



TEXAS Health and Human Services Texas Department of State Health Services

G-2B Specimen Submission Form (Jan 2020)

CAP# 3024401 CLIA #45D0660644

www.dshs.texas.gov/lab

****For DSHS Use Only****

Specimen Acquisition: (512) 776-7598

Section 1. SUBMITTER INFORMATION (** REQUIRED)

Submitter/TPI Number: 02180304, Submitter Name: A P BEUTEL HLTH CTR LABORATORY, Address: 1264 TAMU, City: College Station, TX, Zip Code: 77843

Section 6. ORDERING PHYSICIAN INFORMATION (** REQUIRED)

Ordering Physician's NPI Number: 1922160902, Ordering Physician's Name: Dr. Dannenbaum

Section 7. PAYOR SOURCE - (REQUIRED)

1. Reflex testing will be performed when necessary... 2. If the patient does not meet program eligibility requirements... 3. Medicare generally does not pay for screening tests... 4. If Medicaid or Medicare is indicated... 5. If private insurance is indicated... 6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or DSHS Program.

Section 2. PATIENT INFORMATION (** REQUIRED)

NOTE: Patient name MUST match name on this form, Medicare/Medicaid card, & specimen container. Specimen must have two (2) identifiers that match this form.

Last Name, First Name, MI, Address, Telephone Number, City, State, Zip Code, Country of Origin, DOB, Sex, Pregnant?, Race, Ethnicity

Date of Collection, Time of Collection, Collected By

Medical Record #, CDC ID, Previous DSHS Specimen Lab Number

ICD Diagnosis Code (1), (2), (3)

Date of Onset, Diagnosis / Symptoms, Risk, Inpatient, Outpatient, Outbreak association, Surveillance

Section 3. SPECIMEN SOURCE OR TYPE (**REQUIRED)

Abdominal fluid, Abscess (site), Blood, Bone marrow, Bronchial washings, Cervical, CSF, Endocervical, 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), Other

Section 4. PARASITOLOGY (MORPHOLOGICAL EXAM)

Cryptosporidium/Cyclospora Exam, Fecal Ova and Parasite Exam, Malaria/Blood Parasite Exam, Schistosoma/Urine Parasite Exam, Worm Identification, Other

Include brief patient history on tests marked with @

Section 5. BACTERIOLOGY

Clinical specimen: Aerobic isolation, Anaerobic isolation, Culture, stool, Diphtheria Screen, GC/CT, amplified RNA probe, Haemophilus, isolation. Definitive Identification: Bacillus, Campylobacter, Enteric Bacteria, Gram Negative Rod, Gram Positive Rod, Legionella, Neisseria, Pertussis / Bordetella, Staphylococcus, Streptococcus, Other

HMO / Managed Care / Insurance Company Name

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.

Section 8. MOLECULAR STUDIES

PCR: Bordetella Pertussis, Parapertussis, and Bordetella holmesii detection, real-time; Cyclospora Identification; Malaria identification; Norovirus

Section 9. REQUIRED/REQUESTED SUBMISSIONS

Corynebacterium diphtheriae, Haemophilus influenza, Listeria, Neisseria meningitidis, Outbreak stool culture, Salmonella, Shigella, Shigotoxin-producing Escherichia coli, Staphylococcus aureus (VISA/VRSA), Streptococcus pneumoniae, Vibrio cholera, Vibrio sp.

Include patient history on reverse side of form to avoid delay of specimen processing on test marked with @

NOTES: All dates must be entered in mm/dd/yyyy format For culture ID or typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test section (ex. Bacteriology) requires a separate form and specimen. Please see the form's instructions for details on how to complete this form. Visit our web site at http://www.dshs.texas.gov/lab/

Specimen Received: Room Temp, Cold, Frozen

FOR LABORATORY USE ONLY: