



G-THS Specimen Submission Form

FOR TEXAS HEALTH STEPS SPECIMENS ONLY!!!

IS THIS SUBMISSION PART OF THE THSTEPS MEDICAL CHECKUP OR FOLLOW-UP VISIT? Yes No

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

Form fields for Submitter: Submitter/TPI Number, Submitter Name, NPI Number, Address, City, State, Zip Code, Phone Number, Fax, Contact Name and/or Email Address.

SECTION 4. ORDERING PHYSICIAN

Form fields for Ordering Physician: Physician's NPI Number, Physician's Name.

SECTION 5. PAYOR SOURCE

- 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. If the Medicaid number is not provided or is inaccurate, the submitter will be billed.
4. Please write the Medicaid number in the space provided below.

SECTION 2. PATIENT

NOTE: Patient name on specimen MUST match name on this form exactly. Name mismatches will be rejected. Specimen container must have two (2) unique identifiers that match this form exactly.

Form fields for Patient: Last Name, First Name, Address, Phone Number, City, State, Zip Code, DOB, Sex, Ethnicity.

Form fields for Payor Source: THSteps (1613), Medicaid #.

SECTION 6. HEMOGLOBIN AND LEAD (HL)

Form fields for Hemoglobin and Lead: Hemoglobin, Lead, Check this box if this a follow-up test for a previous abnormal/elevated lead result.

SECTION 7. STI

Form fields for STI: Gonorrhea/Chlamydia, HIV, Syphilis. NOTE: DO NOT FREEZE Serum Separator Tube (SST) collectors (i.e. Gold Top tubes)

SECTION 3. SPECIMEN

NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.

Form fields for Specimen: Date of Collection, Time of Collection, Unique Identification Number, Specimen Source or Type (Blood, Rectal Swab, Urine, etc.), Comments or Additional ID.

SECTION 8. CHEMISTRIES

Form fields for Chemistries: Cholesterol, High-density lipoprotein (HDL), Lipid Panel, Glucose, Random, Glucose, Fasting.

REQUIRED for cold shipments, if stored in an appliance prior to shipping. Indicate REMOVAL from:

Form fields for Shipping: FREEZER, REFRIGERATOR, DATE, TIME.

FOR DSHS LABORATORY USE ONLY

Comments:

Specimen Received: Room Temp. Cold Frozen