

Specimen Collection and Submission Guidance for Norovirus PCR Test

Molecular Tracking of Norovirus to Better Understand Outbreaks and Transmission

Norovirus Stool Specimen Collection

Required Specimen:

- Raw, fresh stool
- Raw, frozen stool
- Stool in Cary-Blair transport medium

Required Volume:

- **Raw Stool:** Minimum 400 μL , but more is preferred.
 - Use a sterile container with tight-fitting or screw-top lid.
- **Cary-Blair Stool:** Follow manufacturer's guidelines.

Required Storage and Shipping Temperature:

- **Raw Stool:** Ship frozen at -20°C on dry ice, or cold at 2°C – 8°C on ice packs.
- **Cary-Blair:** May be shipped cold or at ambient temperatures.



For specimen size comparison, a single garden pea is approximately 200 μL in volume. Image source: pixabay.com

Norovirus Shipping and Labeling Requirements

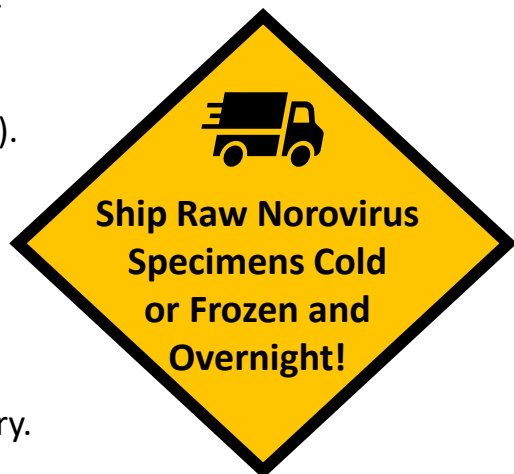
Ship as: Category B Biological Substance, UN3373

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 to soak up the contents of the specimen container.
- **Shipped overnight** in sealed, insulated containers with cold packs (refrigerated specimens), or dry ice (frozen specimens).
- **Ensure all containers are securely closed to prevent leaks.**
 - **Secure lids by wrapping in paraffin film (e.g., Parafilm).**
- **Ensure cold specimens are packed with multiple ice packs.**
- **Ensure transport media is not expired.**

Visit DSHS' online [Specimen Shipping and Mailing Guidance](#) for more details on shipping Category B substances to the Laboratory.

Specimens received out of temperature range will be rejected.



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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.

1 Snow, John
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 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.

** REQUIRED	☐ Medicaid (2)	☐ Medicare (8)
	Medicaid/Medicare #:	
** REQUIRED	☐ Submitter (3)	☐ Immunizations (1609)
	☐ BIDS (1720)	☐ Private Insurance* (4)
	☐ BT Grant (1719)	☐ TIPP (5144)
	☐ HIV / STD (1608)	☐ Zoonosis (1620)
	☒ IDEAS (1610)	☐ 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				
** REQUIRED	Last Name **	First Name **		
	Snow		John	
	Address **		Phone Number	
	39 Broad Street			
	City **	State **	Zip Code **	
	Austin	TX	78756	
	DOB (mm/dd/yyyy) **	Sex **	Ethnicity:	
	02/19/1993	M	☐ Hispanic ☐ Non-Hispanic	
	☐ White ☐ American Indian / Native Alaskan ☐ Asian ☐ Hawaiian / Pacific Islander			

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) **
	12/21/2023
	Time of Collection **
	☐ AM ☒ PM
	Unique Identification Number **
	06161858
	Comments or Additional ID e.g., CDC ID, Previous DSHS Spec

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

Submitter Accounts, Submission Forms, or Result Reports: (512) 776-7578 or LabInfo@dshs.texas.gov



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