

HIV Screening at DSHS Austin Laboratory

BioPlex 2200 HIV Antigen-Antibody Assay

Reactive HIV Screen Specimens Will Reflex to HIV 1/2 Confirmation Testing

Completed G-2A Submission Form Required for Each Prevention Program Specimen

Completed THSTEPS Submission Form Required for Every THSteps Specimen

HIV Screening Specimen Collection and Storage

Required Specimen: Serum

Use: Serum Separator tubes (SST) or Red Top tubes

Required Minimum Volume: 1 mL

Required Storage and Shipping:

- **Store and ship cold at 2°C to 8°C** if specimen will arrive at Laboratory within 5 days of collection.
- **Store and ship frozen at -20°C or colder** if the specimen will arrive more than 5 days after collection.
- **Do not freeze serum in serum separator tubes.**
- **Ensure specimen collection kits are not expired!**
- **Limit the number of freeze/thaw cycles.**

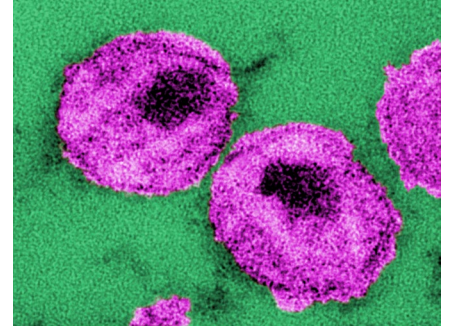


Photo: CDC/Dr. A. Harrison; Dr. P. Feorino

Specimen Shipping Requirements

Ship as: Category B Biological Substance, UN3373

Triple package specimens to withstand shock, pressure changes, leaks, and other ordinary handling conditions while in transit.

- **Pack enough absorbent material** in secondary container to soak up the contents of the primary container.
- **Ship overnight** in insulated containers with frozen cold packs (for cold specimens), or dry ice (for frozen specimens).

Ensure containers are securely closed to **prevent leaks**.

- **Wrap** specimen lids in paraffin film (e.g., Parafilm).
- **Pack** cold specimens with multiple ice packs.

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

- **Specimens received out of temperature range will be rejected.**
- **Do not ship for weekend or holiday delivery.**



HIV Nucleic Acid Amplification Testing at DSHS Austin Laboratory

HIV-1 RNA Nucleic Acid Amplification Test (NAAT)

Completed Submission Form Required with Every HIV-1 NAAT Specimen

HIV NAAT Specimen Collection and Storage

Required Specimen: Serum or Plasma

Collect serum in Serum Separator tubes (SST) or Red Top tubes

Collect plasma in EDTA (Lavender top) tubes. **Transfer** plasma to secondary tube after centrifugation.

Minimum Volume: 1.2 mL (1200µL)

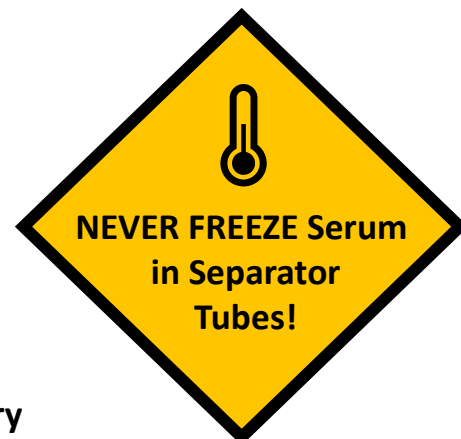
Storage and Shipping:

Serum

- **Store and ship** cold at **2°C to 8°C** if it will arrive at the Lab within **5 days** after collection.
- **Store** frozen at **-15°C to -35°C** after pouring into a **secondary tube** and **ship** frozen if it will arrive 5 to 90 days after collection.
- **Do not freeze serum in separator tubes.**

Plasma

- **Store and ship** in secondary tube at **2°C to 8°C** if it will arrive at Lab within 5 days of collection.
- **Store and ship** frozen at **-20°C to -70°C** if it will arrive 5 to 90 days after collection.



Specimen Shipping and Labeling Requirements

Ship as: Category B Biological Substance, UN3373

Triple package to withstand ordinary handling conditions.

