

Specimen Collection and Submission Guidance for Molecular Analysis of Confirmed and Suspected Human Cases of Cryptosporidiosis

CryptoNet: Molecular Tracking of *Cryptosporidium* to Understand Transmission

Cryptosporidium Stool Specimen Collection

Use: Formalin-Free Stool Specimen Collection and Transport Kit.

- **Fixed Stool Specimens** with Zn-PVA, Cu-PVA or Ecofix (or other parasitology fixative without formalin).
- **Raw Stool and Unfixed Specimens** collected in Cary-Blair or other transport media for bacteriologic testing.

Required Volume: Minimum of 500 µl

Required Storage and Shipping Temperature:

- **Fixed Stool Specimens:** Room/Ambient Temperature
- **Raw Stool and Unfixed Specimens (including Cary-Blair):** Store at 2°C–8°C. Ship **overnight** in insulated containers with cold packs.

Follow the manufacturer's specimen collection instructions.

Avoid kits containing formalin as it interferes with testing.

Do not use dry ice as it will freeze the specimen.



Non-sterile Para-Pak® Zn-PVA
1-Vial Transport 15 mL (0.5 oz)



**BIOLOGICAL SUBSTANCE
CATEGORY B**

Cryptosporidium Shipping and Labeling Requirements

Ship as: Category B Biological Substance, UN3373. Specimen must be:

- **Triple Packaged** to withstand shock, pressure changes, leaks, and other ordinary handling conditions while in transit.
- **Packaged with Enough Absorbent Material** such as cellulose wadding or paper towels to soak up the entire contents of the specimen container.

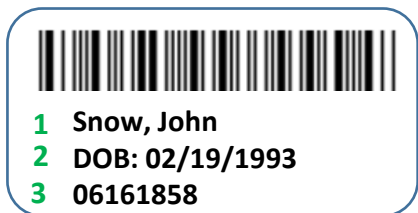
Ensure all containers are securely closed to prevent leaks.

Visit DSHS' online [Specimen Shipping and Mailing Guidance](#) for more details on shipping Category B substances to the Laboratory.

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Label Specimen With Unique Identifiers

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



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 Form G-2B

Patient identifiers on specimen label and G-2B submission form must match.
Date of Collection 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 on form. Specimen container must have two (2) unique identifiers that match this form exactly. e.g., DOB, Unique ID					
** REQUIRED	Last Name **		First Name **		
	Snow		John		
	Address **				Phone Number
	39 Broad Street				
	City **	State **	Zip Code **	Pregnant?	
	Austin	TX	78756	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkno	
	DOB (mm/dd/yyyy) **	Sex **	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> U		
	02/19/1993	M	<input type="checkbox"/> Non-Hispanic		

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

Select Test Type in Section 4.3

Check "Cryptosporidium spp. Exam" under Parasitology.

Select Crypto in Section 4.4

Check "Cryptosporidium subtyping" under Molecular Studies.

Select "IDEAS (1610)" in Section 6

Check the IDEAS (1610) box as the Payor.

** REQUIRED	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
	<input type="checkbox"/> Submitter (3)	<input type="checkbox"/> Immunizations (1609)
	<input type="checkbox"/> BIDS (1720)	<input type="checkbox"/> Private Insurance* (4)
<input type="checkbox"/> BT Grant (1719)	<input type="checkbox"/> TIPP (5144)	
<input type="checkbox"/> HIV / STD (1608)	<input type="checkbox"/> Zoonosis (1620)	
<input checked="" type="checkbox"/> IDEAS (1610)	<input type="checkbox"/> Other: _____	

Select Specimen Type in Section 3

Check "Feces/ stool" as the specimen type.

<input type="checkbox"/> Eye Swab
<input checked="" type="checkbox"/> Feces / stool
<input type="checkbox"/> Gastric (Aspirate)

Questions About . . .

Specimen Collection/Suitability:

(512) 776-7560 or Medical.parasitology@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



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