CONTAINERS & FORMS

SUBMITTER ID # _____

Submitter Name: _____

_____

Address: _____

City, Zip: _____TX_____

Phone: (_____)_____opt/ext _____

Contact Person: _____

TEXAS Department of State Health Services

Form (G- 6A) Revised 6/05
Mail or Fax Requests to:
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3194
Ph. (512) 458-7661 / Fax (512) 458-7672

Item	Quantity	Specimen Containers/Labels	Quantity
Bacteriological Water Bottle (w/form)		Mailing Container- Small (1)	
*Feces, Bacteriology PHD only		Mailing Container- Medium (4)	
*Feces, O&P PHD only		Mailing Container- Large (7)	
*Diabetes Kits (x10/ x25/ x100) PHD only		Mailing Container – Tall (Pertussis, Feces Bact)	
*Influenza Transport Kits & Swabs PHD only		**COLD MAILING BOX (choles,lipid,glucose)	
Pertussis (entire kit / swabs only)		Mailing Labels - Generic	
		*Mailing Labels – Refugee PHD only	
**TB (single / Box of 50 singles)		**Mailing Labels - TB	
*available only to public health facilities		**prior arrangement needed with State Lab	
TDSHS Use Only: Date _____ Logged by _____		Date Received_____	