

# TB Elimination Program

## Supplies for Patient Self Collection Specimens

**USE ONLY FOR PATIENT SELF COLLECTION SPUTUM SPECIMENS**

### Standard TB Specimen Collection and Mailer Containers

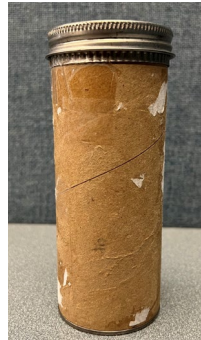
**50mL Sterile Falcon  
Centrifuge Tube  
(Primary Container)**



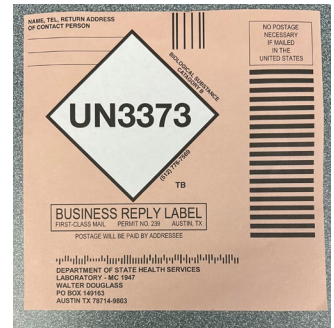
**Custom-Made Liner Tube  
(Secondary Container)**



**Cardboard Outer Mailer  
with Screw-on Lid**

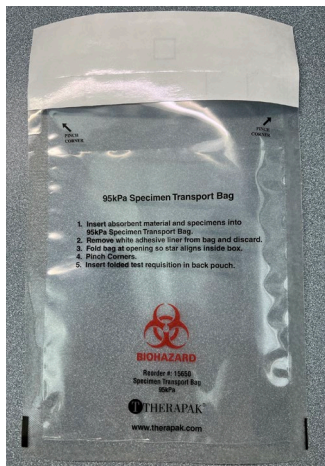


**Mailing Label**



### Alternative Secondary Container Instructions

**95 kPa Specimen Transport Bag  
(Alternative Secondary Container)**



**When Custom-Made Liner Tubes are in Short Supply**  
submitters may receive an alternate approved secondary container, a **95 kPa Specimen Transport Bag**.

- **Use** a 95kPa transport bag as a secondary container when arranging for a patient self-collection specimen. Bags are automatically sent to submitters. There is no need to order them separately.
- **Fold** the 95kPa bag around the Falcon tube (primary container), according to the provided instructions to ensure the bag fits into the outer mailer.
- **Mail** specimen to DSHS Laboratory, ensuring the Falcon tube and 95 kPa transport bag are properly packaged. Use only one Falcon tube per transport bag and mailer.

### Questions?

**TB Group:** (512) 776-7657 or 512-776-2449

**DSHS Container Preparation Group:** (512) 776-7661 or [ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@dshs.texas.gov)



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# TB Elimination Program Ordering Patient Self Collection Supplies

**G-6F TB Supply Order Form:** [Laboratory Testing Services Manual - Forms and Laboratory Fee Schedule](#) | [Texas DSHS](#)

**Order TB Supplies with the G-6F TB Supply Order Form**

**REVISED ORDER FORM:** Identify the type and quantity of items you want.

Items	Quantity
<b>Sterile TB Specimen Collection Tube</b> (Centrifuge tube, 50 mL)	
<b>Secondary Container</b> (Hard-sided plastic liner tube or 95 KPa specimen bag, as available)	
<b>Outer Mailer</b> (cardboard; holds a single specimen collection tube; for USPS use only)	
<b>Prepaid DSHS USPS Mailing Label</b> (for use with USPS outer mailer only)	

## Secondary Containers and Outer Mailers

**Custom Liner, 95KPa Bag and Outer Mailer**  
(Type of liner provided is based on availability)



## Specimen Collection Tubes

**50 ml Falcon: For Sputum Collection Only**



## Prepaid DSHS USPS Mailing Labels

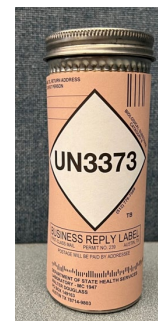


**Affix to outer mailer if shipping USPS.**

**Do not use labels or cardboard outer tube if shipping via FedEx (TB cold box program).**

**USPS**

**FedEx**



# TB Elimination Program

## TB Cold Box Program Shipping Supplies

**PREFERRED METHOD FOR SUBMITTING TB SPECIMENS**

### Cold Box Program Mailer Shipping Supplies

Secondary Container:  
Nalgene Container



OR

Secondary Container:  
Custom Liners (alternates)



AND

Insulated Cooler Box, Gel Ice Packs,  
and Cardboard Outer Mailer



### Register with the DSHS Pharmacy Inventory and Ordering System (PIOS)

1. **Register** with PIOS at <https://txhhs-covid.my.site.com/PIOSEnrollment/> to order

- Insulated Cooler Boxes
- Gel Ice Packs

**NOTE:** Providers must complete the required PIOS training prior to registering their location. Only after completing PIOS training are providers eligible to register with the ordering system. More details are available at [www.dshs.texas.gov/pharmacy-unit](http://www.dshs.texas.gov/pharmacy-unit).

