

Syphilis Screening at DSHS Austin Laboratory

BioPlex 2200 Syphilis Total Antibody Assay

Reactive Syphilis Screens Will Reflex to Rapid Plasma Reagin (RPR) Test with Titer

Completed G-2A Submission Form Required for Each Syphilis Screening Specimen

Syphilis Screening Specimen Collection and Storage

Required Specimen: Serum

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

Required Minimum Volume: 500 µL

Required Storage and Shipping:

- **Store at 2°C to 8°C** if specimen will arrive at Laboratory within **5 days** of collection.
- **Store frozen at -20°C in a secondary tube** if the specimen will arrive more than 5 days after collection.
- **Do not freeze serum in separator tubes.**
- **Ensure specimen collection kits are not expired!**



Specimen Shipping and Labeling 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.



Syphilis Confirmation Testing at DSHS Austin Laboratory

Qualitative Particle Agglutination Assay (TP-PA) for Detecting *T. pallidum* Antibodies

A Completed G-2A Form is Required for Each Syphilis Confirmation Specimen

Syphilis TP-PA Specimen Collection and Storage

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

Minimum Volume: 100 µL

Storage and Shipping:

- **Store cold at 2°C to 8°C** if specimen will arrive at Laboratory within 5 days of collection.
- **Store frozen at -20°C or colder** if the specimen will arrive more than 5 days after collection.
- **Do not freeze serum in separator tubes.**
- **Ensure specimen collection kits are not expired.**
- **Only one freeze/thaw cycle is allowable before testing.**



Specimen Shipping and Labeling 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.

Syphilis Rapid Plasma Reagin Testing at DSHS Austin Laboratory

Qualitative and Semi-Quantitative Syphilis RPR Antibody Detection

A Completed G-2A Submission Form is Required for Syphilis RPR Specimens
A G-THSTEPS Submission Forms is Required for All Texas Health Steps Specimens

Syphilis Specimen Collection and Storage

Required Specimen: Serum

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

Required Minimum Volume: 200 µL

Required Storage and Shipping:

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



Specimen Shipping and Labeling 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.



Shipping Cold or Frozen Syphilis Specimens In Extreme Heat

Correct Specimen Packing Will Keep Cold and Frozen Specimens at the Correct Temperatures During Shipping

Cold and Frozen Specimens Must Arrive at the Lab at the Correct Temperature

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

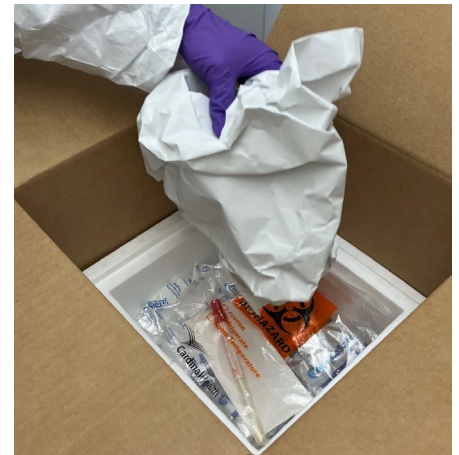
- Refrigerated specimens must be received cold between 2°C to 8°C.
- Frozen specimens must be received frozen (at -20°C or below).
- Generally, courier and shipping service vehicles that transport specimens to the Laboratory are not refrigerated.
- Even on a moderately hot summer day (35°C/ 95°F), the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



Keeping 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.**



Minimize empty space in the shipper to improve insulation.

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.



Syphilis Testing at DSHS Austin Laboratory

Completing the G-2A Submission Form for Syphilis 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 ** Austin	State ** TX	Zip Code ** 78756
	DOB (mm/dd/yyyy) ** 3/15/2001	Sex ** M	Ethnicity:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Other			

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) ** 2/21/2024	Time of Collection ** <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected
	Unique Identification Number ** 06161858	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen Label	

Identify Specimen Source in Section 4

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

Request Test in Section 4

Select one syphilis test type only.
Check *Syphilis Screen* or a confirmation test.

<input type="checkbox"/> Syphilis Screen	<input type="checkbox"/> Syphilis RPR Only
<input type="checkbox"/> Syphilis Confirmation by TP-PA:	

Select a required test justification **for confirmation testing**. Do not leave blank!

Identify Payor in Section 9

Check the appropriate Payor.

- **If left blank, submitter is charged.**

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

dshs.texas.gov

Texas Health Steps Specimen Submission Form Guidance

Completing the G-THSTEPS Submission Form for Syphilis Testing

Ensure Specimen Labels Have at Least Two Unique Identifiers

Three unique patient identifiers on specimen are preferred.

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 Sections 2 and 3 of G-THSTEPS 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) 3/15/2001	Sex ** M	Ethnicity:
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) 2/21/2024	Time of Collection ** <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected
	Unique Identification Number ** 06161858	Comments or Additional ID: e.g., MRN / Allen # / Accession #	

Identify Specimen Type in Section 3

Select only **one** specimen source.

- Do not leave blank!

Select either *Rectal Swab* or *Throat Swab* for extra-genital testing.

Request Test in Section 7 STI

Select "Syphilis".

SECTION 7. STI
<input type="checkbox"/> Gonorrhea/Chlamydia (GC/CT), Amplified RNA Probe
<input type="checkbox"/> HIV ▲
<input checked="" 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.

Questions About . . .

Specimen Collection/Suitability:

Specimen Shipping:

Supply Ordering:

Submitter Accounts, Submission Forms, or Result Reports: 512-776-7578 or LabInfo@dshs.texas.gov

512-776-3501 or 512-776-2505

512-776-7598 or 1-888-963-7111 ext. 7578 (toll free)

512-776-7661 or ContainerPrepGroup@dshs.texas.gov

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.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

dshs.texas.gov