

## Houston Health Department (HHD) Laboratory 2019-nCoV In-House Testing Specimen Submission Guidelines (Rev. 3-19-20)

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 (One form per specimen with all required information filled out, otherwise specimens cannot be tested. Only MR# and Race are optional).** This is the only required submission form. PUI form and CDC 50.34 Form are not required by the lab.
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 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:** HHD lab is currently requesting nasopharyngeal (NP) swab, **OR** nasopharyngeal swab **AND** oropharyngeal swab (NP/OP swab, combined at collection into a single vial) specimen on all persons under investigation (PUI). Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. **If necessary**, sputum specimens (optional) can also be submitted for PUIs with productive cough (no need to induce). Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
9. Swab specimens should be collected using only swabs with a synthetic tip (e.g., polyester, Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. Specimens collected with swabs made of calcium alginate are not acceptable.

10. 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.**
11. **Refrigerate all specimens promptly after collection.** If specimens can be received at 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 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.
12. **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>
13. 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).
14. **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.**
15. 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 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.
16. In most cases results will be available within 24-48 hours after specimens are received at HHD lab.
17. 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



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)

<b>SUBMITTER INFORMATION (Required)*</b>		<b>PATIENT INFORMATION (Required)*</b>		
Submitting Entity*		Last Name*		
Submitting Entity Address*		First Name*	MI	
Name of Physician Who Orders the Test*		Medical Record # (if available)*		
Name and Phone Number of the Contact for Specimen Questions*	Phone # for Results (24/7)*	DOB (mm/dd/yyyy)*	Race (if available)*	Sex*
Name:				
Phone:				
Secure Fax Number for Test Result Notification (24/7)*		<b>SPECIMEN INFORMATION (Required)*</b>		
<b>Persons Under Investigation (PUI) Approval (Required)*</b>				
Assigned PUI#*	Name of Health Department*	Date of Collection (mm/dd/yyyy)*	Time of Collection*	
			(Please specify AM or PM)	
Name of Epidemiologist*	Phone # of Epidemiologist*	Specimen Type (check one only)*		
		<input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) <input type="checkbox"/> Sputum		

## Special Pathogen Testing – 2019-nCoV

### SPECIAL PATHOGEN

321 2019-nCoV Real-time RT-PCR Assay

## **Example of Information Required on the Specimen Label:**

**Name: John Smith**

**DOB: 09/03/1941**

**Type: NP swab**

**Collection Date: 03/08/2020**

**PUI#: TX20200308019**

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



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

Example

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* Liberty Careall Hospital		Last Name* Smith		
Submitting Entity Address* 7564 Holcombe Blvd. Houston, TX 77030		First Name* John	MI	
Name of Physician Who Orders the Test* Bill Williams		Medical Record #(if available)* 89645743 0921		
Name and Phone Number of the Contact for Specimen Questions* Name: Cindy Nelson Phone: 713-809-9418	Phone # for Results (24/7)* 832-719-6247	DOB (mm/dd/yyyy)* 09/03/1941	Race (if available)* white	Sex* M
Secure Fax Number for Test Result Notification (24/7)* 713-521-6493		SPECIMEN INFORMATION (Required)*		
Persons Under Investigation (PUI) Approval (Required)*				
Assigned PUI#* TX20200308019	Name of Health Department* Galveston County	Date of Collection(mm/dd/yyyy)* 03/08/2020	Time of Collection* 10:30 AM (Please specify AM or PM)	
Name of Epidemiologist* Nancy Schwartz	Phone # of Epidemiologist* 832-674-0395	Specimen Type (check one only)* <input checked="" type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) <input type="checkbox"/> Sputum		

## Special Pathogen Testing – 2019-nCoV

<p><u>SPECIAL PATHOGEN</u></p> <p><input checked="" type="checkbox"/> 321 2019-nCoV Real-time RT-PCR Assay</p>
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