/lab/epr.shtm

http://www.dshs.texas.gov/lab

BioThreat Team (24/7): (512) 689-5537
Chemical Threat Team (24/7): (512) 689-9945

For DSHS Use Only

SAMPLE – DO NOT USE

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** is **REQUIRED & MUST** match name on this form, Medicare/Medicaid card, & specimen container.

Last Name **	First Name **	MI

Address**	Telephone Number

City **	State **	Zip Code **	Country of Origin / Bi-National ID #

DOB (mm/dd/yyyy) **	Sex **	SSN	Pregnant? ☐ Yes ☐ No ☐ Unknown

Race:
☐ White   ☐ Black or African American   ☐ Hispanic
☐ American Indian / Native Alaskan   ☐ Asian   Ethnicity: ☐ Non-Hispanic
☐ Native Hawaiian / Pacific Islander   ☐ Other   ☐ Unknown

Date of Collection ** (REQUIRED)	Time of Collection ☐ AM ☐ PM	Collected By

Medical Record #	Alien # / CUI / CDC ID	Previous DSHS Specimen Lab Number

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 OR TYPE -- (**REQUIRED)

☐ Abscess (site) _____   ☐ Lesion (site)_____   ☐ Throat swab
☐ Blood   ☐ Lymph node (site)_____   ☐ Tissue (site)_____
☐ Bronchial washings   ☐ Nasopharyngeal   ☐ Wound (site)_____
☐ CSF   ☐ Rectal swab   ☐ Other:_____
☐ Enema   ☐ Serum
☐ Feces/stool   ☐ Sputum: Induced
☐ Gastric   ☐ Sputum: Natural

++++ Botulism Only ++++

☐ Stool   ☐ Enema   ☐ Serum   ☐ Wound (site)

NOTES: <u>Infants:</u> 10 g stool or 5 ml enema, no sera, ship cold
<u>Adults:</u> 50 g stool or 5 ml enema, ship cold, 10 ml sera min, ship cold unless >48 hrs ship frozen.
<u>Wounds:</u> 2 swabs in anaerobic transport medium, ship at room temp

Section 4. CLOSTRIDIUM BOTULINUM

☐ Clostridium Botulinum

Patient symptoms (adult botulism):

☐ Blurred vision   ☐ Double vision

☐ Difficulty swallowing

☐ Descending muscle weakness

☐ Descending symmetric paralysis

++++ *Prior authorization required.* **++++**
Call (512) 776-7111 for authorization from a DSHS Epidemiologist

Authorization Code:
Authorization Authority:

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

Ordering Physician's NPI Number **	Ordering Physician's Name **

Section 7. PAYOR SOURCE – (REQUIRED)

☐ IDEAS (1620)

☐ BT GRANT (1719)

☐ Zoonosis (1620)

☐ Submitter

Section 8. CHEMICAL TERRORISM (CT)

NOTE: Not for Routine Analysis, Call (512) 689-9945

Matrix: ☐ Serum ☐ Blood ☐ Urine

☐ Toxic Elements:

☐ Ricin/Abrin Toxin Bio Markers

☐ Cyanide

☐ Other: _____

Justification Required: _____
_____
_____

Clinical Symptoms: _____
_____
_____

Section 5. BACTERIOLOGY RULE-OUT / PCR

NOTES: For rule-out testing. Please notify lab prior to sending samples to expedite testing (512) 776-3781

Definitive Identification:
☐ Bacillus anthracis
☐ Brucella spp.
☐ Burkholderia mallei/pseudomallei
☐ Francisella tularensis
☐ Yersinia pestis

Clinical Specimen:
☐ Aerobic Culture
   Organism suspected _____

Molecular Studies (PCR):
☐ Coxiella burnetii   ☐ Bacillus cereus suspected of containing anthrax genes (associated with severe illness or death)
☐ Smallpox
   Smallpox Symptoms:
   ☐ >101F, 1-4 days prior to rash onset with headache, back ache, or abdominal pain
   ☐ Firm, deep-seated, well-circumscribed vesicles/pustules
   ☐ First lesions in the pharynx, oral mucosa
   ☐ Lesions in the same stage of development in any one area of the body
   ☐ Slow evolution of rash, 1-2 days each stage: macule, papule, vesicle
   ☐ Other: _____

☐ Centrifugal distribution of lesions
☐ Known vaccine exposure
☐ Lesions on palms and soles
☐ Patient appears toxic

NOTES: 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. Bacteriology) requires a separate form and specimen.
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

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