

# 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)

# 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.

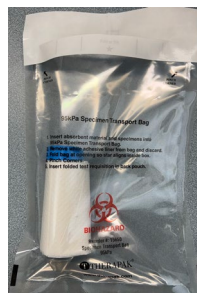


### 3. Place and Secure Specimen in Secondary Container

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: 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.



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 **
	DOB (mm/dd/yyyy) **	2 02/19/1993	Sex **	M

## 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) **	Time of Collection **	Collected
	12/21/2023	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Unique Identification Number ** e.g., MRN / Alien # / Accession ID	3 06161858	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen Label	

## 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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Services

Texas Department of State  
Health Services

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