

DSHS LABORATORY 2009 SURVEY

1. Please identify your facility:

Submitter Name: _____

Address: _____

City/Town: _____

State: _____

ZIP/Postal Code: _____

Phone Number: _____

Fax Number: _____

DSHS Laboratory Submitter Identification Number(s):

2. Please provide **contact information for the most appropriate person at your facility** so that the DSHS Laboratory can send you updates as they are available:

Contact Name: _____

Email: _____

Phone Number: _____

Fax Number: _____

Alternate mailing address, if needed:

3. What is the best means to contact you?

- Email
 Phone
 Fax
 Alternate address listed above

4. Do you submit laboratory specimens to Texas Department of State Health Services (DSHS) Laboratory?

- Yes
 No

***** If No, stop survey and fax to (512) 458-7294. *****

DSHS LABORATORY 2009 SURVEY (Continued)

5. What type of specimens do you submit to DSHS Laboratory?

- HIV
- Syphilis (RPR & TPPA)
- HCV/HBV
- Other

If other, please specify: _____

6. What type of tubes do you use to submit HIV, Syphilis, and HCV/HBV specimens to the laboratory?

- Red Top
- Tiger Top (red and grey serum separator tube)
- Dried Blood Spot
- Other

If other, please specify: _____

7. Do you have access to a centrifuge?

- Yes
- No

8. Do you collect specimens outside of an office or clinic setting?

- Yes
- No

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Survey Deadline: February 26, 2009

Please fax the completed survey to: (512) 458-7294

We appreciate you providing this information to help us better serve your specimen testing needs.