2. **Order** additional shipping supplies via your FedEx Account.

- **Contact** the TB Administrative Team at [TBProgram@dshs.texas.gov](mailto:TBProgram@dshs.texas.gov) to set up a new submitter FedEx account. Provide the following:
  - Name of submitter
  - Email address of clinic contact
  - Name of public health region/county/clinic

An account must be in place for each DSHS-contracted LHD clinic site and regional field office. Once established, programs may use this account to **ship all TB specimens to the Lab.**

### Questions?

DSHS Pharmacy (to register as a PIOS user):

[340B@dshs.texas.gov](mailto:340B@dshs.texas.gov)

TB Lab Team:

(512) 776-7657 or 512-776-2449

TB Admin. Team (for TB FedEx account set-up):

[TBProgram@dshs.texas.gov](mailto:TBProgram@dshs.texas.gov)



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# TB Elimination Program

## Packaging and Shipping TB Specimens in Cooler Boxes

***ALL SPECIMENS MUST BE TRIPLE PACKED FOR SAFETY!***

### 1. Secure Specimen in Primary Container

Secure specimen in Falcon tubes.

**Close lid tightly**, ensuring the **cap is threaded properly**. Seal lid with plastic wrap (such as Parafilm) to **prevent leaks**.



### 2. Wrap Specimen Tube in Absorbent Material

**Wrap** each closed Falcon tube in enough **absorbent material** (such as paper towels or cellulose wadding) to soak up the entire sample should it leak.

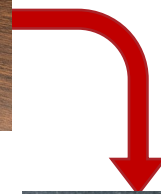


### 3. Place and Secure Specimen in Secondary Container

**Place** wrapped Falcon tube in the liner tube, Nalgene container, or 95 kPa biohazard bag (secondary container).

**Ensure** the Falcon tube is secured in the secondary container.

**Fill** gaps with absorbent material to **absorb shock** and **prevent leaks**. **Ensure** secondary container is firmly closed.



### 4. Pack Specimen in Insulated Outer Mailer

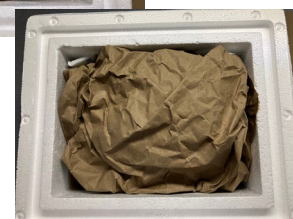
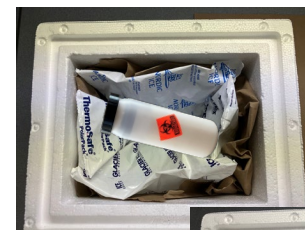
**Line** the bottom and sides of the cooler box with absorbent packing material to **cushion the specimen**. Add **gel ice packs**.

**Place** secondary container(s) in between ice packs.

**Fill remaining gaps** in cooler with enough absorbent material to **secure specimens** and **prevent movement in transit**.

**Secure** cooler lid in place.

**Do not ship cardboard outer mailers in cold boxes.**



### 5. Attach Completed Submission Forms Neatly

**Place** submission form(s) in a **sealable, leakproof bag** to protect from any leaks.

**Ensure** the forms are **neatly packaged**. Crumpled or wrinkled forms **cause delays in processing** specimens.

**Place** forms inside outer mailer, next to cooler box.

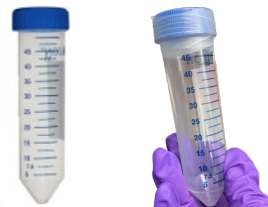


# TB Elimination Program: Patient Self-Collect Packaging and Shipping Specimens in Cardboard Mailers

**PLEASE FOLLOW INSTRUCTIONS**

## 1. Collect Sputum Specimen

- **Collect** at least 1 teaspoon (5 mL) of sputum in specimen tube.
- **Close** the tube's lid tightly. Ensure the **lid is threaded properly**.
- **Seal lid** with plastic wrap to **prevent leaks** (if wrap is provided).



