



TEXAS Health and Human Services

Texas Department of State Health Services

CAP# 3024401

CLIA #45D0660644

Questions? LabInfo@dshs.texas.gov
Specimen Acquisition: (512) 776-7598

Remember 1-1



1 FORM = 1 SAMPLE

Please complete a separate form for each specimen submitted

SPECIMEN BARCODE
This Space for DSHS Laboratory Use Only

G-1B Specimen Submission Form

Submission Form Guidance

- All dates must be entered in mm/dd/yyyy format.
Please complete a separate form for each specimen submitted.
Details of test and specimen requirements can be found in the Laboratory Testing Services Manual. Visit our website at https://www.dshs.texas.gov/lab

For assistance or questions, email ClinicalChemistry@dshs.texas.gov

SECTION 1. SUBMITTER
SECTION 2. PATIENT
SECTION 3. SPECIMEN
SECTION 4. HEMOGLOBIN AND LEAD (HL)
SECTION 5. HEMOGLOBIN TYPE
SECTION 6. PKU DIETARY MONITORING
SECTION 7. CHEMISTRIES
SECTION 8. ORDERING PHYSICIAN
SECTION 9. PAYOR SOURCE
SECTION 10. DNA ANALYSIS
FOR DSHS LABORATORY USE ONLY:
Specimen Received: Room Temp. Cold Frozen