

# Specimen Collection and Submission Guidance for Norovirus PCR Test

## Molecular Tracking of Norovirus to Better Understand Outbreaks and Transmission

### Norovirus Stool Specimen Collection

#### Required Specimen:

- Raw, fresh stool
- Raw, frozen stool
- Stool in Cary-Blair transport medium

#### Required Volume:

- **Raw Stool:** Minimum 400  $\mu$ L, but more is preferred.
  - Use a sterile container with tight-fitting or screw-top lid.
- **Cary-Blair Stool:** Follow manufacturer's guidelines.

#### Required Storage and Shipping Temperature:

- **Raw Stool:** Ship frozen at  $-20^{\circ}\text{C}$  on dry ice, or cold at  $2^{\circ}\text{C}$ – $8^{\circ}\text{C}$  on ice packs.
- **Cary-Blair:** May be shipped cold or at ambient temperatures.



For specimen size comparison, a single garden pea is approximately 200  $\mu$ L in volume. Image source: pixabay.com

### Norovirus Shipping and Labeling Requirements

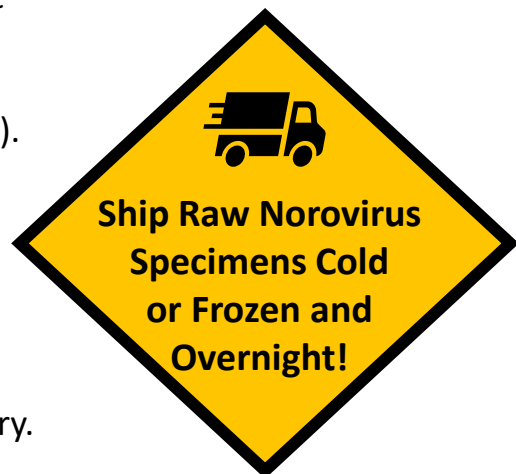
**Ship as:** Category B Biological Substance, UN3373

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 to soak up the contents of the specimen container.
- **Shipped overnight** in sealed, insulated containers with cold packs (refrigerated specimens), or dry ice (frozen specimens).
- **Ensure all containers are securely closed to prevent leaks.**
  - **Secure lids by wrapping in paraffin film (e.g., Parafilm).**
- **Ensure cold specimens are packed with multiple ice packs.**
- **Ensure transport media is not expired.**

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

**Specimens received out of temperature range will be rejected.**



# Specimen Collection and Submission Guidance for Norovirus PCR Test

**Norovirus Specimens Must be Labeled and Submitted with a G-2B Submission Form**

## 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.

## Select Specimen Type in Section 3

Check “Feces/ stool” as the specimen type.

- Eye Swab
- Feces / stool
- Gastric (Aspirate)

## Select Test Type in Section 4.4

Check “Norovirus” under *Molecular Studies*.

## Select “IDEAS (1610)” in Section 6

Check the IDEAS (1610) box as the Payor.

<b>** REQUIRED</b>	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #: _____	
<b>** REQUIRED</b>	<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: _____

SECTION 2. PATIENT						
<small>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</small>						
<b>** REQUIRED</b>	Last Name **	Snow	First Name **	John		
	Address **	39 Broad Street		Phone Number		
	City **	Austin	State **	TX	Zip Code **	78756
	DOB (mm/dd/yyyy) **	02/19/1993	Sex **	M	Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> U <input type="checkbox"/> O

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

## Questions About . . .

- Specimen Collection/Suitability:** (512) 776-6510
- Specimen Shipping :** (512) 776-7598 or 1-888-963-7111 ext. 7578 (toll free)
- Norovirus Surveillance Program:** [FoodborneTexas@dshs.texas.gov](mailto:FoodborneTexas@dshs.texas.gov)
- Submitter Accounts, Submission Forms, or Result Reports:** (512) 776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)