# **Specimen Collection and Submission Guidance for**

Genotyping of Confirmed and Suspected Human Cases of Cyclosporiasis

Genotyping of Cyclospora cayetanensis Helps Outbreak Investigations

### Cyclospora Stool Specimen Collection

**Use:** Formalin-Free Stool Specimen Collection and Transport Kit.

- Fixed Stool Specimens with Zn-PVA, Cu-PVA or Ecofix (or other parasitology fixative without formalin).
- Raw Stool and Unfixed Specimens collected in Cary-Blair or other transport media for bacteriologic testing.

Required Volume: Minimum of 500 μl

### Required Storage and Shipping Temperature:

- Fixed Stool Specimens: Room/Ambient Temperature
- Raw Stool and Unfixed Specimens (including Cary-Blair): Store at 2°C-8°C. Ship overnight in insulated containers with cold packs.

Follow the manufacturer's specimen collection instructions. Avoid kits containing formalin as it interferes with genotyping. Do not use dry ice as it will freeze the specimen.

Example of a Cary-Blair Stool specimen collection kit.

# Cyclospora 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.
- **Shipped COLD** if collected in Cary-Blair transport media.

Ensure all containers are securely closed to prevent leaks.

Visit DSHS' online **Specimen Shipping and Mailing Guidance** for more details on shipping Category B substances to the Laboratory.





# **Specimen Collection and Submission Guidance for**

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### **Label Specimen With Unique Identifiers**

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

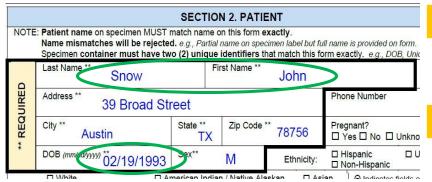


Three patient identifiers provided on this label:

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

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

Patient identifiers on specimen label and G-2B submission form must match. Date of Collection must be provided in Section 3.



### **Select Test Type in Section 4.3**

**Check** "Cyclospora spp. Exam" under Parasitology.

## Select "Cyclospora" in Section 4.4

**Check** "Cyclospora Identification" under Molecular Studies.

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

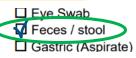
### Select "IDEAS (1610)" in Section 7

Check the IDEAS (1610) box as the Payor

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

### **Select Specimen Type in Section 3**

**Check** "Feces/stool" as the specimen type.



### Questions About ...

**Specimen Collection/Suitability:** 

(512) 776-7560 or Medical.parasitology@dshs.texas.gov

**Specimen Shipping:** 

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

Submitter Accounts, Submission Forms, or Result Reports: (512) 776-7578 or <a href="mailto:LabInfo@dshs.texas.gov">LabInfo@dshs.texas.gov</a>