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

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Section

Tuberculosis Specimen Shipping Guide

Created September 1, 2020; Revised September 1, 2026

Table of Contents

FedEx Accounts

Account Set-Up

Texas Department of State Health Services (DSHS) public health region (PHR) and local health department (LHD) tuberculosis (TB) programs must establish a courier account with DSHS TB and Hansen's Disease Section (TB Section) to ship TB Section-approved specimen to DSHS laboratories and other DSHS-contracted laboratories using Federal Express (FedEx).

To set up a new account, contact the TB Section's Operations Team at TBProgram@dshs.texas.gov and provide the following information:

- Name of submitter
- Email address of clinic contact
- Name of public health region/county/clinic

An account must be established for each LHD clinic site and PHR field office.

Once established, programs may use this account to ship all TB specimen to the laboratories outlined in this guide.

Courier Services Offered

1. FedEx Priority Overnight
2. FedEx Standard Overnight
3. FedEx Home Delivery
4. FedEx Ground

Helpful FedEx Resources

- Customer Service Telephone Number:
  - 1(866) 477-7529
- How to Ship Clinical Samples (prevent leaking specimen):
  - https://www.fedex.com/en-us/shipping/how-to-ship-clinical-samples.html
- Service Guide:
  - https://www.fedex.com/content/dam/fedex/us-Sectioned-states/services/Service_Guide_2024.pdf
- Ground Service Map (transit):
  - http://www.fedex.com/grd/maps/ShowMapEntry.do
- InSight (advanced shipment tracking):
  - https://www.fedex.com/en-us/tracking/insight.html
- Return Shipments (labels):
  - https://www.fedex.com/en-us/service-guide/return-shipments.html

Shipping TB Specimen to Designated Laboratories

PHR and LHD TB programs may order free specimen shipping boxes from the TB Section (see FAQs for supply details). These boxes should not be used to ship specimen for other programs, such as the Newborn Screening Program.

Specimen may be shipped to the laboratories accepting specimen from TB programs, as outlined below.

DSHS Laboratory

1100 West 49th Street Austin, Texas 78756
Phone: (512) 776-7318 or (512) 776-7598
Fax (512) 776-7294
https://www.dshs.texas.gov/lab/default.shtm

- Tests performed:
  - Acid Fast Bacilli (AFB) smear and culture
  - Nucleic Acid Amplification Test (NAAT)
  - Drug susceptibility tests (DSTs)
  - HIV
  - Hepatitis B and C
- Ship cold specimen by FedEx Priority **overnight** Monday through Wednesday only (so that shipment does not arrive on a weekend).
- Ship other biological specimen Monday through Thursday only.
- Do not ship on Friday or Saturday or the day prior to a holiday.

DSHS South Texas Laboratory (STL)

1301 S. Rangerville Road, Harlingen, TX 78552
Phone: (956) 364-8746 or (956) 364-8753 (TB); (956) 364-8751 (Hematology); and (956) 364-8752 (Clinical)
Fax (956) 412-8794
https://www.dshs.texas.gov/lab/so_tx_lab.shtm

- Tests performed:
  - Blood testing results for chemistry, special chemistry, hematology
- Ship cold specimen by FedEx Priority **overnight** Monday through Thursday.
- Do not ship on Friday, Saturday or the day prior to a holiday.

Auspicious Laboratory

3707 Westcenter Drive, Ste 100
Houston, Texas, 77042
Phone: (713) 266-0808
Fax: (713) 266-0809
Laboratory Manager: Jianghong Jiang ("JJ")
info@auspiciouslab.com

- Test performed:
  - Therapeutic drug monitoring
- Pack samples upright in Styrofoam box and ship FedEx Priority **overnight**.
- Ship Monday through Wednesday only. Do not ship Thursday, Friday, or a day prior to a holiday.
- Package properly for dry ice handling, using the Dry Ice UN 1845 label.
- Ship specimen on at least five pounds of dry ice.
- Place return label on inside flap in a plastic bag to prevent damage or loss during transit or when the box is opened to remove the specimen.
- Hours of operation: Monday – Friday, 9:00 a.m. to 5:00 p.m.

