



Laboratory Services Section
1100 W. 49th Street, MC-1947
Austin, Texas 78756-3194
(888) 963-7111 x7318 or (512) 458-7318
http://www.dshs.state.tx.us/lab

Place Bar Code Label Here

Specimen Acquisition: (512) 458-7598

Section 1. SUBMITTER INFORMATION - (** REQUIRED)

Section 4. PHYSICIAN INFORMATION (** REQUIRED)

Form fields for Section 1 and Section 4, including Submitter/TPI Number, Submitter Name, NPI Number, Address, City, State, Zip, Contact, Physician's Name, and various checkboxes for insurance and program participation.

Section 2. PATIENT INFORMATION (** REQUIRED)

Form fields for Section 2, including Patient Name, Last Name, First Name, Address, City, State, Zip, Date of Birth, and checkboxes for race, ethnicity, and insurance.

Section 3. SPECIMEN SOURCE OR TYPE -- (REQUIRED for Mycobacteriology specimens)

Form fields for Section 3, including checkboxes for various specimen sources such as Abscess (site), Blood, Bone marrow, Bronchial washings, Cervical, CSF, Eye, Feces/stool, Gastric, Lesion (site), Lymph node (site), Nasopharyngeal, Plasma, Rectal swab, Serum, Sputum: Induced, Sputum: Natural, Throat swab, Tissue (site), Urethral, Urine, Vaginal, Wound (site), and Other.

Section 6. BACTERIOLOGY

NOTES: @ = Provide patient history on reverse side of form to avoid delay of specimen processing.
◆ = Tests covered by THSteps or Title V Well-Child Health Programs.
For pure culture ID and typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test block (ex. Bacteriology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Details of test and specimen requirements can be found in the Laboratory Services Section's Manual of Reference Services. Visit our web site at http://www.dshs.state.tx.us/lab/.

Form fields for Section 6, including Clinical specimens (Aerobe isolation, Amplified probe, Anaerobe isolation, Botulism @, Diphtheria screen, Enteric pathogens, Gonorrhea/Chlamydia (genetic probe) ◆, Gonorrhea culture, Pertussis culture, Strep screen (Group B only), Toxin / EHEC, Toxin / Other) and Pure cultures (Aerobe ID only, Anaerobe ID only, Campylobacter ID only, Special studies: Toxin studies, Other; ID and typing: E. coli (EHEC confirmation), Haemophilus influenzae, Neisseria meningitidis, Salmonella, Shigella, Other).

Section 7. MOLECULAR STUDIES

Form fields for Section 7, including checkboxes for PCR for, PFGE for, and Other.

Section 8. ENTOMOLOGY

Form fields for Section 8, including checkboxes for Insect ID and Other.

Form fields for Section 9, including Group Name, Group Number, and a signature block with the text: "I hereby authorize the release of information related to the services described here and hereby assign any benefits to which I am entitled to the Texas Department of State Health Services, Laboratory Services Section." Signature of patient or responsible party.

Section 9. CHEMICAL TERRORISM (CT)

Form fields for Section 9, including checkboxes for CT Panel (blood and urine) and Justification.

Section 10. MYCOBACTERIOLOGY / MYCOLOGY

Form fields for Section 10, including Clinical specimens (AFB smear & culture, Direct HPLC only) and Pure cultures (AFB ID, Fungus ID, MTB 1st drug panel, MTB 2nd drug panel, MTB PZA, Other aerobic actinomycetes ID, Other).

Section 11. PARASITOLOGY

Form fields for Section 11, including checkboxes for Blood/Tissue parasites @, Intestinal parasites @, Worm ID @, Pin Worm Prep, Fixative, Stain, and Other.

FOR LABORATORY USE ONLY

Form fields for Section 12, including checkboxes for Room Temp., Cold, and Frozen.