

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347•1-888-963-7111

Form #F14-13277 JULY 2022

SUBMITTER IDENTIFICATION (ID) NUMBER REQUEST FORM

This form must be completed when requesting a submitter ID number or when updating any information previously submitted. If you have any questions, please call Laboratory Reporting at (512) 776-7578 or toll free at 1-888-963-7111 ext. 7578.

Fax the completed form to Tiffunee Odoms at (512) 776-7533.

rax tn	ie completed form to		` ,		
1. Reason for submitting form? (Check one) Requesting a submitter ID number (complete #1-#7) Updating submitter information (complete #1-#8)					
2. Submitter Information: (report to)					
Facility Name:					
Address:					
City, State, Zip:					
Phone Number: ()		Fax	Number: ()	
NPI #: (Required)	TPI	#:	Subm	nitter ID #:	
3. Contact Information:					
Contact Person Name:			Phone Number:		
Email Address:			Fax Number:		
4. Please select the type of test(s) that will be requested (specimen submitted for ????):					
☐ Newborn Screening ☐ Clinical Chemistry (Lead, Total Hemoglobin, Hg Electro, Glucose, etc.) ☐ Microbiology (TB, STD, Covid, etc.)					
5. Preferred method of delivery of test results? (Only Check one)					
U.S. Mail	Fax	Web		HL7 (NE	BS Only)
6. Check one box that best describes the submitter? (Check one)					
	Case Manager Health Department [Clinic Health Dept. Sub-Office [☐ Laboratory ☐ Physician Office ☐ Prison System		
Clinic Health Dept. Sub-Office ☐ Endocrinologist ☐ Hematologist		☐ Nurse			
Geneticist Hos		Physician			
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?					
Yes No If No, please provide additional address information below. (DOES NOT APPLY TO THS)					
Additional Address 1: for: shi		Additional Address 2: for: shipping billing ATTN:			
Street Address or P.O. Box:	Street Add	Street Address or P.O. Box:			
City:	State: Zip Code:	City:		State:	Zip Code:
Phone:	Fax:	Phone:		Fax:	
8. Old Address Information: (if requesting address change)					
Old Address 1: for: ☐ test results ☐ shipping ☐ billing ☐			Old Address 2: for: ☐ test results ☐ shipping ☐ billing		
ATTN:			ATTN:		
Street Address or P.O. Box:	Street Add	Street Address or P.O. Box:			
City:	State: Zip Code:	City:		State:	Zip Code:
		-			
DSHS Use Only:					
Submitter ID Number Assigned: (Requestor Code) LIMS:					
PerkinElmer LabWare Explanation of any changes to existing Harvest Access information noted in LIMS communication log					
Submission Form(s) Provided: G-2A G-E G-27A G-26 F40-C					
	☐ G-2B ☐	G-THSTEPS	☐ G-9 [☐ G-19	☐ F40-D
☐ G-2V ☐ G-1B ☐ G-14 ☐ F40-A ☐ F40-TB ☐ G-MYCO ☐ G-27 ☐ G-23 ☐ F40-B ☐ NONE					
					
Notified: Submitter Container Prep / Lab Supply LabAR Customer Service STL					
Completed By:			Date:		