



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.

1. Reason for submitting form? (Check one)		<input type="checkbox"/> Requesting a submitter ID number <i>(complete #1-#7)</i>	<input type="checkbox"/> Updating submitter information <i>(complete #1-#8)</i>
2. Submitter Information: <i>(report to)</i>			
Facility Name:			
Address:			
City, State, Zip:			
Phone Number: ()		Fax Number: ()	
NPI #: <i>(Required)</i>		TPI #:	Submitter ID #:
3. Contact Information:			
Contact Person Name:		Phone Number:	
Email Address:		Fax Number:	
4. List the test(s) (or test type) that will be requested (specimen submitted for ????):			
5. Preferred method of delivery of test results? <i>(Only Check one)</i>			
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Web	<input type="checkbox"/> HL7 (NBS Only)
6. Check one box that best describes the submitter? <i>(Check one)</i>			
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Health Department	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Physician Office
<input type="checkbox"/> Clinic	<input type="checkbox"/> Health Dept. Sub-Office	<input type="checkbox"/> Midwife	<input type="checkbox"/> Prison System
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Hematologist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other: <i>(describe)</i>
<input type="checkbox"/> Geneticist	<input type="checkbox"/> Hospital	<input type="checkbox"/> Physician	
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide additional address information below. <i>(DOES NOT APPLY TO THS)</i>			
Additional Address 1: for: <input type="checkbox"/> shipping <input type="checkbox"/> billing		Additional Address 2: for: <input type="checkbox"/> shipping <input type="checkbox"/> billing	
ATTN:		ATTN:	
Street Address or P.O. Box:		Street Address or P.O. Box:	
City:	State:	Zip Code:	City:
State:	Zip Code:	City:	State:
Phone:	Fax:	Phone:	Fax:
8. Old Address Information: <i>(if requesting address change)</i>			
Old Address 1: for: <input type="checkbox"/> test results <input type="checkbox"/> shipping <input type="checkbox"/> billing		Old Address 2: for: <input type="checkbox"/> test results <input type="checkbox"/> shipping <input type="checkbox"/> billing	
ATTN:		ATTN:	
Street Address or P.O. Box:		Street Address or P.O. Box:	
City:	State:	Zip Code:	City:
State:	Zip Code:	City:	State:
DSHS Use Only:			
Submitter ID Number Assigned: <i>(Requestor Code)</i>		LIMS:	
		<input type="checkbox"/> PerkinElmer	<input type="checkbox"/> LabWare
		<input type="checkbox"/> Harvest	<input type="checkbox"/> Access
		<input type="checkbox"/> Explanation of any changes to existing information noted in LIMS communication log	
Submission Form(s) Provided:			
<input type="checkbox"/> G-2A	<input type="checkbox"/> G-E	<input type="checkbox"/> G-27A	<input type="checkbox"/> G-26
<input type="checkbox"/> G-2B	<input type="checkbox"/> G-THSTEPS	<input type="checkbox"/> G-9	<input type="checkbox"/> F40-A
<input type="checkbox"/> G-2V	<input type="checkbox"/> G-1B	<input type="checkbox"/> G-14	<input type="checkbox"/> F40-B
<input type="checkbox"/> G-MYCO	<input type="checkbox"/> G-27	<input type="checkbox"/> G-23	<input type="checkbox"/> F40-C
			<input type="checkbox"/> F-40D
			<input type="checkbox"/> G-19
			<input type="checkbox"/> None
Notified: <input type="checkbox"/> Submitter <input type="checkbox"/> Container Prep / Lab Supply <input type="checkbox"/> LabAR <input type="checkbox"/> Customer Service <input type="checkbox"/> STL			
Completed By:			Date: