

## F40-TB Submission Form Instructions

For mailing and specimen packaging information, visit DSHS Public Health Laboratory Division webpage: [www.dshs.texas.gov](http://www.dshs.texas.gov)

### **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.state.tx.us/lab/mrs\\_forms.shtm#email](http://www.dshs.state.tx.us/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), sex, pregnant, and ICD diagnosis codes.

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

**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.

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

### **Section 3. 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.**

### **Section 4. PAYOR SOURCE**

**Do not use this form if not funded by the TB Elimination Program; use the F40-A specimen submission form.**

### **Section 5. 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.

**Sections 6-9:**

**Test Requested:** Check or specify the specific test(s) to be performed by the South Texas Laboratory. *Do not add tests that are not listed on the form. Tests added that are not listed on the form will not be ordered by STL*

If specimen is stored in a freezer or refrigerator prior to shipping, please indicate which appliance and the date and time of removal.