Quest Diagnostics

Quest Client Services: 866-MYQUEST (866-697-8378)
www.questdiagnostics.com

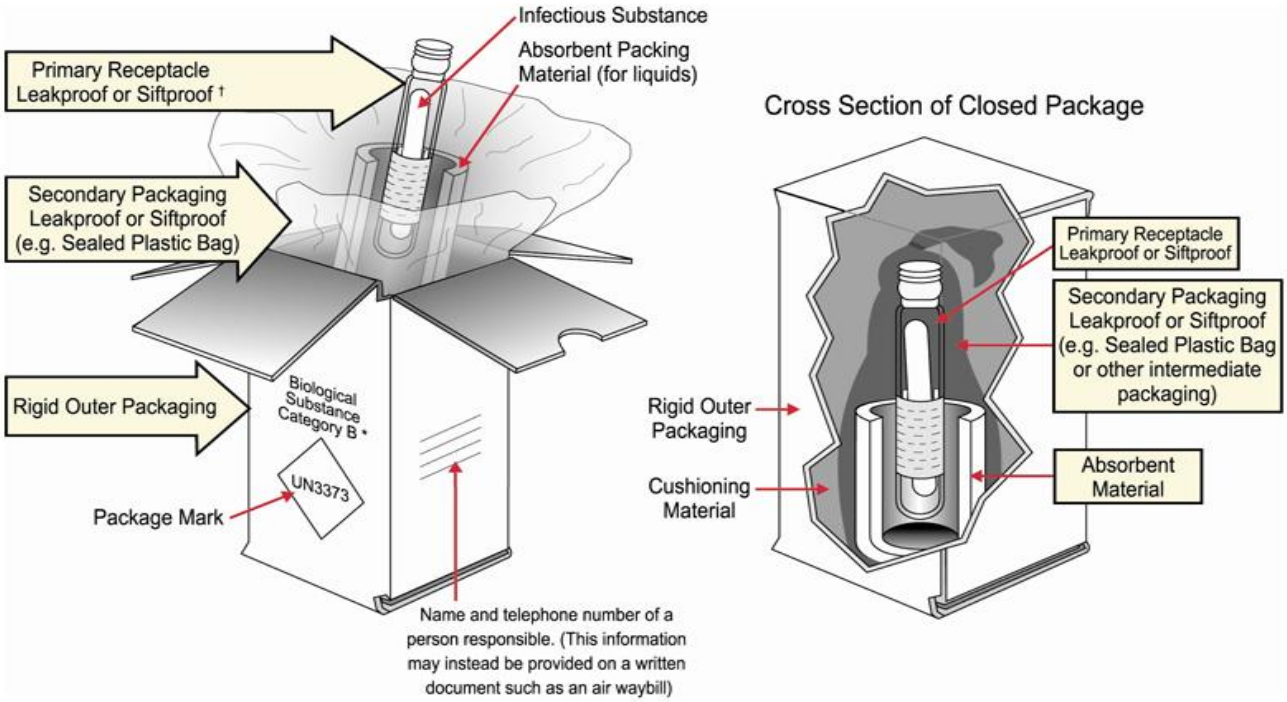
- Tests performed:
  - Interferon Gamma Release Assays (IGRAs):
    - T-SPOT®-TB Test
    - QuantiFERON®-TB Gold Plus One Tube Test (QFT)
- Ship T-SPOT via Quest's FedEx. Contact Quest for details.
  - https://testdirectory.questdiagnostics.com/test/test-detail/37737/t-spottb?cc=MASTER
- Ship QFT via Quest's Courier. Contact Quest for details.
  - https://www.questdiagnostics.com/healthcare-professionals/clinical-education-center/faq/faq204

Shipping Biological B Specimen and Supplies

Sputum and blood are categorized as "Biological Substance, Category B" for shipping. This means they are infectious substances transported for diagnostic purposes and submitters must adhere to shipping requirements. Details are at https://www.fedex.com/content/dam/fedex/us-Sectioned-states/services/UN3373_fxcom.pdf.

