

## Houston Health Department (HHD) Laboratory 2019-nCoV

### In-House Testing Specimen Submission Guidelines (Rev. 4-7-20)

1. If your facility has a Persons Under Investigation (PUI) case for 2019-nCoV, please always call your local or state health department epidemiology first. The contact information for the Health Departments in the region is at the end of this document.
2. Your local (or state) health department epidemiologist (EPI) will coordinate the investigation and inform you whether 2019-nCoV testing is approved. If it is approved, a Persons Under Investigation (PUI) ID number will be issued to you. **The submitter must include the PUI ID number, the name and contact number of the EPI who investigates the case, and the name of the health department on the Houston Health Department Laboratory 2019-nCoV Specimen Submission Form. Use one form per specimen. Fill out all required information; otherwise, specimens cannot be tested.**
3. You can reach the laboratory at **832-393-3959** for testing-related inquiries. The laboratory FAX number is 832-393-3982.
4. The laboratory accepts 2019-nCoV samples Monday to Friday, 7:00 AM to 7:00 PM, Saturday and Sunday 9:00 AM- 4:00 PM.
5. **Timing of specimen collection:** Specimens should be collected as soon as possible after onset of illness, preferably within the first 3-4 days. Although some viruses may be detected after longer time periods, the likelihood of recovering most respiratory viruses diminishes after 3-4 days.
6. Health care personnel collecting clinical samples from potentially infectious patients should follow CDC infection prevention and control [recommendations](#) (available at CDC's website).
7. Follow CDC specimen collection guidelines for collecting specimens:  
<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>
8. **Specimen types:** For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
  - 1) Nasopharyngeal (NP) specimen is the preferred choice for swab-based SARS-CoV-2 testing.
  - 2) If both NP and oropharyngeal (OP) swabs are collected, they should be combined in a single tube as an NP/OP swab to maximize test sensitivity and conserve testing resources.
  - 3) Place NP or NP/OP swabs immediately into sterile tubes containing 2-3 ml of viral (or universal) transport media.
  - 4) Sputum specimens can also be submitted for PUIs with productive cough (the induction of sputum is not recommended). Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

- 5) When collection of a nasopharyngeal (NP) swab is not possible, the following are acceptable alternatives:
- An oropharyngeal (OP) specimen collected by a healthcare professional, or
  - A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
  - Nasal swab (NS): An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab).
  - For NS, a single polyester swab with a plastic shaft should be used to sample both nares. NS or NMT swabs should be placed in a transport tube containing either viral transport medium, Amies transport medium, or sterile saline.
9. **Each specimen must be labeled with: A) name of the patient; B) date of birth of the patient; C) specimen type; D) date of collection; E) PUI ID number assigned to the patient by EPI.**
10. **Refrigerate all specimens promptly after collection.** If specimens can be received at the HHD Lab within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. Freezing should be avoided if possible, as this will reduce virus viability. If specimens cannot be received at the HHD Lab within 72 hours of collection, they should be frozen at -70°C and shipped on dry ice. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.
11. **A person who has been trained in Packaging and Shipping of Infectious Substances with a current training certificate should perform the packaging.** Online packaging and shipping training is available at CDC Train Website: First create an account with CDC train at <https://www.train.org/cdctrain/user/register>, and then register for the online course “Packaging and Shipping Division 6.2 Materials: What the Laboratorian Should Know” at <https://www.train.org/cdctrain/course/1075969/>. Specimens should be packaged and shipped as Biological Substance, Category B. For specific instructions, see the “Packing, Shipping, and Transport” section from this CDC webpage document (**last section**): <http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html>  
Refer to “UN 3373 Category B schematic for packaging” here: <https://www.cdc.gov/coronavirus/mers/downloads/lab/UN3373-packaging-schema.pdf>
12. All specimens must be prepacked to prevent breakage and spillage. Specimen containers should be sealed with Parafilm® and placed in ziplock bags. Place enough absorbent material in the Secondary Container (containing Primary Container).
13. **Place all submission forms (one submission form per specimen) between the Styrofoam box and the outer box, NOT inside the pouch of the biohazard bag containing the specimen tubes.**
14. Keep specimens at 4°C and **ship 2019-nCoV specimens separately (from other specimens for other tests)** on gel ice-packs and ship as Biological Substance, Category B to the HHD Lab with this label on the outside of the specimen package: **ATTN: Molecular-2019-nCoV, 2250 Holcombe Blvd, Houston, TX 77030. Ship within 24 hours (not to exceed 48 hours) of collection, if possible.**
15. In most cases, results will be available within 24-48 hours after specimens are received at the HHD Lab.

