

# Specimen Submission Guidance for Submitting Influenza Surveillance Specimens to the DSHS Austin Laboratory

## A Completed G-2V Submission Form Must Accompany Every Specimen

### Specimen Types and Storage

**Use:** Sterile nylon- or polyester-tipped swabs in Viral Transport Medium (VTM)

**Preferred:** Nasopharyngeal swabs

**Acceptable:** Nasal swabs, throat swabs

**Minimum Volume:** One swab in VTM.

**Swabs with cotton tips or wooden shafts are not acceptable.**

### Specimen Storage and Shipping:

- **Store and ship** VTM cold at 2°C–8°C or freeze at -70°C or below.
- If VTM specimens will arrive at the Laboratory within 72 hours of collection, refrigerate at 2°C–8°C.
- If VTM specimens will arrive at the Laboratory more than 72 hours after collection, freeze at -70°C or below.
  - Keep refrigerated specimens cold with frozen gel packs.
  - Keep frozen specimens frozen with dry ice.
- **Maximize insulation by packing any empty space around specimens with absorbent packing material.**



Viral Transport Media

### Shipping Influenza Specimens to the Laboratory

**Ship as** Category B Biological Substance, UN3373

Specimens 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 paper towels that can soak up the entire contents of the specimen container
- **Shipped with Adequate Refrigerant/Dry Ice** to keep specimen(s) cool or frozen for up to 48 hours. Use multiple frozen cold packs.
- **Ensure all tubes are securely closed to prevent leaks!**
- **Secure tube lids shut by wrapping in paraffin film (e.g., Parafilm).**
- **Ensure outer mailer is properly labeled, especially if shipping on dry ice.**



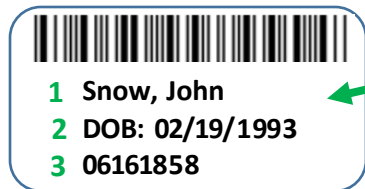
Visit DSHS' online [Specimen Shipping and Mailing Guidance](#) for more details on shipping Category B substances to the Laboratory.



# Completing G-2V Submission Forms to Submit Influenza Surveillance Specimens to the DSHS Austin Laboratory

## 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 G-2V Specimen Submission Form

**Patient identifiers** on specimen label and submission form **must match**.

Provide patient's full address, **including zip code**.

**Date and Time of Collection** must be provided in Section 3 of the G-2V form.

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 on form. Specimen container must have two (2) unique identifiers that match this form exactly.				
** REQUIRED	Last Name *		First Name **	
	Snow		John	
	Address			
	39 Broad Street			
	City **	State **	Zip Code **	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Austin	TX	78756		
DOB (mm/dd/yyyy) **	Sex **	Ethnicity: <input type="checkbox"/> His <input type="checkbox"/> No		
02/19/1993	M			
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian				
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other				
Diagnosis / Symptoms ☐		Risk		
		REQUIRED** <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient		

## Identify Level-of-Care in Section 2

Check *Inpatient* or *Outpatient* as the patient level of care. This is required for influenza surveillance specimens.

## Select Test Type in Section 4

Check Influenza surveillance {Influenza PCR}.

## Select Payor Source in Section 6

Check "Other" and write in "CDC Special Project (14)".

SECTION 3. SPECIMEN	
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected	
Date of Collection (mm/dd/yyyy) **	Time of Collection **
12/21/2024	08:29 a.m. <input type="checkbox"/> AM <input type="checkbox"/> PM
Unique Identification Number ** e.g., MPIN, Alien # / Accession ID	Comments or Additional e.g., QPC ID, Previous DSHS S
06161858	

** 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"/> Zoonosis (1620)	
<input type="checkbox"/> IDEAS (1610)	<input checked="" type="checkbox"/> Other: _____	
<input type="checkbox"/> Immunizations (1609)	CDC Special Project (14)	

## Questions About . . .

**Influenza Testing:** 512-776-7594, 512-776-2452 or [viral.isolation@dshs.texas.gov](mailto:viral.isolation@dshs.texas.gov)

**Influenza and Influenza-Like Illness Surveillance:** [flutexas@dshs.texas.gov](mailto:flutexas@dshs.texas.gov)

**Submitter ID Numbers or Submission Forms:** 512-776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)

**Overnight Shipping Address:** Walter Douglass, Texas Dept. of State Health Services, Public Health Laboratory Division, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756-3199



# Influenza Surveillance Specimen Recruitment FAQs

## for Submitting Influenza Surveillance Specimens to the DSHS Austin Laboratory

### Why is the DSHS Laboratory Requesting Flu Specimens?

The more influenza surveillance specimens the Lab receives from across Texas each influenza season (October to May), the better the respiratory virus surveillance network can track the spread of flu across the state and be better able to respond to future flu outbreaks.

### Do I Need to Have a DSHS Lab Submitter Account to Submit Surveillance Specimens?

**Yes.** If you are not a DSHS submitter, you may obtain a DSHS submitter ID number by completing a [Submitter ID Request Form](#) and emailing it to the DSHS Laboratory Reporting group at [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov) or faxing it to 512-776-7533. A Lab Reporting team member will contact you to complete the onboarding process.

### How Do I Update My DSHS Laboratory Submitter Contact Information?

**Update** your contact information by completing a [Submitter ID Request Form](#). Email or fax the completed form to the Laboratory Reporting group (Lab Reporting team contact info. above).

- DSHS cannot update submitter contact information without a completed form.
- Please **do not manually correct** contact details in Section 1 of the G-2V Form.

### How Do I Obtain New Master G-2V Submission Forms?

- **Request** a master G-2V submission form by emailing the Laboratory Reporting Team at [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov) or calling 512-776-7578 or 1 (888) 963-7111 ext. 7578.
- **Please do not use sample watermarked submission forms from the DSHS website.**
  - Specimens received with sample watermarked submission forms cannot be processed.

### Does the DSHS Lab Provide Free Specimen Collection Supplies and Shipping?

**Yes!** Specimen collection kits, VTM, and a shipping service for flu surveillance specimens are provided at no cost to submitters.

- Email [flutexas@dshs.texas.gov](mailto:flutexas@dshs.texas.gov) to request **collection kits** and **shippers**.
- Email [labcourier@dshs.texas.gov](mailto:labcourier@dshs.texas.gov) to request FedEx **shipping labels**.



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