



RE: Submission of *Cyclospora* specimens

June 26, 2018- Statewide Request

To Whom It May Concern:

During the past five summers, a large number of cyclosporiasis cases have occurred in Texas. The Texas Department of State Health Services (DSHS) is collaborating with the Centers for Disease Control and Prevention (CDC) on a project to identify and validate genotyping tools that could be beneficial in linking cases of cyclosporiasis in outbreak investigations. Therefore, we are **requesting that clinical laboratories send all appropriate *Cyclospora* positive stool specimens to the DSHS Laboratory in Austin for molecular analysis.** These specimen submissions will help us detect future disease clusters and respond to them more quickly.

Sample Submission:

- Submitted samples must be accompanied by a submission form (G2-B). To assist with this process, sample G-2B forms have been included at the end of this letter outlining the fields appropriate for submission of *Cyclospora* stool specimens.
- Submitting laboratories will not be charged for testing specimens sent for this surveillance project, and no report will be issued to the submitting laboratory.
- If you don't already have an account or submitter number with the DSHS Laboratory, call our Reporting Department at (512) 776-7318, ext. 2377.

Transport Media:

- Appropriate specimens for molecular testing are stool specimens fixed with Zn-PVA, Cu-PVA or Ecofix (or other parasitology fixative without formalin); fixed samples can be stored and shipped at room temperature. LV-PVA is not acceptable.
- Raw stool and unfixed samples (e.g., collected in Cary-Blair medium for bacteriologic testing) are also acceptable. Unfixed specimens and raw stool should be sent in insulated containers with cold packs (not dry ice).

Shipping Information & Address: <http://www.dshs.state.tx.us/lab/labMailingShipping.shtm>

Shipping address:

US Postal Service

Specimen Receiving: Walter Douglass
Laboratory Services Section, MC 1947
Department of State Health Services
PO Box 149347
Austin, TX 78714-9347
(512) 776-7569

Overnight/Priority or Courier Service

Specimen Receiving: Walter Douglass
Laboratory Services Section, MC 1947
Department of State Health Services
1100 W. 49th Street
Austin, TX 78756-3199
(512) 776-7569

For questions about *Cyclospora* testing or specimen suitability, please contact Cathy Snider at 512-776-7560
For all other questions, please contact Venessa Cantu at 512-776-6648 or email

FoodborneTexas@dshs.texas.gov



Example Submission Form For Submission of *Cyclospora* Specimens

Section 1. SUBMITTER INFORMATION - (** REQUIRED)

Submitter/TPI Number ** [Redacted]
 Submitter Name ** [Redacted]
 NPI Number ** [Redacted]
 Address ** [Redacted]
 City ** [Redacted] State ** [Redacted] Zip Code ** [Redacted]
 Phone ** [Redacted] Contact ** [Redacted]
 Fax ** [Redacted] Clinic Code [Redacted]

This area is pre-filled

Section 6. ORDERING PHYSICIAN INFORMATION - (** REQUIRED)

Ordering Physician's NPI Number ** [Redacted]
 Ordering Physician's Name ** [Redacted]

Section 7. PAYOR SOURCE - (REQUIRED)

1. Reflex testing will be performed when necessary and the appropriate party will be billed.
2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, the submitter will be billed.
3. Medicare generally does not pay for screening tests-please refer to applicable Third party payor guidelines for instructions regarding covered tests, benefit limitations, medical necessity determinations and Advanced Beneficiary Notice (ABN) requirements.
4. If Medicaid or Medicare is indicated, the Medicaid/Medicare number is required. Please write it in the space provided below.
5. If private insurance is indicated, the required billing information below is designated with an asterisk (*).
6. Check only one box below to indicate whether we should bill the submitter, Medicaid, Medicare, private insurance, or other.

Medicaid/Medicare # [Redacted]

Submitter (3) Private Insurance (4)

BIDS (1720) TIPP (5144)

BT Grant (1719) Title X (12)

HIV / STD (1608) Title XX (13)

IDEAS (1610) TX CLPPP (9)

Immunizations (1609) Zoonosis (1620)

Refugee (7) Other: _____

TB Elimination (1619)

Check IDEAS box only

Section 2. PATIENT INFORMATION - (** REQUIRED)

NOTE: Patient name is REQUIRED & MUST match name on this form, Medicare/Medicaid card, & specimen container. Specimen must have two (2) identifiers that match this form.