16. Results will be faxed to the fax number provided on the submission form. The jurisdictional health department will receive the testing results per the established protocol.

## Houston Area Health Departments

<p><b>Harris County Public Health</b> Phone: (713)439-6000 Fax: (713)439-6306 After Hrs.: (713)755-5000 <a href="http://publichealth.harriscountytexas.gov">http://publichealth.harriscountytexas.gov</a></p>	<p><b>Houston Health Department</b> Phone: (832)393-5080 (24 hrs.) Fax: (832)393-5232 <a href="http://www.houstontx.gov/health">www.houstontx.gov/health</a></p>	<p><b>Texas Department of State Health Services</b> <b>Health Service Region 6/5 South</b> Phone: (713)767-3000 (24 hrs.) Fax: (713)767-3006 <a href="http://www.dshs.state.tx.us/region6-5">www.dshs.state.tx.us/region6-5</a></p>
<p><b>Fort Bend County Health and Human Services</b> Phone: (281)342-6414 Fax: (832)471-1817 <a href="http://www.fbchhs.org">www.fbchhs.org</a></p>	<p><b>Montgomery County Public Health Department</b> Phone: (888)825-9754 (24 hrs.) Fax: (936)539-9272 <a href="https://mcpd-tx.org">https://mcpd-tx.org</a></p>	<p><b>Galveston County Health District</b> Phone: (409)938-2322 Fax: (409)938-2399 After Hrs.: (888)241-0442 <a href="http://www.gchd.org">www.gchd.org</a></p>
<p><b>Brazoria County Health Department</b> Phone: (979)864-1166 (24 hrs.) Fax: (979)864-3694 <a href="https://www.brazoriacountytx.gov/departments/health-department">https://www.brazoriacountytx.gov/departments/health-department</a></p>		<p><b>Chambers County Health Department</b> Phone: (409)267-2731 Fax: (409)267-4276 After Hrs.: (409)267-9862 <a href="https://www.co.chambers.tx.us/page/health-department">https://www.co.chambers.tx.us/page/health-department</a></p>

### Beaumont Public Health Document

Telephone: 409-654-3603  
FAX: 409-832-4270  
After Hours: 409-998-3389  
[sherry.ulmer@beaumonttexas.gov](mailto:sherry.ulmer@beaumonttexas.gov)

### Port Arthur Public Health Department

Telephone: 409-983-8832  
[Judith.smith@portarthurtx.gov](mailto:Judith.smith@portarthurtx.gov)

### Hardin County Health Department/Orange County

Telephone: (409)209-5363  
Fax: (409)246-4373 or (409)246-5263  
After Hours: (409)659-7759  
[Christina.richard@co.hardin.tx.us](mailto:Christina.richard@co.hardin.tx.us)

\*\*\*For HHD Use Only\*\*\*  
Place HHD Bar Code Label Here



**HOUSTON HEALTH**  
DEPARTMENT

Molecular Diagnostics  
Bureau of Laboratory Services  
2250 Holcombe Blvd., Houston, Texas 77030  
Phone: (832) 393-3959  
Fax: (832) 393-3982

## Houston Health Department Laboratory 2019-nCoV Specimen Submission Form

(Print Clearly with All Information Requested, One Form per Specimen, not per Patient)

SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitting Entity*		Last Name*		
Submitting Entity Address*		First Name*		MI
Name of Physician Who Ordered the Test*		Medical Record # (if available)	DOB (mm/dd/yyyy)*	
Name and Phone Number of the Contact for Specimen Questions*		Patient Address*		
Name:		City*	State*	Zip*
Phone:		Race (check all that apply)*		
Phone # for Results (24/7)*		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other, specify: _____	Ethnicity* <input type="checkbox"/> non-Hispanic <input type="checkbox"/> Hispanic	
Secure Fax Number for Test Result Notification (24/7)*		Sex assigned at birth*	Current gender (if known)	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender female (male-to-female) <input type="checkbox"/> Transgender male (female-to-male) <input type="checkbox"/> Other, specify: _____	
Persons Under Investigation (PUI) Approval (Required)*		SPECIMEN INFORMATION (Required)*		
Assigned PUI#*		Date of Collection (mm/dd/yyyy)*	Time of Collection* (Please specify AM or PM)	
Name of Health Department*		Specimen Type (check one only)*		
Name of Epidemiologist*		<input type="checkbox"/> Nasopharyngeal swab (NP swab) <input type="checkbox"/> Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) <input type="checkbox"/> Oropharyngeal swab (OP swab) <input type="checkbox"/> Sputum <input type="checkbox"/> Nasal mid-turbinate swab (NMT swab) <input type="checkbox"/> Nasal swab (NS swab)		
Phone # of Epidemiologist*		<b>SPECIAL PATHOGEN TESTING</b> <input type="checkbox"/> 321 2019-nCoV Real-time RT-PCR Assay		

\*\*\*For HHD Use Only\*\*\*  
Place HHD Bar Code Label Here



**HOUSTON HEALTH**  
DEPARTMENT

Molecular Diagnostics  
Bureau of Laboratory Services  
2250 Holcombe Blvd., Houston, Texas 77030  
Phone: (832) 393-3959  
Fax: (832) 393-3982

## Houston Health Department Laboratory 2019-nCoV Specimen Submission Form

(Print Clearly with All Information Requested, One Form per Specimen, not per Patient)

SUBMITTER INFORMATION (Required)*		PATIENT INFORMATION (Required)*		
Submitting Entity* Main Street Hospital		Last Name* Smith		
Submitting Entity Address* 555 Main St., Houston, TX 77030		First Name* Pat	MI M	
Name of Physician Who Ordered the Test* Bill Williams		Medical Record # (if available) 5515243	DOB (mm/dd/yyyy)* 09/03/1941	
Name and Phone Number of the Contact for Specimen Questions* Name: Pam Jones Phone: 713-555-5555		Patient Address* 123 Cherry Lane		
Phone # for Results (24/7)* 713-222-2222		City* Sugar Land	State* TX	Zip* 77478
Secure Fax Number for Test Result Notification (24/7)* 832-345-6789		Race (check all that apply)* <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other, specify: _____		Ethnicity* <input checked="" type="checkbox"/> non-Hispanic <input type="checkbox"/> Hispanic
		Sex assigned at birth* <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Current gender (if known) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender female (male-to-female) <input type="checkbox"/> Transgender male (female-to-male) <input type="checkbox"/> Other, specify: _____	
Persons Under Investigation (PUI) Approval (Required)*		SPECIMEN INFORMATION (Required)*		
Assigned PUI#* FB20200406325		Date of Collection (mm/dd/yyyy)* 04/07/2020	Time of Collection* (Please specify AM or PM) 10:10 am	
Name of Health Department* Fort Bend County		Specimen Type (check one only)* <input type="checkbox"/> Nasopharyngeal swab (NP swab) <input checked="" type="checkbox"/> Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) <input type="checkbox"/> Oropharyngeal swab (OP swab) <input type="checkbox"/> Sputum <input type="checkbox"/> Nasal mid-turbinate swab (NMT swab) <input type="checkbox"/> Nasal swab (NS swab)		
Name of Epidemiologist* Sarah Thomas		<b>SPECIAL PATHOGEN TESTING</b> <input checked="" type="checkbox"/> 321 2019-nCoV Real-time RT-PCR Assay		
Phone # of Epidemiologist* 346-221-2221				

## Example of Information Required on the Specimen Label:

**Name: Pat Smith**

**DOB: 09/03/1941**

**Type: NP/OP swab**

**Collection Date: 04/07/2020**

**PUI#: FB20200406325**