



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**G-23-Food Sample Specimen  
Submission Form (JAN 2022)**

CAP# 3024401 CLIA# 45D0660644

www.dshs.texas.gov/lab

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

Specimen Acquisition: (512) 776-7598

**\*\*ONE FORM PER SPECIMEN REQUIRED\*\***

**Section 1. SAMPLE INFORMATION –(\*\*REQUIRED)**

**Section 3. PAYOR SOURCE -- (REQUIRED)**

Reason for Testing

Routine

Food Borne Outbreak

(If this box is checked, please complete Section 4 of this form)

IDEAS

Sample Description:

**Section 4. OUTBREAK LINKED SAMPLES**

Outbreak Location: (City)

PH Region

Date of Collection \*\* (REQUIRED)

Time of Collection \*\*

AM\*\*

PM\*\*

Collected By \*\*

Brand:

Facility/ Submitter Name

Code:

Sample Number:

Submitter Number:

Product:

Contact Phone #

Contact Fax #

Seal:

**Section 2. TESTING INFORMATION**

**\*\*\*\*\* EACH TEST REQUIRES ≥ 4 oz SAMPLE-REPEAT, EACH TEST\*\*\*\*\***

Please Indicate Desired Testing

Food Analysis: Campylobacter

Food Analysis: Listeria

Food Analysis: Cronobacter

Food Analysis: Salmonella

Food Analysis: Cyclospora, PCR

Food Analysis: Shigella

Food Analysis: E. coli O157

Food Analysis: Staphylococcus enterotoxin

Food Analysis: non-O157 STEC

Food Analysis: Yersinia

Food Analysis: Other \_\_\_\_\_

Size:

Condition:

Remarks:

Brief description of patient's symptoms:

Details of test and specimen requirements can be found in the Laboratory Services Section's web site at <http://www.dshs.texas.gov/lab/>.

Date Received

**FOR LABORATORY USE ONLY**

Specimen Received:  Room Temp.  Cold  Frozen