

Specimen Collection and Submission Guidance for Andes Virus and Sin Nombre Hantavirus Serum Specimens

Submitting Serum Specimens for Detection of Hantavirus IgG & IgM Antibodies

Hantavirus Serum Specimen Collection and Storage

Report suspected Hantavirus cases within one week.

Reporting contacts by county/PHR available [here](#).

Required Specimen: Serum

Required Volume: 500 µL

Required Storage and Shipping Temperatures:

- **Store and ship cold** at 2°C–8°C if specimen will arrive at the Laboratory **within 7 days** of collection.
- **Store and ship frozen** at -20°C or colder if specimen will arrive at Laboratory **more than 7 days** after collection.

Ensure specimen collection kits are not expired!



Cotton rats are known hantavirus carriers. (CDC/ James Gathany, 2005)

Specimen Shipping and Labeling Requirements

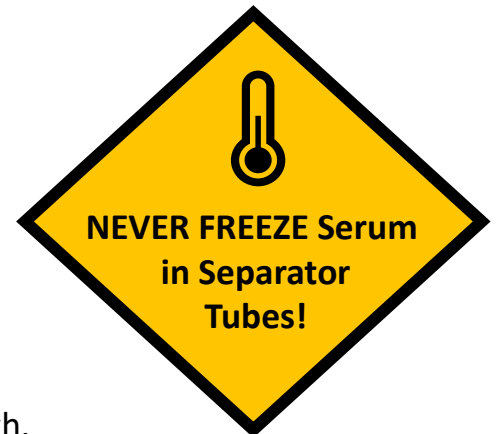
Ensure specimen tubes have the required patient identifiers.

Ship in accordance with Category B Biological Substances regulations.

- **Ship overnight** in insulated containers.
- **Pack** cold specimens with several ice packs; one is not enough.
- **Pack** frozen specimens with enough dry ice to keep them frozen for up to 48 hours.

Ensure containers are securely closed to prevent leaks.

- **Secure** lids by wrapping them in paraffin film (e.g., Parafilm).
- **Pack with enough absorbent material** in secondary container to soak up the contents of the primary container.
- **Do not ship for weekend or holiday delivery.**
- **Specimens received out of temperature range will be rejected.**
- **Do not place specimen labels over paraffin film; they will fall off.**



Specimen Collection and Submission Guidance for

Hantavirus Serum Specimens for Antibody Detection

*****All Facilities Must Have a DSHS Submitter Account to Submit Specimens*****

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 are preferred.

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

Patient identifiers on specimen label and G-2A 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 Identifier					
** REQUIRED	Last Name **		First Name **		
	Snow		John		
	Address **				Phone Number
	39 Broad Street				
	City **	State **	Zip Code **	Pregnant?	
	Austin	TX	78756	☐ Yes ☐ No ☐ Unkno	
	DOB (mm/dd/yyyy) **	Sex **	Ethnicity:		
	02/19/1993	M	☐ Hispanic ☐ Non-Hispanic ☐ U		
	☐ White ☐ American Indian / Native Alaskan ☐ Asian ☐ Other (Indicate field)				

SECTION 3. SPECIMEN		
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.		
** REQUIRED	Date of Collection (mm/dd/yyyy) **	Time of Collection **
	07/06/2026	☐ AM ☐ PM
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID	Comments or Additional IC e.g., CDC ID, Previous DSHS Spec
	06161858	

Select Specimen Type in Section 3

Check "Serum."

Select Test Type in Section 4

Check "Hantavirus IgM & IgG".

SECTION 6. SEROLOGY	
☐	Brucella, Total Antibody
☐	Chagas IgG
☒	Hantavirus IgM & IgG
☐	Measles IgM
☐	Measles IgG

Select Payor in Section 6

Check the appropriate Payor.

Do not leave empty!

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

Identify Reason for Submission in Section 2

Check "Outbreak" or "Surveillance".

☐ Outbreak Association ☺
☐ Surveillance ☺

Questions About . . .

Specimen Collection/Suitability:

512-776-7657 or 512-776-7760

Specimen Shipping:

512-776-7598

Hantavirus Case Reporting:

[Disease Reporting Contacts](#)

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



TEXAS
Health and Human
Services

Texas Department of State
Health Services

***Microbiology Specimen Submission
Job Aids | Texas DSHS***