TB Programs must ship Category B specimen with three packing layers (see Figure 1). Collect specimen in a **primary receptacle** (such as vacutainer for blood or sterile blue top tube for sputum), wrap in absorbent packaging (such as tissue or cotton), place in a **secondary receptacle** (a leak proof container), and ship in a rigid outer covering (a box, or **third receptacle**) with frozen gel packs for cold shipping or with dry ice for therapeutic drug monitoring. Specimen require labels for Category B and dry ice, when applicable.

Figure 1: Packing Category B Specimen for Transport



Source: https://www.cdc.gov/smallpox/lab-personnel/specimen-collection/pack-transport.html.
See https://www.dshs.texas.gov/lab/mrs_shipping.shtm#Samples for DSHS shipping recommendations.

Primary Receptacle for Sputum

Primary Receptacle for Blood

Sample Secondary Receptacles

Third Receptacle: Rigid Outer Covering

Gel Packs, Kept Frozen for Cold Shipping

Biological B Specimen Shipping Label

Dry Ice Shipping Label

Follow these shipping steps for each specimen:

1. Wrap the primary receptacle in absorbent material (i.e. a paper towel or cotton) and place into the secondary receptacle. Ensure there is enough absorbent material around and on top of the primary receptacle tube so that it cannot easily move around.

2. Include the completed laboratory requisition with the specimen and ensure that it will not get wet. Do not put patient information on outer or secondary container or lids.

3. Place the secondary receptacle with the enclosed/affixed requisition in the third receptacle that is made of a Styrofoam layer and an outer cardboard box (rigid outer covering). Place at least two icepacks in the box, including one on bottom and one on top to "sandwich" the specimen, or at least five pounds of dry ice if sending therapeutic drug monitoring specimen. Place absorbent paper towels on the ice to ensure melting does not wet the bag or laboratory requisition.

4. Place the FedEx label on the inside flap in a pouch to prevent damage or loss during transit or when the box is opened. If the return label is placed on top of the Styrofoam container (inside the taped seam), it may be sliced in half when staff open the box.

5. Close the box and tape securely unless otherwise directed by the courier. Affix the "To" address label and **UN 3373 Biological B Specimen label** (and **UN 1845 Dry Ice Label, when applicable**) to the outside of the box where clearly visible.

Common Reasons for Unsatisfactory Specimen

1. Leaking specimen. This occurs when the blue lid for sputum samples is not fully shut, causing the specimen to leak during transit. To avoid leaking specimen, tighten the blue lid carefully. Ensure the lid is threaded correctly and tightened; do not overtighten or strip the threads. Pack the blue-top tube tightly inside the black top outer receptacle with absorbent material to reduce the risk of leakage.

2. Missing patient identifiers. Labs will reject specimen without two matching patient identifiers on the requisition form and on the outside of the primary receptacle. Common identifiers are **patient name (first and last)** and **date of birth,** or **patient name** and **medical record number**.

For other examples of unsatisfactory specimen sent to South Texas Laboratories (STL), see https://www.dshs.state.tx.us/lab/stlUnsat.htm.

Shipping Labels

Category B – Biological Substances Label UN 3373

"Biological Substance, Category B" must appear in 6-mm-high text on the outer package adjacent to a diamond-shaped mark. The UN 3373 mark must be in the form of a square set at an angle of 45 degrees. Each side of the UN 3373 diamond should measure a minimum of 2" (50 mm). The width of the diamond rule line must be a minimum of 2 mm, and the letters and numbers must be at least 6 mm high."

These labels may be printed or purchased from various online sources. Contact FedEx for labeling support at https://www.fedex.com/content/dam/fedex/us-Sectioned-states/services/UN3373_fxcom.pdf.

Dry Ice – Class 9 Miscellaneous Dangerous Goods UN 1845

An International Air Transport Association (IATA) Class 9 Miscellaneous label must appear on all dry ice shipments. FedEx offers a dry ice label that when correctly completed, satisfies the IATA marking and labeling requirements.

