

Specimen Collection and Submission Guidance for Genotyping of Confirmed and Suspected Human Cases of Cyclosporiasis

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 fixative without formalin).
- **Raw Stool and Unfixed Specimens** collected in Cary-Blair or other transport media.

Required Volume: 5mL

Required Storage and Shipping Temperature:

- **Raw Stool:** Store cold at 2°C–8°C. Ship overnight in insulated containers with cold packs.
- **Fixed Specimens:** Room/ambient
- **Unfixed Specimens (Cary-Blair):** Cold or room/ambient
- **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.

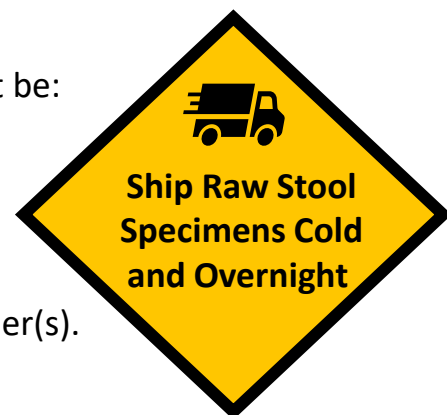
Cyclospora Shipping and Labeling Requirements

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** in secondary container to soak up the entire contents of the primary container(s).

Ensure all containers are securely closed to prevent leaks.

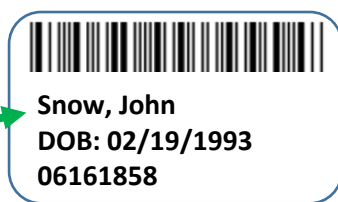
- Visit DSHS' online [Specimen Shipping and Mailing Guidance](#) for more details on shipping Category B substances to the Laboratory.
- Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a [notifiable condition](#).



Completing a G-2B Specimen Submission Form for Genotyping of Confirmed and Suspected Human Cases of Cyclosporiasis

Label Specimen With Unique Identifiers

Every specimen container must have at least **two unique patient identifiers**. Three patient identifiers are preferred.



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.

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 **	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 <input type="checkbox"/> Other	

Select Specimen Type in Section 3

Check "Feces/ stool" as the specimen type.

<input type="checkbox"/> Eye Swab
<input checked="" type="checkbox"/> Feces / stool
<input type="checkbox"/> Gastric (Aspirate)

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.

Select "IDEAS (1610)" in Section 7

Check the IDEAS (1610) box as the Payor.

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 **	Col
	12/21/2025	11:25	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
ID	Unique Identification Number ** e.g., MRN / Alien # / Accession #	Comments or Additional IC e.g., CDC ID, Previous DSHS Spec	
	06161858		

Identify Reason for Submission in Section 2

Check "Outbreak" or "Surveillance".

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

Questions About . . .

- Specimen Shipping: 512-776-7598
- Specimen Collection/Suitability: 512-776-7560 or Medical.parasitology@dshs.texas.gov
- Submitter Accounts, Submission Forms, or Result Reports: (512) 776-7578 or LabInfo@dshs.texas.gov

