# Rickettsia spp. IgG Antibody Testing by Indirect Fluorescence Antibody at the DSHS Austin Laboratory

For Detection of Antibodies to Rickettsia rickettsii and R. typhi

A Completed G-2A Submission Form Must Accompany Every Specimen

#### **Serum Specimens**

**Use:** Serum Tube (Red Top Tube) or Serum Separator Tube with Clot Activator (Gold, or Red-Gray "Tiger" or "Speckle" Top Tubes)

- Ensure Gold/Tiger top tubes are fully inverted at least five times after collection to allow proper clotting.
- Allow blood to clot for a minimum of 30 minutes before centrifugation.
- For Red Top Tubes, allow blood to clot for 60 minutes before centrifugation. Transfer serum to a plastic, screw top transport tube.



Ensure specimen collection tubes are not expired.

#### **Storage and Shipping:**

- If specimens will be received at the lab within 48 hours of collection, store and ship cold at 2°C–8°C.
- If specimens will arrive more than 2 days after collection, transfer serum in serum separator tubes to a plastic, screw top transport tube and store/ship specimen frozen at or below -20°C.
- Ship specimens overnight.
  - Keep refrigerated specimens cold with ice packs.
  - Keep frozen specimens frozen with dry ice.
- Maximize insulation and cushioning by packing any empty space around specimens with absorbent packing material.



**Red Top Serum Tube** 



Gold Top and Tiger Top Tubes



# **Rickettsia** Questions?

DSHS Regional Zoonosis Control: Contact Information - Zoonosis Control Branch | Texas DSHS

Rickettsia IgG Antibody Testing: 512-776-7657, 512-776-2505 or serological.analysis@dshs.texas.gov

Submitter ID Numbers/ Submission Forms: 512-776-7578 or LabInfo@dshs.texas.gov

Overnight Shipping Address: Walter Douglass, Texas Dept. of State Health Services, Public

Health Laboratory Division, 1100 W. 49th Street Austin, TX 78756-3199

# **Submitting Rickettsial Specimens to the DSHS Laboratory**

# **How Do I Update my Submitter Information with DSHS?**

- **Update** your contact information by filling out a <u>Submitter ID Request Form</u> and emailing it to LabInfo@dshs.texas.gov or faxing it to 512-776-7533.
  - DSHS cannot update contact information without a completed form.
  - Please **do not manually correct** contact details in Section 1 of submission form!

#### **How Do I Obtain New or Updated Master Submission Forms?**

- **Request** master submission forms by emailing the Laboratory Reporting Team at LabInfo@dshs.texas.gov or calling 512-776-7578 or 1-888-963-7111 ext. 7578.
- Submit IFA assay specimens with G-2A Submission Forms.
- Please do not use sample watermarked submission forms from the DSHS website.
  - Specimens received with sample watermarked submission forms cannot be tested.

### What Rickettsial Specimens Should be Sent to CDC?

In Texas, routine diagnostic samples should be sent to the DSHS Austin Laboratory or a commercial laboratory for testing. If the test is not commercially available or not conducted by the DSHS Laboratory, please consult with DSHS Regional Zoonosis Control **before** submitting rickettsial specimens to CDC.

#### Does the DSHS Lab do Rickettsia Detection by PCR?

No. As of June 2025, the DSHS Laboratory discontinued *Rickettsia* detection by real-time PCR.

# What Do I Do With Positive Typhus or Rocky Mountain Spotted Fever Test Results?

- Notify your local health department (LHD) within one week of a positive typhus or RMSF result. If you do not have an LHD, report to the Regional DSHS Zoonosis Control Office.
- Refer to reporter responsibilities at <a href="https://www.dshs.texas.gov/notifiable-conditions">https://www.dshs.texas.gov/notifiable-conditions</a> and <a href="https://www.dshs.texas.gov/notifiable-conditions">TX</a>
   Reportable Conditions Job Aid.
- Please do not submit notification reports to the Laboratory!

## Rickettsia Questions?

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# **DSHS Laboratory Submission Form Guidance for**

**Submitting Rickettsial Specimens to the DSHS Laboratory** 

# **Label Specimen With Unique Identifiers**

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



- 2 DOB: 02/19/1993
- 3 06161858

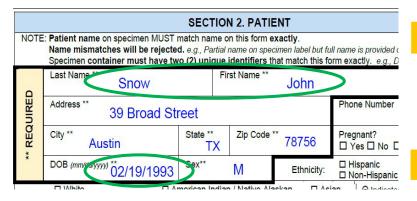
#### Three patient identifiers provided on this label:

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

#### Provide Patient Identifiers in Sections 2 and 3 of Forms G-2A

Patient identifiers on specimen label and submission form must match.

Date of Collection must be provided in Section 3 of each form.



	SECTION 3. SPECIMEN				
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.					
	Date of Collection (mm/ad/yyyy) ** 12/21/2023	Time of Collect	ion ** □ AM □ PM	Col	
Q:	Unique Identification Number ** e.g., MRN / Alien # / Accession ID 06161858		Comments or Additional IE e.g., CDC ID, Previous DSHS Spec		

# **Select Specimen Type in Section 3**

Check "Serum" in Form G-2A.

# **Select Test Type**

**Check** "Rocky Mountain Spotted Fever & Typhus Fever Panel IgG" in **Sect. 6 of G-2A**.

#### **Select Payor Source**

**Check** the appropriate payor source on the submission form.

 Select "Zoonosis" only if a public health epidemiologist requested the specimen be sent to the Laboratory.

	☐ Medicaid (2)	☐ Medicare (8)	
Q	Medicaid/Medicare #:		
RE			
Б	☐ Submitter (3)	☐ Immunizations (1609)	
REQUIRED	☐ BIDS (1720)	☐ Private Insurance* (4)	
	☐ BT Grant (1719)	☐ TIPP (5144)	
*	☐ HIV / STD (1608)	☐ Zoonosis (1620)	
	☐ IDEAS (1610)	☐ Other:	

# Questions About . . .

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