

Specimen Collection and Submission Guidance for Molecular Analysis of Confirmed and Suspected Cases of Norovirus

Molecular Tracking of Norovirus to Better Understand Outbreaks and Transmission

Norovirus Stool Specimen Collection

Use: Sterile specimen container with tight-fitting or screw-top lid

Required Specimen: Raw, fresh stool

Required Volume: Minimum of 400 μL , but more is always preferred

Required Storage and Shipping Temperature:

Store at 4°C. Ship overnight in sealed, insulated containers with cold packs.

- **Do not use dry ice.**
- **Do not freeze specimen.**
- **Do not use specimen collection kits with preservatives as they interfere with testing.**



For specimen size comparison, a single garden pea is approximately 200 μL in volume. Image source: pixabay.com

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 or paper towels that can soak up the entire contents of the specimen container.
- **Ensure all containers are securely closed to prevent leaks!**
- **Secure lids shut by wrapping in paraffin film (e.g., Parafilm).**

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



**BIOLOGICAL SUBSTANCE
CATEGORY B**

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Norovirus Specimens Must be Labeled and Submitted with a G-2B Submission Form

Label Specimen With Unique Patient 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 Section 2 of G-2B Submission Form

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

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 ** Martinez	1	First Name ** Daniel	
Address ** 246 Main St.		Telephone Number	
City ** Austin	State ** TX	Zip Code ** 78756	Country of Origin / Bi-N:
DOB (mm/dd/yyyy) 02/19/2001	2	Sex	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Native Hawaiian / Pacific Islander		Ethnicity: <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other	
Date of Collection ** (REQUIRED) 12/21/2022	Time of Collection <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected By	
Medical Record # / Alien # / CUI 18164754	3	CDC ID	Previous DSHS Specimen Lab Number

Select "IDEAS (1610)" in Section 7

Check the IDEAS (1610) box as Payor in Section 7.

<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:

Select "Norovirus" in Section 8

Check "Norovirus" under *Molecular Studies*.

Questions?

Molecular Biology Team: (512) 776-6510
Specimen Acquisition Group: (512) 776-7598 or 1-888-963-7111 ext. 7578 (toll free)
Laboratory Reporting Group: (512) 776-7578 or LabInfo@dshs.texas.gov
CaliciNet/Norovirus Surveillance: FoodborneTexas@dshs.texas.gov



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