

| Name of Person Submitting Order: | Submitter ID \#: | Submitter Name: <br> Telephone: <br> Street Address: <br> Fax: <br> Please indicate how you would prefer to receive confirmation that DSHS received your order. <br> Email $\square$ Fax $\square$ |
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## Patient Self-Collect Supplies:

| Items | Quantity |
| :--- | :--- |
| Sterile TB Specimen Collection Tube (Centrifuge tube, 50 mL ) |  |
| Secondary Container (Hard-sided plastic liner tube or 95 KPa specimen bag, as available) |  |
| Outer Mailer (cardboard; holds a single specimen collection tube; for USPS use only) |  |
| Prepaid DSHS USPS Mailing Label (for use with USPS outer mailer only) |  |

## Serum Specimen Collection Supplies:

| Items | Quantity |
| :--- | :--- |
| BD Vacutainer ${ }^{\circledR}$ Serum Separator Tube ( 5 mL, venous, gold top) available in quantities of <br> $10,25,50$ and 100 |  |
| Red Top Blood Collection Kit (BD Vacutainer <br> serum transport tube) available in quantities of $10,25,5 \mathrm{~mL}$, venous, red top; pipette; and 100 |  |

FOR DSHS USE ONLY
Date Received:

## Submit completed order forms to DSHS:

Email: ContainerPrepGroup@dshs.texas.gov (preferred)
OR
Fax: (512) 776-7672
Orders will be shipped to within 5 business days of receipt.

* Please order a two-month supply. *