The following permanent markings are required on the outer packaging of all IATA dry ice shipments:

- Dry Ice
- UN 1845
- Net weight of dry ice in kilograms
- Name and address of the shipper
- Name and address of the recipient

Print this label at https://www.fedex.com/content/dam/fedex/us-Sectioned-states/services/Dry_Ice_Label.pdf.

Frequently Asked Questions for Shipping to DSHS Laboratories

What type of TB specimen should be sent in the cold boxes?
Cold boxes are used to ship TB specimen to DSHS laboratories in Austin or South Texas, or to outside reference laboratories for TB testing. This includes sputum samples and blood tests. The boxes are insulated for shipment of cold specimen when used with ice packs, or room temperature specimens when cold packs are not needed.

See https://www.dshs.texas.gov/lab/MRS_specimens.shtm for details.

How many specimens fit in one cold box?
Sites may ship 50 ml of specimen or fewer per box. Two or more primary receptacles may be included per box.

How many cold packs are recommended per sputum canister or box?
Typically, using two ice packs per box is recommended. However, consider temperature conditions. FedEx does not use temperature-controlled trucks to transport boxes, so temperatures inside trucks could be warmer than outside temperatures, depending on the season (summer especially). The amount of time trucks are on the road is another factor. In these cases, it might be better to use three or four boxes, depending on distance or time of day FedEx picks up the boxes.

Where can we order new ice packs and replacement boxes if they become damaged?
TB programs may order cold boxes and ice packs from the DSHS Pharmacy using PIOS. The supplies are ordered in the Description – ITEM ID drop box. They are labeled as *specimen transport cold box* and *specimen transport gel packs.* NOTE: The TB Section cold boxes look like boxes used for TX Health Steps Programs; the difference is the FedEx return label.

Do we need to ship all sputum to the DSHS Laboratory in the cold box with ice packs, or can we send samples via regular mail in the brown mailing canisters?
Now that the TB Section provides a cold-box FedEx account for all TB programs, it is recommended that every sputum sample is collected and shipped via cold box with ice packs. This will provide DSHS laboratories the best possible specimen to test, as it will arrive quickly via FedEx at the recommended cold temperature necessary for testing.

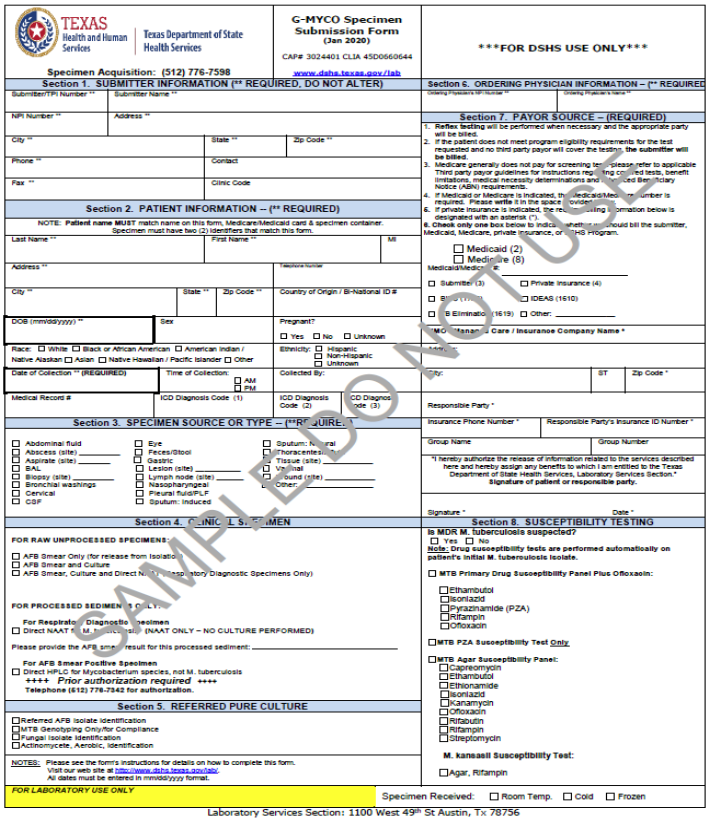
There may be times when this is not possible. For example, cold-box shipping is not possible when mailing canisters are left for the patient to self-collect and send via U.S. mail. When this occurs, instruct patients to keep the sample refrigerated before shipping in the brown outer mailer. Ideally, even self-collected specimens should be saved, refrigerated and shipped in the cold boxes with ice packs when public health personnel can pick up the specimen from the patient.

