



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

G-23-Food Sample Specimen  
Submission Form (Jan 2020)

CAP# 3024401 CLIA# 45D0660644

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

Specimen Acquisition: (512) 776-7598

www.dshs.texas.gov/lab

**\*\*ONE FORM PER SPECIMEN REQUIRED\*\***

**Section 1. SAMPLE INFORMATION -- (\*\*REQUIRED)**

**Section 3. PAYOR SOURCE -- (REQUIRED)**

Reason for Testing

Routine

Food Borne Outbreak

(please complete the outbreak section to the right if this box is checked)

IDEAS

Sample Description:

**Section 4. OUTBREAK RELATED SAMPLES**

Outbreak Location: (City)

PH Region

Date of Collection \*\* (REQUIRED)

Time of Collection \*\*

AM\*\*

PM\*\*

Collected By \*\*

Brand:

Facility/ Submitter Name

Code:

Sample Number:

Submitter Number:

Product:

Contact Phone #

Contact Fax #

**Section 2. TESTING INFORMATION**

\*\*\*\*\* EACH TEST REQUIRES ≥ 4 oz SAMPLE-REPEAT, EACH TEST\*\*\*\*\*

Please Indicate Desired Testing

Campylobacter identification

Salmonella identification

Cronobacter sakazakii

Shigella identification

E.coli 0157 identification

Staphylococcus enterotoxin detection

E.coli non-0157 STEC

Yersinia identification

Listeria identification

Other: \_\_\_\_\_

Size:

Condition:

Remarks:

Brief description of patient's symptoms:

Details of test and specimen requirements can be found in the Laboratory Services Section's web site at <http://www.dshs.texas.gov/lab/>.

Date Received

**FOR LABORATORY USE ONLY**

Specimen Received:  Room Temp.  Cold  Frozen