

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.



BIOLOGICAL SUBSTANCE
CATEGORY B



TEXAS
Health and Human
Services

Texas Department of State
Health Services

dshs.texas.gov

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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.

SECTION 2. PATIENT					
<small>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</small>					
** REQUIRED	Last Name **		First Name **		Phone Number
	Snow		John		
	Address **				
	39 Broad Street				
City **	State **	Zip Code **	Pregnant?		
Austin	TX	78756	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkno		
DOB (mm/dd/yyyy)	Sex **	Ethnicity:			
02/19/1993	M	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> U			
<input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Indeterminate					

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.

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

Select “IDEAS (1610)” in Section 7

Check the IDEAS (1610) box as the Payor

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

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)

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 LabInfo@dshs.texas.gov

