

# Specimen Collection and Submission Guidance for Malaria Testing

## Morphological and Molecular Detection of *Plasmodium* spp.

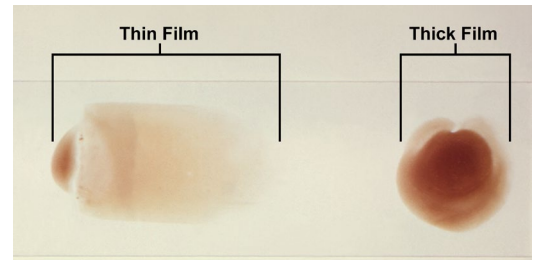
### Specimens for Morphological Exam

#### 1. Prepared Peripheral Blood Smears

- Prepare as soon as possible after blood collection.
- Provide **at least two thick and two thin smears**.
- Step-by-step guidance on how to prepare blood smears available at [Malaria procedures benchaid.pub \(cdc.gov\)](https://www.cdc.gov/malaria/procedures/benchaid.pub).
- **Store and ship at ambient temperatures** or may also be submitted cold with EDTA whole blood specimens.

#### 2. EDTA Whole Blood

- Collect blood in purple/lavender top (EDTA) tubes.
- Minimum volume 200  $\mu$ L.
- **Ship overnight at 2°C–8°C with ice packs in an insulated container.**
- **Do not use dry ice.**



Example of thin and thick blood smears.



Purple-top plasma tube with EDTA anticoagulant.

### Specimens for Molecular (PCR) Exam

#### EDTA Whole Blood

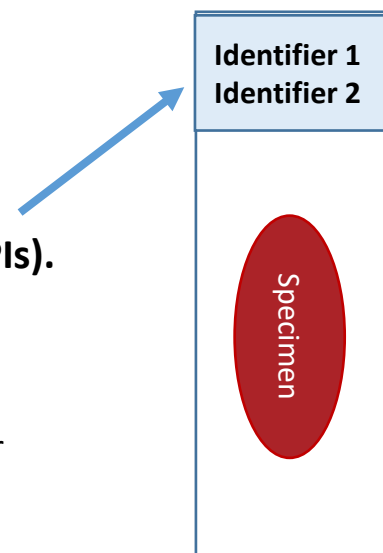
- Collect blood in purple/lavender top (EDTA) tubes.
- Minimum volume 200  $\mu$ L.
- **Ship overnight at 2°C–8°C.**
- **Do not use dry ice.**

### Blood Smear Slide Labeling Requirements

#### Every slide must have two unique patient identifiers (PIs).

- Alternatively, if two PIs are on the slide box, at least one PI must be on each slide.

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

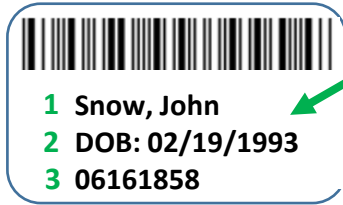


# Specimen Collection and Submission Guidance for Malaria Tests

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

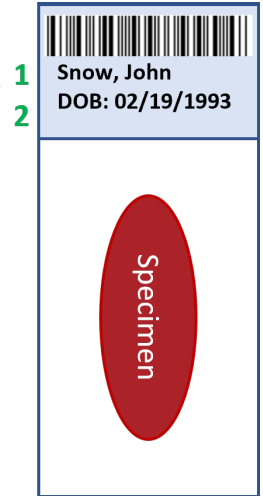
## Label Specimens With Required Patient Identifiers

Every specimen must have at least two unique patient identifiers (PIs).



- Three PIs on tubes**
1. Full Name
  2. Date of Birth
  3. Med. Record No.

- Two PIs on slides**
1. Full Name
  2. Date of Birth



1  
2

## Provide Patient Identifiers in Sections 2 and 3

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

## Request PCR Test in Section 4.4

Select "Plasmodium Identification".

4.4 Molecular Studies	
<b>PCR:</b>	
<input type="checkbox"/>	Cryptosporidium subtyping
<input type="checkbox"/>	Cyclospora identification
<input checked="" type="checkbox"/>	Plasmodium identification
<input type="checkbox"/>	Norovirus

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	
Last Name **	First Name **
Snow	John
Address **	
39 Broad Street	
City **	State **
Austin	TX
DOB (mm/dd/yyyy)	Sex **
02/19/1993	M
Zip Code **	Ethnicity:
78756	<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.	
Date of Collection (mm/dd/yyyy) **	Time of Collection **
12/21/2023	<input type="checkbox"/> AM <input type="checkbox"/> PM
Unique Identification Number ** e.g., MRN / Alien # / Accession ID	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen
06161858	

## Select Payor Source in Section 6

Check the appropriate payor source.  
**If left blank, the submitter will be billed.**  
\*\*Check IDEAS (1610) as payor source only during active outbreaks.\*\*

## Select Test Type in Section 4.3

Select "Malaria/Blood Parasite Exam" for morphological exam.

Malaria / Blood Parasite Exam ◆

## Questions About . . .

- Specimen Suitability or Testing (512) 776-7560 or [Medical.parasitology@dshs.texas.gov](mailto:Medical.parasitology@dshs.texas.gov)
- Specimen Shipping (512) 776-7598 or 1-888-963-7111 ext. 7578 (toll free)
- Obtaining Submission Forms (512) 776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)