

# Specimen Submission Guidance for Possible H5 Influenza Specimens for Subtyping

**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) or Universal Transport Medium (UTM)

**Acceptable for Influenza Surveillance and Subtyping:** Nasopharyngeal swab (NP), nasal swab (NS), throat swab (OP)

**Acceptable for Influenza A(H5) Testing:** NP, NS, OP, conjunctival swab (CS)\*

*\*Must be paired with an NP or dual NS/OP swab*

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

## Specimen Storage and Shipping

- **Store and ship** VTM/UTM cold at 2°C–8°C or freeze at -70°C or below.
- If specimens will arrive at the Laboratory within 72 hours of collection, refrigerate at 2°C–8°C.
- If 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.**

## 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 Possible H5 Influenza Specimens to DSHS Laboratory for Subtyping

## 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.

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 i 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
Austin	TX	78756	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 surveillance specimens.

## Select Test Type in Section 4

Check Influenza surveillance.

- Include previous influenza test results, and subtyping, if performed.
- Indicate if patient had a high-risk exposure to H5N1 or was exposed to H5N1-infected birds or other animals.

Date and Time of Collection must be provided in Section 3.

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 checked="" type="checkbox"/> PM
Unique Identification Number ** e.g., MRN / Alien # / Accession ID	Comments or Additional e.g., QPC ID, Previous DSHS S
06161858	

## Select Payor Source in Section 6

Check "IDEAS" as the payor source.

** REQUIRED	<input type="checkbox"/> Medicaid (2) Medicaid/Medicare #:
	<input type="checkbox"/> Submitter (3)
	<input type="checkbox"/> BIDS (1720)
	<input checked="" type="checkbox"/> IDEAS/EAIDU (1610)
	<input type="checkbox"/> Immunizations (1609)

## 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



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

[dshs.texas.gov](https://dshs.texas.gov)

# Influenza Surveillance Specimen FAQs

## for Submitting Possible H5 Influenza Specimens to DSHS Laboratory for Subtyping

### What Specimens Should be Prioritized for Faster Subtyping?

**Prioritize submission** of influenza A positive specimens from patients who: are in intensive care units (ICUs), meet epidemiological criteria for testing, or have influenza A positive, unsubtypeable influenza test results.

- Please also submit subsets of specimens (3–5 per week) from other hospitalized patients.

### Do I Need to Have a DSHS Lab Submitter Account to Submit 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@dshtexas.gov](mailto:LabInfo@dshtexas.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 providing it in a [Submitter ID Request Form](#). Email or fax the completed form to the Lab Reporting Group (contact info. above).

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

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