BE A GERM STOPPER.

Cover Coughs and Sneeze. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot
- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the “Happy Birthday” song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.

www.cdc.gov/gamstopper
DETÉN LOS GÉRMENES

Cubre la tos y los estornudos. Lávate las manos.
Detén los gérmenes en la escuela... y en la casa. Cubre la boca y la nariz cuando tosas o estornudes. Usa un pañuelo desechable y tira a la basura.

Lávate seguido las manos
• Después de estornudar o toser
• Después de ir al baño
• Antes de comer
• Antes de tocarte los ojos, la boca o la nariz

Lo mejor es lavarse las manos con agua y jabón. Tárdale lavándote las manos el mismo tiempo que tardas cantando "Feliz cumpleaños". O utiliza gels o toallitas con alcohol.
¡El alcohol que contienen mata los gérmenes!

Detén los gérmenes. Y detén los resfriados y la gripe.

www.cdc.gov/gernstopper
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

Clean your Hands after coughing or sneezing.

Wash hands with soap and warm water for 20 seconds or clean with alcohol-based hand cleaner.
¡Pare la propagación de gérmenes que lo enferman a usted y a otras personas!

Cubra su tos

Cubra su boca y nariz con un kleenex cuando tosa o estornuda or tosa o estornude en la manga de su camisa, no en sus manos.

Deseche el kleenex sucio en un basurero.

Lávese las manos después de toser o estornudar.

Lávese las manos con jabón y agua tibia por 20 segundos o limpielas con un limpiador de manos a base de alcohol.
PLEASE UTILIZE THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (TDSHS) FOR ATTACHMENT C (G-2B FORM)
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 Tiffinee Odoms at (512) 776-7533.

1. Reason for submitting form? (Check one) ☐ Requesting a submitter ID number ☐ Updating submitter information

2. Submitter Information: (current)

Facility Name:
Address:
City, State, Zip:
Phone Number: ( ) ☐ TPI #: ☐ Fax Number: ( ) ☐ Submitter ID #:
NPI #: (Required)

3. Contact Information:

Contact Person Name:
Email Address:
Phone Number:
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:
Street Address or P.O. Box:
City: ☐ State: ☐ Zip Code: ☐
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:
Street Address or P.O. Box:
City: ☐ State: ☐ Zip Code: ☐
Phone: ☐ Fax:

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-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: