

Specimen Collection and Submission Guidance for Measles (Rubeola) Serum Specimens

Submitting Serum Specimens for Detection of IgG/IgM Antibodies to Measles

Measles Serum Specimen Collection and Storage

Report suspected measles cases immediately. Reporting contacts by county/public health region available [here](#).

Required Specimen: Serum

Required Volume: 200 μ L, but more is preferred

Required Storage and Shipping Temperatures:

- **Store and ship cold** at 2°C–8°C if specimen will arrive at the Laboratory **within 48 hours** of collection.
- **Store and ship frozen** at -20°C or colder if specimen will arrive at Laboratory **more than 48 hours** after collection.

Ensure specimen collection kits are not expired!



A child's cheek showing the characteristic measles rash. (CDC/ Tatiana Lanzieri, MD, MPH, 2024)

Specimen Shipping and Labeling Requirements

Ship as: Category B Biological Substance, UN3373
Specimens must be:

- **Triple packaged** to withstand shock, pressure changes, leaks, and other ordinary handling conditions while in transit.
- **Packaged with enough absorbent material** in secondary container to soak up the contents of the primary container.
- **Shipped overnight** in insulated containers with frozen cold packs (for cold specimens), or dry ice (for frozen specimens).

Ensure containers are securely closed to prevent leaks.

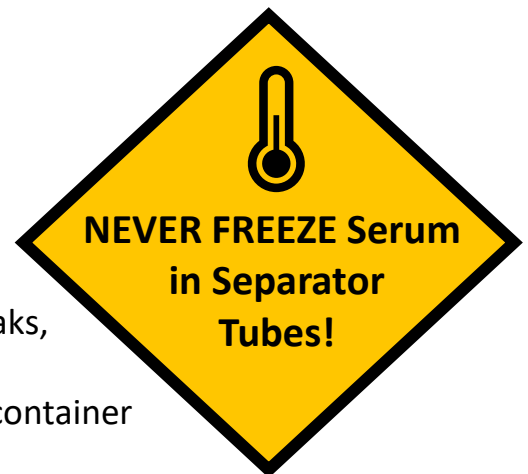
- **Secure specimen lids** by wrapping in paraffin film (e.g., Parafilm).
- **Pack cold specimens** with multiple ice packs.

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

Ensure "Saturday Delivery" box is selected for Friday shipments.

Do not ship for Sunday or holiday delivery.

Specimens received out of temperature range will be rejected.



Specimen Collection and Submission Guidance for Measles (Rubeola) Swab Specimens

Submitting Measles Swab Specimens for Viral RNA Detection

Measles Swab Specimen Collection and Storage

Report suspected measles cases immediately. Reporting contacts by county/public health region available [here](#).

Required Specimens:

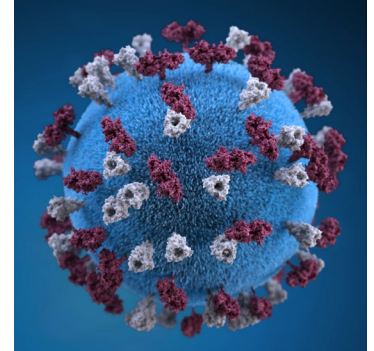
- **Preferred:** Throat swabs
- **Acceptable:** Nasopharyngeal or oral swabs
Use dacron or rayon swabs only; no cotton tips or wooden shafts.
- Use Universal Transport Media or Viral Transport Media.

Required Volume: 1 mL–2 mL

Required Storage and Shipping Temperature:

- **Store and ship cold** at 2°C–8°C if specimen will arrive at Laboratory **within 48 hours** of collection.
- **Store and ship frozen** at -70°C if specimen will arrive at Laboratory **more than 48 hours** after collection.

Ensure specimen collection kits are not expired!



(CDC/ Allison M. Maiuri, MPH, CHES (2016))

Specimen 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** in secondary container to soak up the contents of the primary container.
- **Shipped overnight** in insulated containers with enough cold packs to keep them cold or enough dry ice to keep them frozen.
 - **Pack** cold specimens with multiple frozen ice packs.
- **Ensure** containers are securely closed to prevent leaks.
 - **Secure** lids by wrapping in paraffin film (e.g., Parafilm).

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

Ensure "Saturday Delivery" box is selected for Friday shipments.

Do not ship for Sunday or holiday delivery.

Specimens received out of temperature range will be rejected.



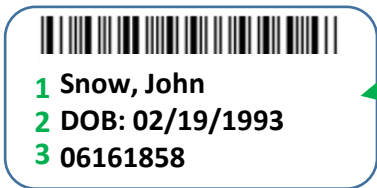
Specimen Collection and Submission Guidance for

Measles Serum Specimens for Antibody Detection

*****All Facilities Must Have a DSHS Submitter Account to Submit Specimens*****

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-2A

Patient identifiers on specimen label and G-2A submission form **must match**.

