



Texas Department of State Health Services

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

G-27A Emergency Preparedness Specimen Submission Form (Jan 2020) Rev.1

CAP# 3024401 CLIA #45D0660644

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

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\*\*\*For DSHS Use Only\*\*\*

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, Ethnicity, Date of Collection \*\*, Time of Collection, Collected By, Medical Record #, Alien # / CUI / CDC ID, Previous DSHS Specimen Lab Number, ICD Diagnosis Code \*\*, ICD Diagnosis Code \*\*, ICD Diagnosis Code \*\*, Date of Onset, Diagnosis / Symptoms, Risk, Inpatient, Outpatient, Outbreak association, Surveillance

Section 3. SPECIMEN SOURCE OR TYPE - (\*\*REQUIRED)

Abscess (site), Blood, Bone marrow, Bronchial washings, CSF, Eye, Feces/stool, Gastric, Lesion (site), Lymph node (site), Nasopharyngeal, Rectal swab, Serum, Sputum: Induced, Sputum: Natural, Throat swab, Tissue (site), Wound (site), Other:

Botulism Only

Stool, Wound (site), NOTES: Infants: 5-10 g stool, no sera, ship cold. Adults: 5-50 g stool, ship cold, 5 ml sera min, ship cold unless 48 hrs ship frozen. Wounds: swab on 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, Authorization Code, Authorization Authority

Section 5. BACTERIOLOGY RULE-OUT / PCR

NOTES: For rule-out testing. Please notify lab prior to sending samples to expedite testing (512) 776-3781. Clinical specimen: Aerobic Culture, Organism suspected: Definitive Identification: Bacillus anthracis, Brucella spp., Burkholderia mallei/pseudomallei, Francisella tularensis, Yersinia pestis, Molecular Studies (PCR): Coxiella burnetii, 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, Centrifugal distribution of lesions, Known vaccine exposure, Lesions on palms and soles, Patient appears toxic

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)

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:

FOR LABORATORY USE ONLY

Specimen Received: Room Temp, Cold, Frozen