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|  TEXAS Health and Human Services Texas Department of State Health Services | G-6E PKU Monitoring Lab Supply Order Form (JAN 2022) GENERAL LAB INFORMATION: CLIA #45D0660644 ; CAP# 3024401 Laboratory Services Section, MC-1947 P.O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49 th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 776-7318 Containerprep@dshs.texas.gov | SUPPLY REQUESTS ARE RECEIVED AND FILLED BY: Container Preparation Group Phone: (512) 776-7661 Fax: (512) 776-7672 Email: Containerprep@dshs.texas.gov Forms: https://www.dshs.texas.gov/lab/mrs_forms.shtm |
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Order Form for PKU Monitoring Lab Supplies (APR 2022)

| SUBMITTER INFORMATION | | | | |
|--|-----------------|--------------------------|--------------------|----------|
| Name of Person Submitting Order: | | Submitter Number: | | |
| Telephone: | | Submitter/Facility Name: | | |
| Fax: | Street Address: | City | State TX | Zip Code |
| Email Address: | | | | |
| To receive confirmation your order was received, please indicate how you would like to be notified. <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email | | | | |

| DELIVERY INFORMATION <i>(if different from above -- i.e. sending supplies directly to a patient)</i> | | | | |
|--|----------|---------------|--------------------|----------|
| Patient Name: | | | | |
| Telephone: | | Contact Name: | | |
| Fax: | Address: | City | State TX | Zip Code |
| <input type="checkbox"/> Check box to request that a copy of the G-1B Submission form (with your Submitter ID information pre-populated) be sent with the order being shipped to patient. The request for a submission form will be forwarded to the Laboratory Reporting Group and will be included in the shipment. Otherwise, please contact the Laboratory Reporting Group at (512) 776-7578. | | | | |

| ORDER | |
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| Note: Specimen Submission forms (G-1B) can be obtained by calling the Laboratory Reporting Group at (512) 776-7578, directly. | |
| Item | Quantity |
| PKUM Snap Apart kit (consists of 1 snap-apart card, 1 lancet, 1 instructional form, and 1 envelope) | |
| Snap-apart card only (filter card) <i>Available in quantities of 25, 50, 100</i> | |
| Lancets <i>Available in quantities of 25, 50, 100</i> | |
| Mailing Envelope (postage required) <i>Available in quantities of 25, 50, 100</i> | |
| Instructional form <i>(Master Copy, you will need to make copies as needed).</i> | |
| <input type="checkbox"/> Check box if you are requesting a G-1B submission form (<i>master copy, you will need to make copies as needed</i>) Submitter number beginning with 56 . The request for a submission form will be forwarded to the Laboratory Reporting Group and will be included in shipment. | |

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| DSHS Use Only: | Date Received: | Logged by: | Date: |
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Please fax your order to 512-776-7672 or email to Containerprep@dshs.texas.gov
Orders will be processed and shipped within 5 business days of receipt