Date of Collection must be provided in Section 3.

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 Identifier						
** REQUIRED	Last Name **	Snow		First Name **	John	
	Address **	39 Broad Street			Phone Number	
	City **	Austin	State **	TX	Zip Code **	78756
	DOB (mm/dd/yyyy) **	02/19/1993	Sex **	M	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> U	
SECTION 3. SPECIMEN						
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.						
ID	Date of Collection (mm/dd/yyyy) **	02/21/2025		Time of Collection **	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID	06161858			Comments or Additional IC e.g., CDC ID, Previous DSHS Spec	

Select Specimen Type in Section 3

Check "Serum."

Select Test Type in Section 4

Check "Measles IgM" and/or "Measles IgG."

One or both tests may be selected.

SECTION 6. SEROLOGICAL TESTS	
<input type="checkbox"/>	Bruceella, Total Antibody
<input type="checkbox"/>	Chagas IgG
<input type="checkbox"/>	Hantavirus IgM & IgG
<input checked="" type="checkbox"/>	Measles IgM
<input checked="" type="checkbox"/>	Measles IgG

Select Payor in Section 6

Check the appropriate Payor. Do not leave empty.

** REQUIRED	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
<input type="checkbox"/>	Submitter (3)	<input type="checkbox"/>
<input type="checkbox"/>	BIDS (1720)	<input type="checkbox"/>
<input type="checkbox"/>	BT Grant (1719)	<input type="checkbox"/>
<input type="checkbox"/>	HIV / STD (1608)	<input type="checkbox"/>
<input type="checkbox"/>	IDEAS (1610)	<input type="checkbox"/>
<input type="checkbox"/>	Immunizations (1609)	<input type="checkbox"/>
<input type="checkbox"/>	Private Insurance* (4)	<input type="checkbox"/>
<input type="checkbox"/>	TIPP (5144)	<input type="checkbox"/>
<input type="checkbox"/>	Zoonosis (1620)	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	

Identify Reason for Submission in Section 2

Check "Outbreak" or "Surveillance".

<input type="checkbox"/>	Outbreak Association ☐
<input type="checkbox"/>	Surveillance ☐

Questions About . . .

Specimen Collection/Suitability:

512-776-7594 or 512-776-7760

Specimen Shipping:

512-776-7598 or 1-888-963-7111 ext. 7578 (toll free)

Measles Surveillance Program:

[Measles \(Rubeola\) | Texas DSHS](#)

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



Specimen Collection and Submission Guidance for

Measles Swab Specimens for Viral RNA Detection

*****All Facilities Must Have a DSHS Submitter Account to Submit Specimens*****

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-2V

Patient identifiers on specimen label and G-2V submission form must match.

Date of Collection must be provided in Section 3.

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 **		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"/> U <input type="checkbox"/> Non-Hispanic			
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) **		Time of Collection **		Col
	02/21/2025		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
	Unique Identification Number ** e.g., MRN / Alien # / Accession ID		Comments or Additional ID e.g., CDC ID, Previous DSHS Spec		
06161858					

Select Specimen Type in Section 3

Check the appropriate specimen type.

<input type="checkbox"/> Feces/stool
<input checked="" type="checkbox"/> Nasopharyngeal swab
<input type="checkbox"/> Nasal Swab

Select Test Type in Section 4

Check Measles PCR. Identify vaccine status, travel history.

<input checked="" type="checkbox"/> Measles PCR	Vaccine Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Vaccine Received: _____
	Travel History (if known): _____

Select Payor in Section 6

Check the appropriate Payor. Do not leave empty.

** REQUIRED	<input type="checkbox"/> Medicaid (2)	<input type="checkbox"/> Medicare (8)
	Medicaid/Medicare #:	
	<input type="checkbox"/> Submitter (3)	<input type="checkbox"/> Private Insurance* (4)
	<input type="checkbox"/> BIDS (1720) <input type="checkbox"/> IDEAS (1610) <input type="checkbox"/> Immunizations (1609)	<input type="checkbox"/> Zoonosis (1620) <input type="checkbox"/> Other: _____

Questions About . . .

Laboratory Mailing Address:

Public Health Laboratory Division, MC 1947
 Department of State Health Services
 1100 W. 49th Street,
 Austin, TX 78756-3199

Specimen Collection/Suitability:

512-776-7594 or 512-776-7760

Measles Surveillance Program:

[Measles \(Rubeola\) | Texas DSHS](#)

Specimen Shipping:

512-776-7598 or 1-888-963-7111 ext. 7578 (toll free)

Submitter Accounts, Submission Forms, or Result Reports:

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