What type of return shipping labels should we use to ensure the boxes are returned after shipping?
Use the FedEx return labels that include the account information provided by the TB Section. Ensure the return address is accurate. If you are unsure of your account, please email TBProgram@dshs.texas.gov.

How often does DSHS return shipping boxes? How can I ensure that DSHS returns boxes?
DSHS returns cold boxes on Tuesday through Friday afternoons, 1-2 days after they have been picked up from FedEx. For example, if the submitter sends the cold box on Monday, FedEx will deliver the box on Tuesday morning and DSHS will return it to the submitter on Tuesday afternoon (or Wednesday, depending on distance). The only exceptions are closed holidays which would extend the return to the next business day.

Cold boxes received by DSHS laboratories are returned in brown cardboard boxes to prevent wear and tear on the outer cardboard box that protects the Styrofoam containers, provided there is a return shipping label. If no return label is received with the cold box and no information is available inside the cold box to determine who it belongs to, the lab will not return the cold box. Writing “please return” is not acceptable. The return label should include the name and address of facility, phone number and contact name.

G-MYCO Specimen Submission Form – DSHS Austin



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

G-MYCO Specimen Submission Form (Jan 2020)

CAP# 3024401 CLIA 45D0660644

www.dshs.texas.gov/lab

Specimen Acquisition: (512) 776-7598

FOR DSHS USE ONLY

Section 1. SUBMITTER INFORMATION (** REQUIRED, DO NOT ALTER)

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 MUST match name on this form, Medicare/Medicaid card & specimen container. Specimen must have two (2) identifiers that match this form.

Last Name ** | First Name ** | MI

Address ** | Telephone Number

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

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

Race: ☐ White ☐ Black or African American ☐ American Indian / Native Alaskan ☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

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

Medical Record # | ICD Diagnosis Code (1) | ICD Diagnosis Code (2) | ICD Diagnosis Code (3)

Section 3. SPECIMEN SOURCE OR TYPE – (**REQUIRED)

☐ Abdominal fluid ☐ Abscess (site) _____ ☐ Aspirate (site) _____ ☐ BAL ☐ Biopsy (site) _____ ☐ Bronchial washings ☐ Cervical ☐ CSF

☐ Eye ☐ Feces/Stool ☐ Gastric ☐ Lesion (site) _____ ☐ Lymph node (site) _____ ☐ Nasopharyngeal ☐ Pleural fluid/PLF ☐ Sputum: induced

☐ Sputum: Natural ☐ Thoracentesis ☐ Tissue (site) _____ ☐ Urinal ☐ Wound (site) _____ ☐ Other: _____

Section 4. CLINICAL SPECIMEN

FOR RAW UNPROCESSED SPECIMENS:

☐ AFB Smear Only (for release from isolation)
☐ AFB Smear and Culture
☐ AFB Smear, Culture and Direct NAAT (Respiratory Diagnostic Specimens Only)

FOR PROCESSED SEDIMENTS ONLY:

For Respiratory Diagnostic Specimen
☐ Direct NAAT for M. tuberculosis (NAAT ONLY – NO CULTURE PERFORMED)

Please provide the AFB smear result for this processed sediment: _____

For AFB Smear Positive Specimen
☐ Direct HPLC for Mycobacterium species, not M. tuberculosis
++++ *Prior authorization required* ++++
Telephone (512) 776-7342 for authorization.

