



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Specimen Acquisition: (512) 776-7598

**G-22 Specimen Submission Form  
(Jan 2022)**

NELAC# T104704297

[www.dshs.texas.gov/lab](http://www.dshs.texas.gov/lab)

**\*\*\*\*For DSHS Use Only\*\*\*\***

**THE SUBMITTER WILL BE BILLED FOR ALL TESTING**

DSHS is not responsible for 3<sup>rd</sup> party payment arrangements

Section 1. SUBMITTER/BILLING INFORMATION – (** REQUIRED)				Section 4. REPORTING INFORMATION <i>Indicate where &amp; how you would like the results sent</i>		
Sample Identifier	Submitter Number	Establishment or Location		Name		
Date of Collection ** (REQUIRED)	Time of Collection **	<input type="checkbox"/> AM** <input type="checkbox"/> PM**	Collected By/Contact **	Address		
Agency / Submitter Name				City	State	Zip Code
Address				Preferred Reporting Method <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		Fax Number or email:
City			State	Zip Code		
Laboratory Identification # / TCEQ NELAC Certificate #				Phone #	Fax #	
Section 2. SAMPLE INFORMATION -- (** REQUIRED)				Section 5. PROGRAM INFORMATION when applicable		
Sample Type/Description**:				System ID #:		Date Collected
				Name of Water System		
Section 3. ENVIRONMENTAL TESTING INFORMATION				Collected By:		
***** To Ensure Proper Collection Please Refer to Laboratory Services Section's web site at <a href="http://www.dshs.texas.gov/lab">http://www.dshs.texas.gov/lab</a> for Container, Sample Size, and Requirements Specific to the Test Requested *****						
<input type="checkbox"/> Reagent Water Suitability Test <input type="checkbox"/> List Other Test(s) Requested:				Phone #		
				Sample Location / Comments:		
				Water System Test Results		DSHS Lab Test Results(Do Not Write Below)
				Fluoride _____ mg/L		Fluoride _____ mg/L
				<b>Notes / Comments</b>		
<b>FOR LABORATORY USE ONLY</b> Specimen Received: <input type="checkbox"/> Room Temp. <input type="checkbox"/> Cold _____ °C						
Date Received		Date Reported				

Laboratory Services Section: 1100 West 49<sup>th</sup> St Austin, Tx 78756