F40-A Specimen Submission Form's Instructions

For mailing and specimen packaging information, please contact South Texas Laboratory at (956) 364-8746.

Avoid common errors:

- ✓ The specimen submission form ***must*** accompany ***each*** specimen.
- ✓ The patient's name listed on the specimen ***must*** match the patient's name listed on the form.
- ✓ Specimen must have two (2) identifiers that match this form.
- ✓ If the Date of Collection field is not completed or is inaccurate, the specimen will be rejected.
- ✓ A selection box is considered marked when filled in, checked, or crossed with an 'X'. Do not circle selection boxes.

Place DSHS Bar Code Label/Address-O-Graph Here: Place the DSHS specimen bar code label that will be used to identify and track the specimen in the DSHS laboratory information management system. If you are performing remote entry, place DSHS specimen bar code label here.

Imprint the Address-O-Graph card in this location, if applicable.

Section 1. SUBMITTER INFORMATION

All submitter information that is required is marked with double asterisks (**).

Submitter/TPI number, Submitter name and Address: The submitter number is a unique number that the Texas Department of State Health Services (DSHS) Public Health Laboratory Division assigns to each of our submitters.

To request a DSHS Public Health Laboratory Division submitter number, a master form, or to update submitter information, please call (888) 963-7111 x7578 or (512) 776-7578, or fax (512) 776-7533 or visit http://www.dshs.texas.gov/lab/mrs_forms.shtm#email.

NPI Number: Indicate the facility's 10-digit NPI Number. All health care providers must use the National Provider Identifier (NPI) number. To obtain an NPI number, contact the National Plan and Provider Enumeration System (NPPES) toll free at (800) 465-3203 or via their web site at https://nppes.cms.hhs.gov/NPPES/Welcome.do.

Indicate the submitter's name, address, city, state, and zip code. Please print clearly, use a pre-printed label, or use a photocopy of a master form provided by the Public Health Laboratory Division.

Contact: Indicate the name, telephone, and fax number of the person to contact at the submitting facility in case the laboratory needs additional information about the specimen/isolate.

Clinic Code: Please provide, if applicable. This is a code that the submitter furnishes to help them identify which satellite office submits a specimen and to help the submitter identify where the lab report belongs, if the submitter has a primary mailing address with satellite offices.

Section 2. PATIENT INFORMATION

Complete all patient information including last name, first name, middle initial, address, city, state, zip code, telephone number, country of origin, race, ethnicity, date of birth (DOB), pregnant, date of collection, time of collection, collected by, medical record number, ICD diagnosis codes, and previous DSHS lab specimen number. NOTE: The patient's name listed on the specimen ***must*** match the patient's name listed on the form.
All specimens must be labeled with at least two patient specific identifiers; both a primary and a secondary identifier. The identifiers must appear on both the primary specimen container (or card) and the associated submission form. Specimens that do not meet this criterion **will be considered unsatisfactory** for testing.

Acceptable Identifiers:

- Patient Name (last name, first name)
- Date of Birth
- Medical Record number

Information that is required to bill Medicare, Medicaid, or private insurance has been marked with double asterisks (*). These fields must be completed. You may use a pre-printed patient label.

Date of birth (DOB): Please list the date of birth. If the date of birth is not provided or is inaccurate, the specimen may be rejected.

Pregnant: Please indicate if female patient is pregnant by marking either Yes, No, or Unknown.

Medical Record#: Provide the identification number for matching purposes.

ICD diagnosis code(s): Indicate the diagnosis code(s) that would help in processing, identifying, and billing of this specimen.

Section 3. SPECIMEN INFORMATION

Date of Collection/Time of Collection: Indicate the date and time the specimen was collected from the patient. Do not give the date the specimen was sent to DSHS. **IMPORTANT: If the Date of Collection and Time of Collection fields are not completed or are inaccurate, the specimen will be rejected**

Collected By: Clearly indicate the individual who collected the specimen.

Specimen Source: Please select the specimen source.

Section 4. PHYSICIAN INFORMATION

Ordering Physician's name and NPI Number: Give the name of the physician and the physician's NPI number. **This information is required to bill Medicaid, Medicare, and insurance.**

Section 5. PAYOR SOURCE

THE SUBMITTER WILL BE BILLED, if the required billing information is not provided, is inaccurate, or multiple payor boxes are checked**.**

Indicate the party that will receive the bill by marking only one box.

Checking Medicaid or Medicare:
- Mark the appropriate box.
- Write in the Medicaid or Medicare number.
- If the patient name on the form does not match the name on the Medicaid/Medicare card, the submitter will be billed.
- Patient's DOB and address must be provided.

Checking Private Insurance:
- Mark the appropriate box.
- Complete all fields on the form that have an asterisk (*).
- If the insurance information is not provided on the specimen form or is inaccurate, the submitter will be billed.
- Patient's DOB and address must be provided.

Checking a DSHS Program:
- If you are contracting and/or approved by a DSHS program to provide services that require laboratory testing, please indicate which program. For program descriptions, see the Public Health Laboratory Division's website at http://www.dshs.texas.gov/lab/prog_desc.htm.
- **Do NOT check a DSHS program as a Payor Source if the patient has Medicaid, Medicare, or insurance**.

For OPC (Out Patient Clinic) check the appropriate box.

HMO / Managed Care / Insurance Company: Print the name, address, city, state, and zip code of the insurance company to be billed. If all insurance information is not provided on the specimen form, the submitter will be billed. NOTE: The DSHS laboratories are not an in-network CHIP or CHIP Perinate provider. If CHIP or CHIP Perinate is indicated, the submitter will be billed.

Responsible Party: Print the Last Name, First Name of the responsible party, the insurance ID number, insurance company's phone number, group name, and group number.

Signature and Date: Have the responsible party sign and date to authorize the release of their information, if DSHS is to bill their insurance or HMO.

Sections 6-10:

Test Requested: Check or specify the specific test(s) to be performed by the South Texas Laboratory.

REFLEX TESTING:

Please note that additional testing procedures (i.e., reflex testing) will be performed when necessary and clinically indicated by the initial lab test results. Reflex testing will be billed to the appropriate payor in addition to the original test requested. This is particularly applicable laboratory testing requiring confirmation or further diagnostic work.