BioThreat Team (24/7): (512) 689-5537
Chemical Threat Team (24/7): (512) 689-9945

G-27A Emergency Preparedness Specimen Submission Form (Jan 2022)

CAP# 3024401 CLIA #45D0660644

https://www.dshs.texas.gov/lab/epr.shtm

http://www.dshs.texas.gov/lab

For DSHS Use Only

Section 1. SUBMITTER INFORMATION – (REQUIRED)**

Submitter/TPI Number **	Submitter Name **	
NPI Number **	Address **	
City **	State **	Zip Code **
Phone **	Contact	
Fax **	Clinic Code	

Section 2. PATIENT INFORMATION -- (REQUIRED)**

NOTE: **Patient name** is **REQUIRED & MUST** match name on this form, Medicare/Medicaid card, & specimen container.

Last Name **	First Name **	MI	
Address**	Telephone Number		
City **	State **	Zip Code **	Country of Origin / Bi-National ID #
DOB (mm/dd/yyyy) **	Sex **	SSN	Pregnant? ☐ Yes ☐ No ☐ Unknown

Race: ☐ White ☐ American Indian / Native Alaskan ☐ Native Hawaiian / Pacific Islander ☐ Black or African American ☐ Asian ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Date of Collection ** **(REQUIRED)**	Time of Collection ☐ AM ☐ PM	Collected By
Medical Record #	Alien # / CUI / CDC ID	Previous DSHS Specimen Lab Number
ICD Diagnosis Code ** (1)	ICD Diagnosis Code ** (2)	ICD Diagnosis Code ** (3)
Date of Onset	Diagnosis / Symptoms	Risk

☐ Inpatient ☐ Outpatient ☐ Outbreak association: ☐ Surveillance

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

- ☐ Abscess (site) _________
- ☐ Blood
- ☐ Bronchial washings
- ☐ CSF
- ☐ Enema
- ☐ Feces/stool
- ☐ Gastric
- ☐ Lesion (site)____________
- ☐ Lymph node (site)_______
- ☐ Nasopharyngeal
- ☐ Rectal swab
- ☐ Serum
- ☐ Sputum: Induced
- ☐ Sputum: Natural
- ☐ Throat swab
- ☐ Tissue (site)__________
- ☐ Wound (site)__________
- ☐ Other:___________

++++ Botulism Only ++++

☐ Stool ☐ Enema ☐ Serum ☐ Wound (site)

NOTES: Infants: 10 g stool or 5 ml enema, no sera, ship cold
Adults: 50 g stool or 5 ml enema, ship cold, 10 ml sera min, ship cold unless >48 hrs ship frozen.
Wounds: 2 swabs in anaerobic transport medium, ship at room temp

Section 4. CLOSTRIDIUM BOTULINUM

☐ Clostridium Botulinum

Patient symptoms (adult botulism):

- ☐ Blurred vision ☐ Double vision
- ☐ Difficulty swallowing
- ☐ Descending muscle weakness
- ☐ Descending symmetric paralysis

++++ ***Prior authorization required.*** ++++
Call (512) 776-7111 for authorization from a DSHS Epidemiologist

Authorization Code:
Authorization Authority:

Section 6. ORDERING PHYSICIAN INFORMATION – (REQUIRED)**

Ordering Physician's NPI Number **	Ordering Physician's Name **

Section 7. PAYOR SOURCE – (REQUIRED)

- ☐ IDEAS (1620)
- ☐ BT GRANT (1719)
- ☐ Zoonosis (1620)
- ☐ Submitter

Section 8. CHEMICAL TERRORISM (CT)

****NOTE: Not for Routine Analysis, Call (512) 689-9945****

Matrix: ☐ Serum ☐ Blood ☐ Urine

- ☐ Toxic Elements:
- ☐ Ricin/Abrin Toxin Bio Markers
- ☐ Cyanide
- ☐ Other: ____________________

Justification Required: ____________________

Clinical Symptoms: ____________________

Section 5. BACTERIOLOGY RULE-OUT / PCR

NOTES: For rule-out testing. Please notify lab prior to sending samples to expedite testing (512) 776-3781

Definitive Identification:

- ☐ Bacillus anthracis
- ☐ Brucella spp.
- ☐ Burkholderia mallei/pseudomallei
- ☐ Francisella tularensis
- ☐ Yersinia pestis

Clinical Specimen:

- ☐ Aerobic Culture
Organism suspected ____________________

Molecular Studies (PCR):

- ☐ Coxiella burnetii ☐ Bacillus cereus suspected of containing anthrax genes (associated with severe illness or death)
- ☐ Smallpox

Smallpox Symptoms:

- ☐ >101F, 1-4 days prior to rash onset with headache, back ache, or abdominal pain
- ☐ Firm, deep-seated, well-circumscribed vesicles/pustules
- ☐ First lesions in the pharynx, oral mucosa
- ☐ Lesions in the same stage of development in any one area of the body
- ☐ Slow evolution of rash, 1-2 days each stage: macule, papule, vesicle
- ☐ Centrifugal distribution of lesions
- ☐ Known vaccine exposure
- ☐ Lesions on palms and soles
- ☐ Patient appears toxic
- ☐ Other: ______________________________

NOTES: For pure culture ID and typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test block (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/. All dates must be entered in mm/dd/yyyy format.

FOR LABORATORY USE ONLY

Specimen Received: ☐ Room Temp. ☐ Cold ☐ Frozen

SAMPLE - DO NOT USE