



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)
2. Submitter Information: (report to)
3. Contact Information:
4. Please select the type of test(s) that will be requested (specimen submitted for ????):
5. Preferred method of delivery of test results? (Only Check one)
6. Check one box that best describes the submitter? (Check one)
7. Is the Submitter's address information the same as the mailing address for test results, supplies, and billing?
8. Old Address Information: (if requesting address change)
DSHS Use Only:
Submitter ID Number Assigned: (Requestor Code)
LIMS:
Submission Form(s) Provided:
Notified:
Completed By:
Date: