



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) [] Requesting a submitter ID number (complete #1-#7) [] Updating submitter information (complete #1-#8)
2. Submitter Information: (current)
Facility Name:
Address:
City, State, Zip:
Phone Number: () Fax Number: ()
NPI #: (Required) 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? (Only Check one)
[] U.S. Mail [] Fax [] Web [] HL7 (NBS Only)
6. Check one box that best describes the submitter? (Check one)
[] Case Manager [] Health Department [] Laboratory [] Physician Office
[] Clinic [] Health Dept. Sub-Office [] Midwife [] Prison System
[] Endocrinologist [] Hematologist [] Nurse [] Other: (describe)
[] Geneticist [] Hospital [] Physician
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?
[] Yes [] No If No, please provide additional address information below.
Additional Address 1: for: [] test results [] shipping [] billing Additional Address 2: for: [] test results [] shipping [] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
Phone: Fax: Phone: Fax:
8. Old Address Information: (if requesting address change)
Old Address 1: for: [] test results [] shipping [] billing Old Address 2: for: [] test results [] shipping [] billing
ATTN: ATTN:
Street Address or P.O. Box: Street Address or P.O. Box:
City: State: Zip Code: City: State: Zip Code:
DSHS Use Only:
Submitter ID Number Assigned: (Requestor Code) LIMS:
[] PerkinElmer [] LabWare [] Explanation of any changes to existing information noted in LIMS communication log
[] Harvest
Submission Form(s) Provided: [] G-2A [] G-THSTEPS [] G-9 [] F40-A [] G-19
[] G-2B [] G-1B [] G-14 [] F40-B [] None
[] G-2V [] G-27 [] G-23 [] F40-C
[] G-MYCO [] G-27A [] G-26 [] F40-D
Notified: [] Submitter [] Container Prep / Lab Supply [] LabAR [] Customer Service [] STL
Completed By: Date: