

# 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 of 0.2 g (a pea-sized amount)
  - Use a sterile container with tight-fitting or screw-top lid.
- **Cary-Blair Stool:** minimum of 500 µL
- **A minimum of 500 µL is required if stool is loose or liquid.**



For specimen size comparison, garden peas weigh approximately 0.1g to 0.3g.  
Image source: pixabay.com

#### Required Storage and Shipping Temperature:

- **Raw Stool:** Ship frozen at -20°C on dry ice, or cold at 2°C–8°C on ice packs.
- **Cary-Blair:** May be shipped cold or at ambient temperatures.

### 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.

1 Snow, John  
2 DOB: 02/19/1993  
3 06161858

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.

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 on form. Specimen container must have two (2) unique identifiers that match this form exactly. e.g., DOB, Unique Identification Number.					
** REQUIRED	Last Name **		First Name **		Phone Number
	Snow		John		
	Address **				
	39 Broad Street				
City **	State **	Zip Code **		Pregnant?	
Austin	TX	78756		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkno	
DOB (mm/dd/yyyy) **	Sex **	Ethnicity:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> U
02/19/1993	M			<input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Indeterminate	

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 **	Col
12/21/2023	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Unique Identification Number ** e.g., MRN / Alien # / Accession ID	Comments or Additional ID e.g., CDC ID, Previous DSHS Spec	
06161858		

### 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.

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

### Identify Reason for Submission in Section 2

Check "Outbreak" or "Surveillance".

- ☐ Outbreak Association ☐  
☐ Surveillance ☐

### 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)



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Health Services

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