

G2-E Specimen Submission Form Instructions

For mailing and specimen packaging information, visit DSHS Laboratory Division Section webpage: 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 Here: Place the specimen bar code label that will be used to identify and track the specimen in the DSHS laboratory information management system (LIMS). If you are performing remote entry, place DSHS LIMS specimen bar code label here.

Section 1. SUBMITTER

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 obtain a Texas Provider Identifier (TPI) number, contact Texas Medicaid and Healthcare Partnership (TMHP) at 1-800-925-9126.

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. See section for Submitter Account Request forms.

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 legible photocopy of a master form provided by the Public Health Laboratory Division.

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

Section 2. PATIENT

Complete all patient information including last name, first name, middle initial, address, city, state, zip code, telephone number, date of birth (DOB), sex, pregnant, race, ethnicity, , diagnosis code, , diagnosis/symptoms, risk, and mark either outbreak association, and/or surveillance.

NOTE: The patient's first and last 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 these criteria **will be considered unsatisfactory** for testing.

Acceptable Identifiers:

- Patient Name (last name, first name)
- Date of Birth
- Medical Record number
- Unique Number
- Medicaid Number
- CDC Number

Patient Name: If the first and last name is not provided, the specimen may be rejected.

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

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

ICD Diagnosis Code(s), Date of Onset, Diagnosis/Symptoms, and Risk (if applicable): Indicate the diagnosis code or findings that would help in processing, identifying, and billing of this specimen/isolate. If the patient's country of origin is not the U.S., then please provide the patient's country of origin.

Outbreak/Surveillance (if applicable): Tell us whether the specimen/isolate is part of an outbreak or if the specimen is for routine surveillance.

Section 3. SPECIMEN

Complete Date of Collection, Time of Collection, Collected by and Unique Identification number.

Specimen Source or Type: Select one type of material you are submitting or the source of the specimen or isolate.

For specimens other than those listed, check the "Other" box and write in the site and source.

REFLEX & REFERENCE 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.

For specific test instructions and information about tube types, see the Public Health Laboratory Division's web site at <http://www.dshs.texas.gov/lab/>.

Section 4. TEST REQUESTED

You **MUST** check the specific test(s) to be performed by the DSHS Laboratory Services Section in Box 1 or Box 2. Further select the type of Isolate (for box 1) or the type of Colonization Screening for Box 2. For specific test instructions, see the Public Health Laboratory Division's web site at <http://www.dshs.texas.gov/lab/>. To cancel a test that is marked in error on the form, mark one line through the test name, write "error", and initial.

Please indicate the suspected organism.

Please include copies of any previous laboratory testing of this sample to assist DSHS with appropriate identification. Indicate if the specimen is an isolate.

Section 5. ORDERING PHYSICIAN INFORMATION

Ordering Physician's Name and NPI Number: Give the name of the physician and the physician's NPI number.

Section 6. PAYOR SOURCE

CDC SPECIAL PROJECT specimens only.

Section 7. COLLECTION SITE INFORMATION

For facilities submitting CDC SPECIAL PROJECT specimens: Include the Collection Site Name, Infection Control Contact Name, Phone Number, Zip Code, and Sample Number. If applicable, include the Collection Site's CLIA Number.