



DSHS Public Health Laboratory Provider Training Request

Facility Name: _____ Phone: _____

Physical Address: _____

County/Region: _____ Submitter ID: _____

Contact Name: _____ Email: _____

Please select: ☐ New Provider ☐ Established Provider ☐ Texas Health Steps

Test Type (Choose all that apply): ☐ Newborn Screening ☐ Hemoglobin ☐ Lead
☐ Lipid/Glucose ☐ HIV/Syphilis ☐ GC/CT

✓	Laboratory Training Topic	Time Allocated
<input type="checkbox"/>	New Provider	1 to 1.5 hours
<input type="checkbox"/>	How to Request and Update Submission Forms	10 minutes
<input type="checkbox"/>	How to Order Laboratory Supplies	5 minutes per test type
<input type="checkbox"/>	How to Label Collection Devices	5 minutes per test type
<input type="checkbox"/>	How to Complete Submission/Demographic Form	10 minutes
<input type="checkbox"/>	Specimen Collection Process	5 minutes per test type
<input type="checkbox"/>	Storage, Packaging, and Shipping Requirements	5 minutes per test type
<input type="checkbox"/>	Reporting	15 minutes
<input type="checkbox"/>	Inquiry to Unsatisfactory Specimen Submissions	15 minutes per test type

*** Time allocations are estimated time frames ***

Training Request Date: ____/____/____ Time: _____

Virtual or In-Person* (Choose one) Number of Participants: _____

Additional Information: _____

* In-person must be approved by DSHS Laboratory Management

Fax Training Request Form to 512-776-7157 or

Email: newbornscreeninglab@dshs.texas.gov