

# 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  $\mu$ L, 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  $\mu$ L 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.



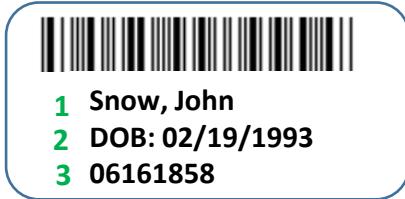
**BIOLOGICAL SUBSTANCE  
CATEGORY B**

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

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

## 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 Specimen Type in Section 3

Check “Feces/ stool” as the specimen type.

- Eye Swab
- Feces / stool
- Gastric (Aspirate)

## Select Test Type in Section 4.4

Check “Norovirus” under Molecular Studies.

## Select “IDEAS (1610)” in Section 6

Check the IDEAS (1610) box as the Payor.

<b>** REQUIRED</b>	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
<b>** REQUIRED</b>	<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: _____

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 ID						
<b>** REQUIRED</b>	Last Name **	Snow		First Name **	John	
	Address **	39 Broad Street			Phone Number	
	City **	Austin	State **	TX	Zip Code **	78756
	DOB (mm/dd/yyyy) **	02/19/1993	Sex **	M	Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

SECTION 3. SPECIMEN		
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.		
<b>** REQUIRED</b>	Date of Collection (mm/dd/yyyy) **	Time of Collection **
	12/21/2023	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
<b>** REQUIRED</b>	Unique Identification Number ** e.g., MRN / Alien # / Accession ID	Comments or Additional ID e.g., CDC ID, Previous DSHS Spec
	06161858	

## Questions About . . .

Specimen Collection/Suitability:

(512) 776-6510

Specimen Shipping:

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

Norovirus Surveillance Program:

[FoodborneTexas@dshs.texas.gov](mailto:FoodborneTexas@dshs.texas.gov)

Submitter Accounts, Submission Forms, or Result Reports:

(512) 776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)



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Health Services

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