Last Name ** [Redacted] First Name ** [Redacted] MI [Redacted]
 Address ** [Redacted] Telephone Number [Redacted]
 City ** [Redacted] State ** [Redacted] Zip Code ** [Redacted] Country of Origin / Bi-National ID # [Redacted]
 DOB (mm/dd/yyyy) ** [Redacted] Sex ** [Redacted] SSN [Redacted] Pregnant? Yes No Unknown
 Race: White African American Hispanic American Indian / Native Alaskan Asian Non-Hispanic Native Hawaiian / Pacific Islander Other Unknown
 Date of Collection ** (REQUIRED) [Redacted] Time of Collection [Redacted]
 Medical Record # [Redacted] Alien # / CUI / CDC ID [Redacted]
 ICD Diagnosis Code ** (1) [Redacted] ICD Diagnosis Code ** (2) [Redacted] ICD Diagnosis Code ** (3) [Redacted]
 Date of Onset [Redacted] Diagnosis / Symptoms [Redacted] Risk [Redacted]
 Inpatient Outpatient Outbreak association: [Redacted] Surveillance [Redacted]

Fill in patient information

Section 3. SPECIMEN SOURCE OR TYPE - (** REQUIRED)

Abdominal fluid Feces/stool Sputum: Natural
 Abscess (site) _____ Gastric
 Blood Lesion (site) _____
 Bone marrow Lymph node (site) _____
 Bronchial washings Nasopharyngeal
 Cervical Plasma Vaginal
 CSF Rectal swab Wound (site) _____
 Endocervical Serum Other: _____
 Eye Sputum: Induced

Section 3: Select appropriate specimen

Section 4. PARASITOLOGY

Cryptosporidium/Cyclospora Exam Microfilaria Exam @
 Fecal Ova and Parasite Exam Microsporidia Exam
 Malaria/Blood Parasite Exam @ Worm Identification @
 Schistosoma/Urine Parasite Exam @ Other: _____

Clinical specimen:

Aerobic isolation Gram Positive Rod
 Anaerobic isolation Group B Streptococcus (Beta Strep)
 Culture, stool Haemophilus
 Diphtheria Screen Legionella
 GC/CT, amplified RNA probe Neisseria
 Haemophilus, isolation Pertussis / Bordetella
 Toxic shock syndrome toxin I assay (TSST 1) Staphylococcus
 Pure culture: Streptococcus Other
 Anaerobic identification
 Organism suspected:

Select Cyclospora Exam under Section 4: Parasitology and Cyclospora Identification under Section 8: Molecular Studies

Section 8. MOLECULAR STUDIES

PCR: Bordetella Pertussis, Parapertussis, and PFGE for:
 Bordetella holmesii detection, real-time Other:
 Cyclospora Identification
 Malaria identification
 Norovirus

Section 9. REQUIRED/REQUESTED SUBMISSIONS

Corynebacterium diphtheriae [Redacted]
 E. coli O157 or other STEC serotypes [Redacted]
 EHEC, shiga-like toxin assay (Shigatoxin-producing Escherichia coli) [Redacted]
 Haemophilus influenza (from sterile sites and <5 years old) [Redacted]
 Listeria [Redacted]
 Neisseria meningitidis (from sterile sites or purpuric lesions) [Redacted]
 Outbreak stool culture [Redacted]
 Salmonella [Redacted]
 Shigella [Redacted]
 Staphylococcus aureus (VISA/VRSA) [Redacted]
 Streptococcus pneumoniae (from sterile sites and <5 years old) [Redacted]
 Vibrio cholera [Redacted]
 Vibrio sp. [Redacted]

NOTES: All dates must be entered in mm/dd/yyyy format. For culture ID or typing, please provide biochemical reactions on reverse side of form or attach copy of biochemistry printout. Each test section (ex. ...)