- **Pack with enough absorbent material** in secondary container to soak up the contents of the primary container.
- **Ship overnight** in insulated containers with frozen cold packs (for cold specimens), or dry ice (for frozen specimens).

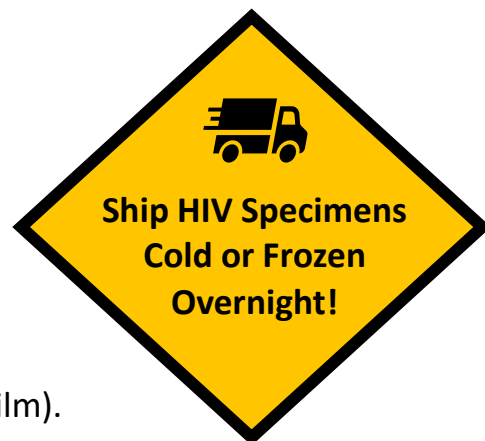
Ensure containers are securely closed to prevent leaks.

- **Secure** specimen lids by wrapping in paraffin film (e.g., Parafilm).

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

Specimens received out of temperature range will be rejected.

Ensure specimen collection kits are not expired!



Shipping Refrigerated or Frozen HIV Specimens In Extreme Heat

**Correct Specimen Packing Keeps Cold and Frozen Specimens
at the Correct Temperatures During Shipping**

Refrigerated and Frozen HIV Specimens Must Arrive at the Lab Cold or Frozen

THE ISSUE: Serum and plasma specimens for HIV testing must be shipped either cold or frozen. Specimens that arrive at elevated temperatures are unsuitable for testing and will be rejected.

- Refrigerated specimens must be received cold between 2°C to 8°C.
- Frozen specimens must be received frozen (-20°C or below).
- Generally, courier and shipping service vehicles that transport specimens to the Laboratory are not refrigerated.
- Even on a moderately hot summer day (35°C/ 95°F), the internal temperature of a vehicle can reach 54°C/130°F within 30 minutes.

Do not freeze serum in separator tubes.

Specimens received out of temperature range will be rejected.

Keeping HIV Specimens Cold or Frozen

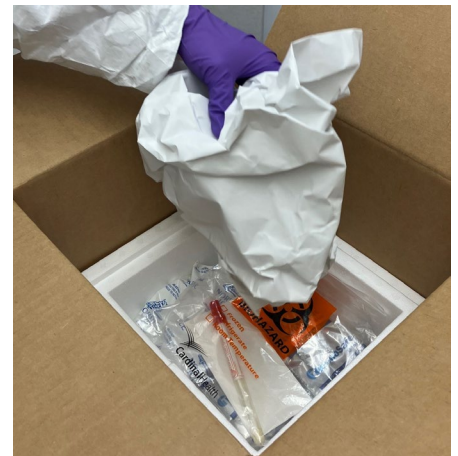
Use an insulated shipping container to transport specimens.

- **Pack** cold specimens with enough frozen cold packs to keep specimens cold during shipping.
 - **One frozen cold pack is not enough!**
- **Pack** frozen specimens with enough dry ice to keep them frozen during shipping.
 - **Dry ice sublimates at the rate of 5 lbs. to 10 lbs. each 24 hrs., depending on the insulation value of the shipping container and the external temperature.**

Maximize insulation of specimens by packing **all** remaining empty space in the shipping container with absorbent material such as paper or cotton wadding.

- **Packing empty space with absorbent material** also cushions specimens and reduces breakage while in transit.

NOTE: If a single specimen in a secondary container containing multiple specimens breaks or spills, EVERY specimen in the secondary container will be rejected.



Minimize empty space in the shipper to improve insulation.



HIV Testing at the DSHS Austin Laboratory

Completing the G-2A Submission Form Correctly for HIV Testing

Label Specimens With Unique Identifiers

Every specimen must have at least two unique patient identifiers on its label.

1 Snow, John
2 DOB: 03/15/2001
3 06161858

Three patient identifiers provided on this label.