Section 5. REFERRED PURE CULTURE

☐ Referred AFB Isolate Identification
☐ MTB Genotyping Only/for Compliance
☐ Fungal Isolate Identification
☐ Actinomycete, Aerobic, Identification

NOTES: 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

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

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

Section 7. PAYOR SOURCE – (REQUIRED)

1. Reflex testing will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, the submitter will be billed.
3. Medicare generally does not pay for screening tests. Please refer to applicable Third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations and required Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. Check only one box below to indicate whether you should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.

☐ Medicaid (2)
☐ Medicare (8)
Medicaid/Medicare #: _____
☐ Submitter (3) ☐ Private Insurance (4)
☐ Bill [illegible] ☐ IDEAS (1610)
☐ TB Elimination (1619) ☐ Other: _____

MCO Managed Care / Insurance Company Name *

Address *

City: | ST | Zip Code *

Responsible Party *

Insurance Phone Number * | Responsible Party's Insurance ID Number *

Group Name | Group Number

"I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section."
Signature of patient or responsible party.

Signature * | Date *

Section 8. SUSCEPTIBILITY TESTING

Is MDR M. tuberculosis suspected?
☐ Yes ☐ No
Note: Drug susceptibility tests are performed automatically on patient's initial M. tuberculosis isolate.

☐ MTB Primary Drug Susceptibility Panel Plus Ofloxacin:
☐ Ethambutol
☐ Isoniazid
☐ Pyrazinamide (PZA)
☐ Rifampin
☐ Ofloxacin

☐ MTB PZA Susceptibility Test Only

☐ MTB Agar Susceptibility Panel:
☐ Capreomycin
☐ Ethambutol
☐ Ethionamide
☐ Isoniazid
☐ Kanamycin
☐ Ofloxacin
☐ Rifabutin
☐ Rifampin
☐ Streptomycin

M. kansasii Susceptibility Test:
☐ Agar, Rifampin

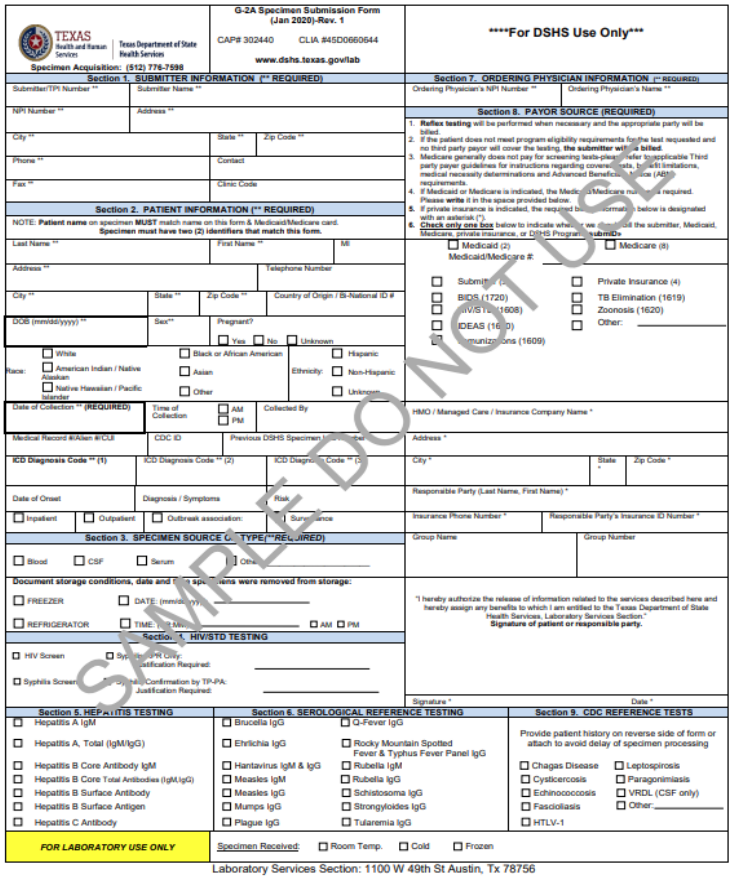
SAMPLE DO NOT USE

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

- Use the **G-MYCO Specimen Submission Form** for mycobacteriology and TB specimen testing.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.
- **Section 3.** Specimen source must be provided. This will direct how the specimen is processed in the laboratory.
- **Section 4.** Requested test must be selected or specimen is unsatisfactory for testing.
- **Sections 5 and 8.** These sections are only for referred isolates from other laboratories.
- **Sections 6 and 7.** Fill out completely. Ensure *TB Elimination* is marked in "Payor Source" in Section 7.

