

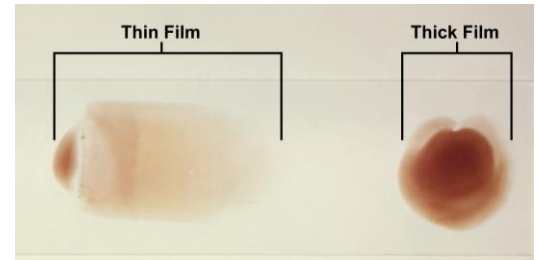
Specimen Collection and Submission Guidance for Malaria Testing

Detection of *Plasmodium* spp. by Morphological and Molecular Examination

Required Specimens for Morphological Exam

Prepared Peripheral Blood Smears

- Prepare as soon as possible after blood collection.
- Provide **at least two thick and two thin smears**.
- Step-by-step guidance on how to prepare blood smears available at [Malaria_procedures_benchaid.pub \(cdc.gov\)](https://www.cdc.gov/malaria/procedures/benchaid/pub).
- **Store and ship at ambient temperatures** and may also be submitted cold with EDTA whole blood specimens.



Example of thin and thick blood smears on a microscope slide.

EDTA Whole Blood

- Collect blood in purple/lavender top (EDTA) tubes.
- Minimum volume 200 μ L (**prefer more if available**)
- **Ship overnight at 2°C–8°C with ice packs in an insulated container.**
- **Do not use dry ice.**



Purple-top tube with EDTA anticoagulant.

Required Specimens for Molecular (PCR) Exam

EDTA Whole Blood

- Collect blood in purple/lavender top (EDTA) tubes.
- Minimum volume 200 μ L (**prefer more if available**)
- **Do not use dry ice.**

Shipping Requirements

Ship as: Category B Biological Substance, UN3373.

- **Ensure all containers are securely closed to prevent leaks and breakages.**

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



**BIOLOGICAL SUBSTANCE
CATEGORY B**

Specimen Collection and Submission Guidance for Malaria Tests

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 (PIs) on its label.



Three PIs are provided on this label

1. Patient's Full Name (with no abbreviations)
2. Patient's Date of Birth
3. Patient's Medical Record Number

Provide Patient Identifiers in Section 2

Required **patient identifiers** on specimen label and **G-2B** submission form **must match**, otherwise specimen will not be tested.

- Ensure Date of Collection and Date of Birth are correct and match each specimen submission
- Ensure phone and fax numbers are up to date (Section 1: Submitter info)

Slides MUST Have 2 Identifiers

There must be two (2) unique PIs on every slide smear, or if two PIs are on the slide box, at least one PI must be on every slide.

Request Morphologic Exam in Section 4

Select "Malaria/Blood Parasite Exam" for morphological exam. Include patient travel history.

Select IDEAS (1610) in Section 7

Check the **Submitter (3)** box as Payor.

<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
Medicaid/Medicare #:	
<input checked="" 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 type="checkbox"/> IDEAS (1610)	<input type="checkbox"/> Other:

Request PCR Test in Section 8

Select "Malaria Identification"

Section 2. PATIENT INFORMATION (** REQUIRED)			
NOTE: Patient name MUST match name on this form, Medicare/Medicaid card, & specimen container. Specimen must have two (2) identifiers that match this form.			
Last Name ** Snow 1	First Name Rabbit 1		
Address ** 123 Main Street		Telephone Number	
City ** Austin	State ** TX	Zip Code ** 78756	Country of Origin / Bi-N
DOB (mm/dd/yyyy) ** 01/01/2001 2	Sex	Pregnant?	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Race: <input type="checkbox"/> American Indian / Native Alaskan	<input type="checkbox"/> Asian	Ethnicity: <input type="checkbox"/>	
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/>	
Date of Collection ** (REQUIRED) 06/01/2023	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected By	
Medical Record # / Alien # / CUI 12345678 3	CDC ID	Previous DSHS Specimen Lab Numbr	

Questions?

Medical Parasitology Team: (512) 776-7560 or Medical.parasitology@dshs.texas.gov
Laboratory Reporting Group: (512) 776-7578 / 1-888-963-7111 ext. 7578 (toll free)
or LabInfo@dshs.texas.gov (For new submitters or form requests)



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