TB Specimen Collection Tube

## 2. Wrap Specimen Tube in Absorbent Material

- **Wrap** each closed specimen tube in **absorbent material** (such as a sheet of tissue or paper towel).
- **Use** enough material to soak up the entire sample should it leak.



## 3. Place Specimen Tube in Secondary Container

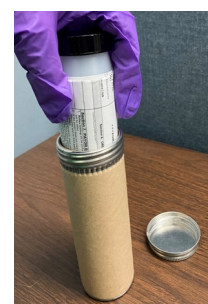
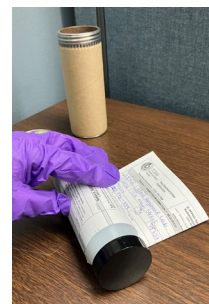
- **Place** the wrapped specimen tube into the white, hard-sided, secondary container.
- **Ensure** the specimen tube is secured in the secondary container by stuffing any gaps with absorbent material to better **absorb shock** and **prevent leaks**. **Close** the lid.



## 4. Place Secondary Container in Outer Mailer

- **Wrap** the **completed G-MYCO submission form** neatly around the **secondary container**.
- **Place** the secondary container and submission form into the cardboard outer mailer. **Close** the lid securely.

**Ensure submission forms are neatly packaged. Crumpled or wrinkled forms cause delays in processing specimens.**



## 5. Prepare Specimen for Shipping to DSHS Lab

- **Stick** prepaid United States Postal Service (USPS) postage label to exterior of outer mailer if shipping by USPS.
- **Do not use prepaid labels** if shipping by **FedEx** or **another courier**.
- **Ship** per instructions of your chosen courier/mailing service.



USPS Shipments



All Others



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# TB Elimination Program: Submitting TB Specimens Correctly

**TB SPECIMENS MUST BE LABELED AND SUBMITTED WITH A G-MYCO SUBMISSION FORM**

## Label Specimens With Unique Patient Identifiers

Every specimen must have at least **two** unique patient identifiers on its label.

1 Snow, John  
2 DOB: 02/19/1993  
3 06161858

Three patient identifiers provided on this label.

1. Name
2. Date of Birth
3. Medical Record Number

## Provide Patient Identifiers in Sections 2 and 3 of G-MYCO Form

Patient identifiers on specimen label and G-MYCO form **must match exactly**.

Date of Collection (DOC) must be provided in Section 3.

SECTION 2. PATIENT					
NOTE: Patient name on specimen MUST match name on this form exactly. Name mismatches will be rejected. e.g., Partial name on specimen label but full name is provided Specimen container must have two (2) unique identifiers that match this form exactly. e.g.,					
** REQUIRED	Last Name ** 1 Snow		First Name John		
	Address ** 39 Broad Street			Phone Number	
	City ** Austin	State ** TX	Zip Code ** 78756	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	DOB (mm/dd/yyyy) ** 2 02/19/1993	Sex ** M	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
<input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Indian					

## Select Specimen Source in Section 3

Check **one** specimen source only!

## Select Test Type (Specimen Specific)

Use **Section 4** For Clinical Specimens

Use **Section 5** For Pure Cultures

Use **Section 8** For Susceptibility Testing

Check **one** test type only!

SECTION 3. SPECIMEN			
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.			
RED	Date of Collection (mm/dd/yyyy) ** 12/21/2023	Time of Collection ** <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected I
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID 3 06161858	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen Label	
	Specimen Source or Type (Select One Only) *		

**Specimens without a DOC cannot be processed.**

## Select "TB Elimination" in Section 7

Check **TB Elimination** as Payor.

** REQUIRED	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
	<input type="checkbox"/> Submitter (3)	<input type="checkbox"/> Private Insurance* (4)
	<input type="checkbox"/> BIDS (1720)	<input type="checkbox"/> IDEAS (1610)
	<input checked="" type="checkbox"/> TB Elimination (1619)	<input type="checkbox"/> Other:

## Questions About . . .

TB/Mycobacteriology Specimens:

(512) 776-7657 or 512-776-2449

Ordering Patient Self Collect Supplies:

(512) 776-7661 or [ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@dshs.texas.gov)

Specimen Shipping:

(512) 776-7598 or 1-888-963-7111 ext. 7578 (toll free)

Submitter Accounts, Submission Forms, or Result Reports: (512) 776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)



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