★ G	-2A Specimen Submission Form (MAR 2006) Rev 1		
Laboratory Services Section 1100 W. 49 <sup>th</sup> Street, MC-1947 Austin Toyas 78756 2194		Place Bar Code Label Here	
Austin, Texas 78756-3194 (888) 963-7111 x7318 or (512) 458-7318			
	tp://www.dshs.state.tx.us/lab		
Section 1. SUBMITTER INF	ORMATION – (** REQUIRED)		N INFORMATIO
Submitter/TPI Number ** Submitter Name **		/me **	
NPI Number ** Address **		**	Physician's N
City **	ate ** Zig	ion	OR SOURCE - JIRED)
		$\square$	
Phone	Contact	dicate V sho SHS Pro Medio	submitter, Medicaid , private insurance, or dicare is indicated, t nber is
Fax	Clinic Code	requin ate in forma	r DSHS Program is ing vis designated with
			information is not p MITTER WILL BE E
Bection 2. PAT	MATION IR N card, 4	litter	D Pr
N name on specimen is t pe	match na is Me N card, a tainer.	caid	□ M
Last	First Nar	Medicare	
Addres		Iviedicale	
City **	Zip Coc Itry /		HS Program
	Zip Coc itry / atio	THSteps	itle
		BT Grant	itle itle
Ra American ative	rican h L anic Hispa	Immunizatio	itle
ative Ha		DEAS	uberculosis
	Pre	Refugee	Zoonosis
Date RED of Collection		HMO / Managed Care / Insurance	Other:
Medical /# / CUI ICD Diagnosis Cod	le ** Previous DSHS Specimen Lab Number	Address *	
Date of Onset Diagnosis / Symptoms	Risk	City *	State * Zip Code *
		Responsible Party *	
Inpatient Outpatient Outbreak association:			
Section 3. SPECIMEN SOURCE OR TYPE		Insurance Phone Number * Responsible Party's Insurance ID Number *	
Abscess (site) Lesion (site)		Group Name *	Group Number *
Blood Lymph nod Solution	de (site)		
Bone marrow Oral fluid Tissue (site) "I hereby authorize the release of information related to the services described berg and berge and			
Bronchial washings     Plasma     Urethral       Cervical     Rectal swab     Urine		Department of State Health Services, Laboratory Services Section." Signature of patient or responsible party.	
CSF Serum: Vaginal			patient of responsible party.
Eye         Acute date: _           Feces/stool         Conval. date			
		Signature *	Date *
Section 6. REFERENCE S	EROLOGY / IMMUNOLOGY	Section 7. HIV / HCV SCREENING	/ Section 8. SYPHILIS SEROLOGY
NOTES: § = Requires acute and convalescent specimens		RPR only – Test of cure	
<ul> <li>Provide patient history on reverse side of for</li> <li>Reflex test(s) will be performed on positive re</li> </ul>			RPR - Syphilis screen 🞍
Immunology) requires a separate form and s	pecimen.	<ul> <li>☐ HIV only ♣ ♠</li> <li>☐ Western blot only</li> </ul>	<ul> <li>VDRL (CSF only)</li> <li>RPR Syphilis confirmation</li> </ul>
	nplete this form. Details of test and specimen requirements	Justification:	Justification:
can be found in the Laboratory Services Section's Manual http://www.dshs.state.tx.us/lab/.			
🔲 Arbovirus (SLE / West Nile) @ 🕭	🔲 Hepatitis C IgG 🕭	Section 9. CDC REFERENCE TESTS	Section 10. VIROLOGY
Aspergillosis Immunodiffusion	Legionellosis IgG §	Chagas disease @	Electron microscopy
☐ Brucellosis <b>§ @</b> ☐ Cat-scratch disease IgG <b>§ @</b>	☐ Lyme disease lgG / lgM <b>§ @</b> ☐ Mumps ☐ lgG <b>§</b> ☐ lgM <b>@</b>	Cystercercosis @	□ Influenza surveillance Vaccine received: □ Yes □ No
🗌 Cytomegalovirus 🔲 IgG § 🔲 IgM	Plague § @	🗌 HIV-2 @	Reference culture (Virus ID on isolate)
☐ Ehrlichia IgG <b>§</b> ☐ Fungal CF panel <del>≜</del>	☐ Q fever IgG <b>§</b> ☐ Rickettsial panel (RMSF, typhus) <b>§</b>	☐ HTLV-I @ ☐ Leptospirosis @	Suspected: Submitted on:
🔲 Hantavirus IgG / IgM § @	🔲 Rubella, Syphilis, Hep B sAg 🛦 🌢	🔲 Toxocariasis @	Virus isolation (comprehensive)
<ul> <li>Acute Hepatitis Panel</li> <li>Hepatitis A (total Ab)</li> </ul>	□ Rubella, Syphilis, Hep B sAg, HIV ♣ ♠ □ Rubella Screen (Title V – Family Planning) ♠	Other: @	Other:
☐ Hepatitis A IgM ☐ Rubella ☐ IgG § ☐ IgM @		Section 11. MOLECULAR STUDIES	
<ul> <li>Hepatitis B surface Ab</li> <li>Hepatitis B surface Ag</li> </ul>	☐ Rubeola ☐ IgG <b>§</b> ☐ IgM @ ☐ Toxoplasma ☐ IgG <b>§</b> ☐ IgM	PCR for:	
Hepatitis B core (total Ab)		PFGE for:	
Hepatitis B core IgM     Hepatitis B eAg	☐ Varicella Zoster IgG <b>§</b> ☐ Other: @	☐ Other:	
Hepatitis B eAb	_ <b>C</b>		
FOR LABORATORY U	SE ONLY Specimen Receiv	radi 🗌 🗖 🗖	oom Temp. Cold Frozen