1. Name
2. Date of Birth
3. Medical Record Number

Provide Patient Identifiers in Section 2 of G-2A Submission Form

Patient identifiers on specimen label and G-2A form must match exactly.

Provide date of collection 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 on form. Specimen container must have two (2) unique identifiers that match this form.			
** REQUIRED	Last Name **	First Name **	
	SNOW John		
	Address **		
	39 Broad Street		
	City **	State **	Zip Code **
	Austin	TX	78756
	DOB (mm/dd/yyyy) **	Sex **	Ethnicity:
	3/15/2001	M	
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian			

SECTION 3. SPECIMEN			
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.			
ED	Date of Collection (mm/dd/yyyy) **	Time of Collection **	Collected
	2/21/2024	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	Unique Identification Number ** e.g., MRN / Allen # / Accession #	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen ID	
	06161858		

Identify Specimen Source in Section 3

Select the appropriate source or type.
Do not leave blank!

Request Test in Section 4

Select one HIV test only.

Do not select more than one test!

Check *HIV Screen* or *HIV-1 RNA, NAAT Only*.

<input type="checkbox"/> HIV Screen	<input type="checkbox"/> HIV-1 RNA, NAAT Only
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Select a required test justification for NAAT.

- Do not leave blank!

Identify Payor in Section 9

Check the appropriate Payor.

- If left blank, submitter is charged.

Select only one payor.

Identify Storage Temp. in Section 3

- Check either FREEZER or REFRIGERATOR to indicate specimen storage temperature.
- Provide DATE and TIME of removal from freezer or refrigerator.

Questions About . . .

Specimen Testing: 512-776-3501 or 512-776-2505; Serological.Analysis@dshs.texas.gov

Specimen Submission Forms/Results Reports: 512-776-7578 or LabInfo@dshs.texas.gov

Collection Kit Ordering: 512-776-7661 or ContainerPrepGroup@dshs.texas.gov



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Health and Human
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Texas Department of State
Health Services

dshs.texas.gov

THSTEPS Program HIV Testing at the DSHS Austin Laboratory

Completing the G-THSTEPS Form for Texas Health Steps Program HIV Testing

Label Specimens With Unique Identifiers

Every specimen must have at least **two unique patient identifiers** on its label.

1 Snow, John
2 DOB: 03/15/2001
3 06161858

Three patient identifiers provided on this label.

1. Name
2. Date of Birth
3. Medical Record Number

Provide Patient Identifiers in Section 2 of G-THSTEPS Submission Form

Patient identifiers on specimen label and G-THSTEPS form **must match exactly**.

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 on specimen container must have two (2) unique identifiers that match this form.			
** REQUIRED	Last Name **	First Name **	
	Snow John		
	Address ** 39 Broad Street		
	City ** Austin	State ** TX	Zip Code ** 78756
DOB (mm/dd/yyyy) **	Sex **	Ethnicity:	
3/15/2001	M		
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian			

Identify Specimen Type in Section 3

Select the appropriate source or type.

- Do not leave blank!

Request Test in Section 7 STI

Select "HIV".

SECTION 3. SPECIMEN			
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.			
ID	Date of Collection (mm/dd/yyyy) **	Time of Collection **	Collected
	2/21/2024	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	Unique Identification Number ** e.g., MRN / Allen # / Accession ID	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen ID	
	06161858		

SECTION 7. STI	
<input type="checkbox"/>	Gonorrhea/Chlamydia (GC/CT), Amplified RNA Probe
<input checked="" type="checkbox"/>	HIV ▲
<input type="checkbox"/>	Syphilis ▲
NOTE: DO NOT FREEZE Serum Separator Tube (SST) collectors (i.e. Gold Top tubes)	

Identify as Check-Up or Follow-Up

Select "Yes" or "No" to identify the specimen as part of a THSteps medical checkup or a follow-up visit, or not.

Identify Storage Temp. in Section 8

Check either FREEZER or REFRIGERATOR to indicate specimen storage temperature.

Provide DATE and TIME of removal from freezer or refrigerator.

Questions About . . .

Specimen Testing: 512-776-3501 or 512-776-2505; Serological.Analysis@dshs.texas.gov
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