Visit laboratory website for the most recent requisition version
https://dshs.texas.gov/lab/MRS_forms.shtm

G-2A Serology Specimen Submission Form - DSHS Austin



G-2A Specimen Submission Form (Jan 2020)-Rev. 1

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

CAP# 302440 CLIA #45D0660644

www.dshs.texas.gov/lab

Specimen Acquisition: (512) 776-7598

****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 on specimen MUST match name on this form & Medicaid/Medicare card. Specimen must have two (2) identifiers that match this form.

Last Name ** | First Name ** | MI

Address ** | Telephone Number

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

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

Race: White; Black or African American; American Indian / Native Alaskan; Asian; Native Hawaiian / Pacific Islander; Other

Ethnicity: Hispanic; Non-Hispanic; Unknown

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

Medical Record #/Alien #/CUI | CDC ID | Previous DSHS Specimen

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 & TYPE (** REQUIRED)

Blood CSF Serum Other

Document storage conditions, date and time specimens were removed from storage:

FREEZER DATE: (mm/dd/yy)

REFRIGERATOR TIME: AM PM

Section 4. HIV/STD TESTING

HIV Screen | Syphilis Screen | Syphilis Confirmation by TP-PA: Justification Required:

Section 7. ORDERING PHYSICIAN INFORMATION (** REQUIRED)

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

Section 8. PAYOR SOURCE (REQUIRED)

1. Reflex testing will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, the submitter will be billed.
3. Medicare generally does not pay for screening tests-please refer to applicable Third party payer guidelines for instructions regarding coverage of tests, but not limitations, medical necessity determinations and Advanced Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program to submit.

Medicaid (2) Medicare (8)

Medicaid/Medicare #:

Submitter (3) Private Insurance (4)

BIDS (1720) TB Elimination (1619)

HIV/STD (1608) Zoonosis (1620)

IDEAS (1610) Other:

Immunizations (1609)

HMO / Managed Care / Insurance Company Name * | Address *

City * | State * | Zip Code *

Responsible Party (Last Name, First Name) *

Insurance Phone Number * | Responsible Party's Insurance ID Number *

Group Name | Group Number

"I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section."
Signature of patient or responsible party.

Signature * | Date *

Section 5. HEPATITIS TESTING

- Hepatitis A IgM
- Hepatitis A, Total (IgM/IgG)
- Hepatitis B Core Antibody IgM
- Hepatitis B Core Total Antibodies (IgM,IgG)
- Hepatitis B Surface Antibody
- Hepatitis B Surface Antigen
- Hepatitis C Antibody

Section 6. SEROLOGICAL REFERENCE TESTING

- Brucella IgG
- Ehrlichia IgG
- Hantavirus IgM & IgG
- Measles IgM
- Measles IgG
- Mumps IgG
- Plague IgG
- Q-Fever IgG
- Rocky Mountain Spotted Fever & Typhus Fever Panel IgG
- Rubella IgM
- Rubella IgG
- Schistosoma IgG
- Strongyloides IgG
- Tularemia IgG

Section 9. CDC REFERENCE TESTS

Provide patient history on reverse side of form or attach to avoid delay of specimen processing

- Chagas Disease
- Cysticercosis
- Echinococcosis
- Fascioliasis
- HTLV-1
- Leptospirosis
- Paragonimiasis
- VRDL (CSF only)
- Other:

FOR LABORATORY USE ONLY

Specimen Received: Room Temp. Cold Frozen

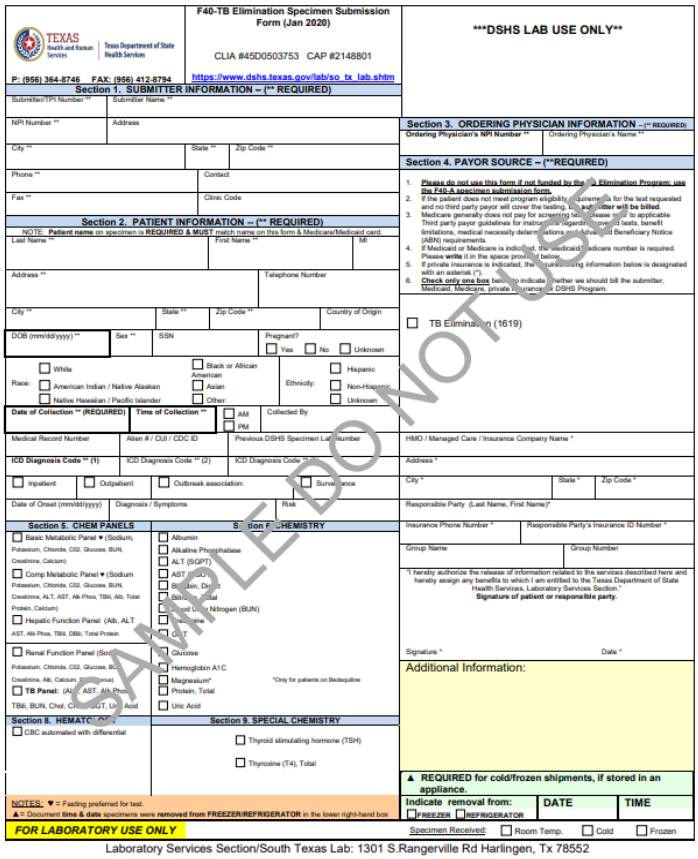
Laboratory Services Section: 1100 W 49th St Austin, Tx 78756

SAMPLE DO NOT USE

- Use the **G-2A Serology Specimen Submission Form** for Hepatitis B, C and HIV serology testing for patients in the TB program.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Fill out completely. Patient name must match exactly the patient name labeled on the specimen container.
- **Section 3.** Specimen source must be provided.
- **Sections 4 and 5.** Requested test must be selected, or specimen is unsatisfactory for testing.
- **Section 7 and 8.** Fill out completely. Ensure *TB Elimination* is marked as "Payor Source" in Section 8.

Visit laboratory website for the most recent requisition version
https://www.dshs.texas.gov/lab/mrs_forms.shtm

F40-TB Elimination Specimen Submission Form - DSHS South Texas Laboratory (STL)



F40-TB Elimination Specimen Submission Form (Jan 2020)

CLIA #45D0503753 CAP #2148801

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

P: (956) 364-8746 FAX: (956) 412-8794

***DSHS LAB USE ONLY**

Section 1. SUBMITTER INFORMATION – (** REQUIRED)

Section 2. PATIENT INFORMATION – (** REQUIRED)

Section 3. ORDERING PHYSICIAN INFORMATION – (** REQUIRED)

Section 4. PAYOR SOURCE – (**REQUIRED)

TB Elimination (1619)

Section 5. CHEM PANELS

Section 6. CHEMISTRY

Section 8. HEMATOLOGY

Section 9. SPECIAL CHEMISTRY

Additional Information:

FOR LABORATORY USE ONLY

SAMPLE DO NOT USE

Laboratory Services Section/South Texas Lab: 1301 S.Rangerville Rd Harlingen, Tx 78552

- Use the **F40-TB Elimination Specimen Submission Form** for chemistry and hematology clinical blood samples.
- **Section 1.** Ensure all information is updated and current.
- **Section 2.** Patient name must match exactly the name labeled on the specimen container. Ensure date and time of collection are included.
- **Sections 3 and 4.** Fill out completely. Ensure *TB Elimination* is marked in Section 4 "Payor Source."
- **Sections 5, 6, 8 and 9.** Select each test requested. Magnesium may be ordered for patients on Bedaquiline only.

Email the laboratory at labinfo@dshs.texas.gov for the most recent requisition version
https://dshs.texas.gov/lab/stlForms.htm