

G-THSTEPS Specimen Submission Form Instructions

For mailing and specimen packaging information, visit DSHS Laboratory Services Section's web page at <http://www.dshs.state.tx.us/lab/>.

The specimen submission form **must** accompany **each** specimen.
The patient's name listed on the specimen **must** match the patient's name listed on the form.
If the Date of Collection field is not completed, the specimen will be rejected.

Place DSHS Bar Code Label Here: If you are performing remote entry, place DSHS LIMS specimen bar code label here. Place the specimen bar code label that will be used to identify and track the specimen in the DSHS laboratory information management system (LIMS).

Section 1. SUBMITTER INFORMATION

All submitter information that is required is marked with double asterisks (**).

Submitter/TPI number, Submitter name and Address: The submitter number is a unique number that the Texas Department of State Health Services (DSHS) Laboratory Services Section assigns to each of our submitters. For Texas Health Steps (THSteps) specimens, use the pre-assigned Texas Provider Identifier (TPI) number. To obtain a TPI number and THSteps enrollment, contact Texas Medicaid and Healthcare Partnership (TMHP) at 1-800-925-9126.

To request a DSHS Laboratory Services Section submitter number, a master form, or to update submitter information, please call (888) 963-7111 x7578 or (512) 458-7578, or fax (512) 458-7533.

NPI Number: Indicate the facility's 10-digit National Provider Identifier (NPI) number. All health care providers must use the National Provider Identifier (NPI) number. To obtain an NPI number, contact the National Plan and Provider Enumeration System (NPPES) toll free at (800) 465-3203 or via their web site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Indicate the submitter's name, address, city, state, and zip code. Please print clearly, use a pre-printed label, or use a legible photocopy of a master form provided by the Laboratory Services Section.

Contact Information: Indicate the name, telephone number, and fax number of the person to contact at the submitting facility in case the laboratory needs additional information about the specimen.

Clinic Code: Please provide, if applicable. This is a code that the submitter furnishes to help them identify which satellite office submits a specimen and to help the submitter identify where the lab report belongs, if the submitter has a primary mailing address with satellite offices.

Collection Site Information: Complete this information when the collection site is not at the facility requesting the test. Indicate the collection site ID number, name, telephone number, and fax number of the person who collected the specimen to contact in case the laboratory needs additional information about the specimen.

Section 2. PATIENT INFORMATION

Complete all patient information including last name, first name, middle initial, address, city, state, zip code, telephone number, country of origin, race, ethnicity, date of birth (DOB), age, sex, social security number (SSN), pregnant, date of collection, time of collection, collected by, medical record number, ICD diagnosis code, and previous DSHS specimen lab number.

NOTE: The patient's name listed on the specimen **must** match the patient's name listed on the form.

Information that is required to bill Medicaid has been marked with double asterisks (**). These fields must be completed. You may use a pre-printed patient label.

Patient Name: The name on the specimen submission form and specimen must match the name on the Medicaid card.

Date of birth (DOB) and Age: List both the date of birth and age of the patient. Please tell us whether the age is in days, months, or years. If date of birth is not provided, specimen may be rejected.

Pregnant: Indicate if female patient is pregnant by marking either Yes, No, or Unknown.

Date of collection/Time of collection: Indicate the date and time the specimen was collected from the patient and who collected the specimen. Do not give the date the specimen was sent to DSHS. **IMPORTANT: If the Date of Collection field is not completed, the specimen will be rejected.**

Medical record number: Provide the identification number for matching purposes.

ICD diagnosis code: Indicate the diagnosis code that would help in processing, identifying, and billing of this specimen.

Previous DSHS specimen lab number: If this patient has had a previous specimen submitted to the DSHS Laboratory, please provide the DSHS specimen lab number.

Section 3. SPECIMEN TYPE

Specimen type: Indicate the type of specimen that is being submitted.

Section 4. PHYSICIAN INFORMATION

Ordering Physician's name, NPI Number, and UPIN: Give the name of the physician and the physician's NPI number. Also, list the physician's unique physician ID number (UPIN), if applicable. **This information is required to bill THSteps.**

Section 5. PAYOR SOURCE

THE SUBMITTER WILL BE BILLED, if the required billing information is not provided or is inaccurate.

- Write in the Medicaid number.
- If the patient name on the form does not match the name on the card, the submitter will be billed.

Section 6. HTL

Test Requested: Check or specify the specific test(s) to be performed by the Laboratory Services Section.

Section 7. STD

Test Requested: Check or specify the specific test(s) to be performed by the Laboratory Services Section.

HIV & Syphilis (RPR): Serum specimens must be refrigerated or frozen, according to the test requested. DO NOT FREEZE serum separator tubes. *The time and date the specimen is removed from REFRIGERATOR or FREEZER must be provided to determine specimen acceptability. Please mark REFRIGERATOR or FREEZER accordingly.* RPR and HIV specimens may be submitted to the submitter's laboratory of choice including the DSHS Laboratory for testing.

Syphilis (RPR): Reflex testing (RPR titer, RPR confirmatory) will be performed on positive RPR screens.

Section 8. CHEMISTRIES

Test Requested: Check or specify the specific test(s) to be performed by the Laboratory Services Section. These specimens may be submitted to the submitter's laboratory of choice including the DSHS Laboratory for testing.

Lipid Profile, Cholesterol, HDL, and Glucose: *The time and date the specimen is removed from FREEZER must be provided to determine specimen acceptability. Please mark FREEZER.*

For specific test instructions and information about tube types, see the Laboratory Services Section Manual of Reference Services on our web site at <http://www.dshs.state.tx.us/lab/>.