



F40-11036

Specimen Submission Form (SEP 2006) Rev. 1

CLIA #45D0503753

CAP #2148801

Laboratory Services Section
South Texas Laboratory
1301 S. Rangerville Road
Harlingen, Texas 78552
(956) 364-8746
FAX: (956) 412-8794

Place DSHS Bar Code Label / Address-O-Graph Here

Section 1. SUBMITTER INFORMATION - (** REQUIRED)

Submitter/TPI Number **, Submitter Name **, NPI Number **, Address, City **, State **, Zip **, Phone **, Contact, Fax, Clinic Code

Section 3. PATIENT INFORMATION - (** REQUIRED)

Physician Name **, Physician Number **, Patient Name **, Patient Number **, Date of Birth **, Sex **

Section 2. PATIENT INFORMATION - (** REQUIRED)

Last Name on specimen if different from patient name, First Name, Address, City **, State **, Zip Code, Race, Ethnicity, DOB, Date of Collection, Medical History, ICD Diagnosis Code **, Previous DSHS Specimen Lab Number

Section 4. PAYOR SOURCE INFORMATION - (** REQUIRED)

Indicate if the submitter, Medicaid/Medicare is insured, Insurance or DSHS Fee Waiver is required, Billing information provided, THE SUBMITTER WILL BE BILLED, Insurance, Medicare, Medicaid/Medicare, HIV / STD, Refugee, TB Elimination, TX CLPPP, Other: HMO / Managed Care / Insurance Company Name *

Section 5. SPECIMEN PRIORITY

STAT, Routine

Section 6. MISCELLANEOUS (For Lab Use Only)

9900 - Handling Fee, 36415 - Venipuncture

Section 7. MYCOBACT

87015, 87206, 87116 - AFB Culture, Source: 87149 - AFB ID by DNA Probe, 87188 - Bactec Susceptibility (each drug), 87190 - Conventional Susceptibility (each drug)

Section 8. SEROLOGY

87590, 87490 - GC/CT Gen Probe, Treated: Yes No, 86592 - RPR Card, 86781 - TP-PA, 84703 - Pregnancy, Serum, 81025 - Pregnancy, Urine, 86430 - Rheumatoid Factor, Justification:

Section 9. MICROBIOLOGY

87075 - Culture, Anaerobic, 87040 - Culture, Blood, 87070 - Culture, Genital, 87070 - Culture, Routine, Source: 87070 - Culture, Sputum, 87045, 87046 - Culture, Stool, 87086 - Culture, Urine, 87040 - Culture, Wound, 89055 - Fecal, WBC, 87205 - Gram Stain, 87220 - KOH, 82270 - Occult Blood, 87177, 88313 - Ova & Parasites, 87172 - Pinworm Tape Prep, 87880 - Strep Screen, 87210 - Wet Mount

Section 10. CHEMISTRY

82040 - Albumin, 84075 - Alkaline Phos., 84460 - ALT (SGPT), 82150 - Amylase, 84450 - AST (SGOT), 82248 - Bilirubin, Direct, 82247 - Bilirubin, Total, 84520 - BUN, 82310 - Calcium, 82330 - Calcium Ionized, 82435 - Chloride, 82465 - Cholesterol, 82374 - CO2, 82435 - Chloride, 82465 - Cholesterol, 82374 - CO2, 82550 - CK, 82565 - Creatinine, 82977 - GGT, 82947 - Glucose, 82947 - Glucose PM, 82950 - Glucose 2 Hr PP, 82951 - Glu. Tol. Test, 2 Hr, 82952 - Glu. Tol. Test, 3 Hr, 83036 - Hgb1Ac, 83718 - HDL Chol., 83540 - Iron, 83615 - LDH, 83721 - LDL Chol., 83690 - Lipase, 83735 - Magnesium, 84100 - Phosphorus, 84132 - Potassium, 82043, 82570 - Rand. Pro/Creat, 84295 - Sodium, 83550 - TIBC/UBIC, 84155 - Total Protein, 84478 - Triglycerides, 84550 - Uric Acid

Section 11. CHEM PANELS

80048 - Basic Met Panel, 80053 - Comp Met Panel, 80051 - Electrolytes, 80076 - Hepatic Panel, 80061 - Lipid Panel, 80069 - Renal Panel, 80048 - TB Panel

Section 12. SPECIAL CHEMISTRY

82728 - Ferritin, 82746 - Folic Acid (FOLATE), 84481 - Free T3, 84439 - Free T4, 83001 - FSH, 83002 - LH, 84146 - Prolactin, 84153 - PSA, 84436 - Thyroxine (T4), 84479 - T Uptake, 84443 - TSH, 82607 - Vitamin B12

Address *, City *, State *, Zip Code *

Responsible Party *

Insurance Phone Number *, Responsible Party's Insurance ID Number *

Group Name *, Group Number *

"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.

Signature *, Date *

Section 13. HEMATOLOGY

85025 - CBC W/Auto Diff, 85014 - Hematocrit, 85345 - Clotting Time, 85008 - Peripheral Smear Review, 85007 - Differential, Manual, 85652 - Sed Rate (ESR), 85018 - Hemoglobin

Section 14. URINALYSIS

82575 - Creat. Clear. 24 Hr, 81003 - Urinalysis, 84156 - Total Protein, 24 Hr, 81001 - Microscopy, with UA, 82044 - Urine MicroAlbumin Random

Section 15. REFERENCE TESTS -- (for OPC Use ONLY)

82105 - Alpha-fetoprotein, 83525 - Insulin, Fasting, 82140 - Ammonia, 83525 - Insulin, 2 Hr PP, 86038 - ANA Screen, 86038 - Lupus Panel, 86304 - CA-125, 82043, 82570 - MicroAlbumin/Creat Ratio, 82378 - CEA, 85610 - PT (Protime w/INR), 80185 - Dilantin, (Phenytoin), 85730 - PTT, 84155, 84165 - Electro. Prot Serum, 82310, 83970 - PTH, Intact, 84155, 84166 - Electro. Prot Urine, 85045 - Reticulocyte Count, 82747 - Folate, RBC, 84432 - Thyroglobulin, 86677 - Helicobacter Pylori Ab, 84403 - Testosterone, Total, 80074 - Hepatitis Panel, Acute, 86376, 86800 - Thyroid Antibodies, 86701 - HIV Screen, 84445 - TSI

NOTES: * = Fasting required for test. * = Reflex test(s) will be performed on positive results. The TP-PA test should be used ONLY to confirm questionable nontreponemal (RPR Card) test results. Since the TP-PA test will usually remain reactive following treatment, it CANNOT be used to follow serologic response to therapy. The TP-PA test should be performed regardless of a non-reactive nontreponemal test result when TERTIARY syphilis is suspected.

ADDITIONAL ORDERS:

FOR LABORATORY USE ONLY Specimen Received: Room Temp. Cold Frozen