



SUBMITTER IDENTIFICATION (ID) NUMBER REQUEST FORM

This form must be completed when requesting a submitter ID number or when updating any information previously submitted. If you have any questions, please call Laboratory Reporting at (512) 776-7578 or toll free at 1-888-963-7111 ext. 7578.

Fax the completed form to Tiffunee Odoms at (512) 776-7533.

1. Reason for submitting form? (Check one) [ ] Requesting a submitter ID number (complete #1-#7) [ ] Updating submitter information (complete #1-#8)
2. Submitter Information: (current)
Facility Name:
Address:
City, State, Zip:
Phone Number: ( ) Fax Number: ( )
NPI #: (Required) TPI #: Submitter ID #:
3. Contact Information:
Contact Person Name: Phone Number:
Email Address: Fax Number:
4. List the test(s) (or test type) that will be requested (specimen submitted for ????):
5. Preferred method of delivery of test results? (Only Check one)
[ ] U.S. Mail [ ] Fax [ ] Web [ ] HL7 (NBS Only)
6. Check one box that best describes the submitter? (Check one)
[ ] Case Manager [ ] Health Department [ ] Laboratory [ ] Physician Office
[ ] Clinic [ ] Health Dept. Sub-Office [ ] Midwife [ ] Prison System
[ ] Endocrinologist [ ] Hematologist [ ] Nurse [ ] Other: (describe)
[ ] Geneticist [ ] Hospital [ ] Physician
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?
[ ] Yes [ ] No If No, please provide additional address information below.
Additional Address 1: for: [ ] test results [ ] shipping [ ] billing Additional Address 2: for: [ ] test results [ ] shipping [ ] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
Phone: Fax: Phone: Fax:
8. Old Address Information: (if requesting address change)
Old Address 1: for: [ ] test results [ ] shipping [ ] billing Old Address 2: for: [ ] test results [ ] shipping [ ] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
DSHS Use Only:
Submitter ID Number Assigned: (Requestor Code) LIMS:
[ ] PerkinElmer [ ] LabWare [ ] Explanation of any changes to existing information noted in LIMS communication log
[ ] Harvest
Submission Form(s) Provided: [ ] G-2A [ ] G-THSTEPS [ ] G-9 [ ] F40-A [ ] G-19
[ ] G-2B [ ] G-1B [ ] G-14 [ ] F40-B [ ] None
[ ] G-2V [ ] G-27 [ ] G-23 [ ] F40-C
[ ] G-MYCO [ ] G-27A [ ] G-26 [ ] F40-D
Notified: [ ] Submitter [ ] Container Prep / Lab Supply [ ] LabAR [ ] Customer Service [ ] STL
Completed By: Date: