

# TB Elimination Program Supplies for Patient Self Collection Specimens

**USE ONLY FOR PATIENT SELF COLLECTION SPUTUM SPECIMENS**

## Standard TB Specimen Collection and Mailer Containers

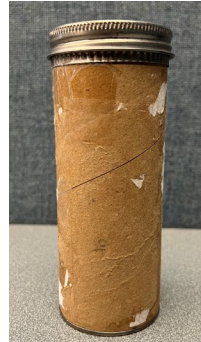
50mL Sterile Falcon  
Centrifuge Tube  
(Primary Container)



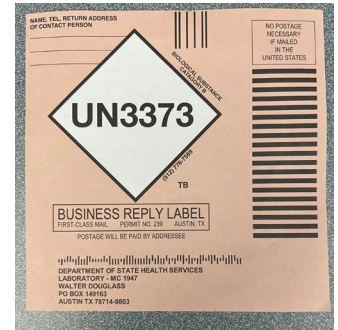
Custom-Made Liner Tube  
(Secondary Container)



Cardboard Outer Mailer  
with Screw-on Lid

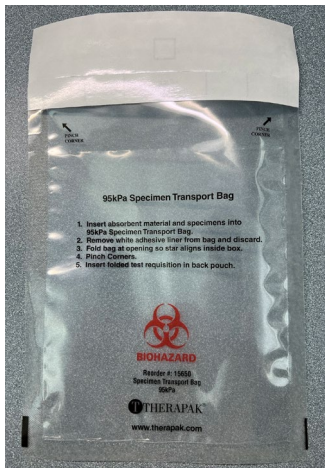


Mailing Label



## Alternative Secondary Container Instructions

95 kPa Specimen Transport Bag  
(Alternative Secondary Container)



**When Custom-Made Liner Tubes are in Short Supply** submitters may receive an alternate approved secondary container, a **95 kPa Specimen Transport Bag**.

- **Use** a 95kPa transport bag as a secondary container when arranging for a patient self-collection specimen. Bags are automatically sent to submitters. There is no need to order them separately.
- **Fold** the 95kPa bag around the Falcon tube (primary container), according to the provided instructions to ensure the bag fits into the outer mailer.
- **Mail** specimen to DSHS Laboratory, ensuring the Falcon tube and 95 kPa transport bag are properly packaged. Use only one Falcon tube per transport bag and mailer.

## Questions?

**TB Group:** (512) 776-7657 or 512-776-2449

**DSHS Container Preparation Group:** (512) 776-7661 or [ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@dshs.texas.gov)



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

[dshs.texas.gov](http://dshs.texas.gov)

# TB Elimination Program Ordering Patient Self Collection Supplies

**G-6F TB Supply Order Form:** [Laboratory Testing Services Manual - Forms and Laboratory Fee Schedule](#) | Texas DSHS

## Order TB Supplies with the G-6F TB Supply Order Form

**REVISED ORDER FORM:** Identify the type and quantity of items you want.

Items	Quantity
Sterile TB Specimen Collection Tube (Centrifuge tube, 50 mL)	
Secondary Container (Hard-sided plastic liner tube or 95 KPa specimen bag, as available)	
Outer Mailer (cardboard; holds a single specimen collection tube; for USPS use only)	
Prepaid DSHS USPS Mailing Label (for use with USPS outer mailer only)	



## Secondary Containers and Outer Mailers

Custom Liner, 95KPa Bag and Outer Mailer  
(Type of liner provided is based on availability)



## Specimen Collection Tubes

50 ml Falcon: For Sputum Collection Only



## Prepaid DSHS USPS Mailing Labels



Affix to outer mailer if shipping USPS.



Do not use labels or cardboard outer tube if shipping via FedEx (TB cold box program).

USPS

FedEx



# TB Elimination Program TB Cold Box Program Shipping Supplies

**PREFERRED METHOD FOR SUBMITTING TB SPECIMENS**

## Cold Box Program Mailer Shipping Supplies

Secondary Container:  
Nalgene Container



**OR**

Secondary Container:  
Custom Liners (alternates)



**AND**

Insulated Cooler Box, Gel Ice Packs,  
and Cardboard Outer Mailer



## Register with the DSHS Pharmacy Inventory and Ordering System (PIOS)

1. Register with PIOS at <https://txhhs-covid.my.site.com/PIOSEnrollment/> to order
  - Insulated Cooler Boxes
  - Gel Ice Packs

**NOTE:** Providers must complete the required PIOS training prior to registering their location. Only after completing PIOS training are providers eligible to register with the ordering system. More details are available at [www.dshs.texas.gov/pharmacy-unit](http://www.dshs.texas.gov/pharmacy-unit).

2. Order additional shipping supplies via your FedEx Account.
  - Contact the TB Administrative Team at [TBProgram@dshs.texas.gov](mailto:TBProgram@dshs.texas.gov) to set up a new submitter FedEx account. Provide the following:
    - Name of submitter
    - Email address of clinic contact
    - Name of public health region/county/clinic

An account must be in place for each DSHS-contracted LHD clinic site and regional field office. Once established, programs may use this account to **ship all TB specimens to the Lab.**

## Questions?

DSHS Pharmacy (to register as a PIOS user):

[340B@dshs.texas.gov](mailto:340B@dshs.texas.gov)

TB Lab Team:

(512) 776-7657 or 512-776-2449

TB Admin. Team (for TB FedEx account set-up):

[TBProgram@dshs.texas.gov](mailto:TBProgram@dshs.texas.gov)

# TB Elimination Program

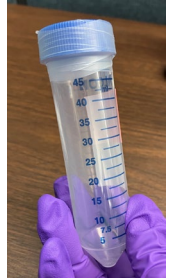
## Packaging and Shipping TB Specimens in Cooler Boxes

***ALL SPECIMENS MUST BE TRIPLE PACKED FOR SAFETY!***

### 1. Secure Specimen in Primary Container

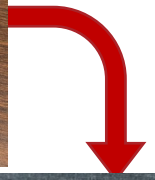
Secure specimen in Falcon tubes.

Close lid **tightly**, ensuring the **cap is threaded properly**. Seal lid with plastic wrap (such as Parafilm) to **prevent leaks**.



### 2. Wrap Specimen Tube in Absorbent Material

**Wrap** each closed Falcon tube in enough **absorbent material** (such as paper towels or cellulose wadding) to soak up the entire sample should it leak.



### 3. Place and Secure Specimen in Secondary Container

**Place** wrapped Falcon tube in the liner tube or Nalgene container (secondary container). Ensure the Falcon tube is nested snugly in the secondary container by stuffing any gaps with absorbent material to **absorb shock** and **prevent leaks**. Close container lid.

### 4. Pack Specimen in Insulated Outer Mailer

**Line** the bottom and sides of the cooler box with absorbent packing material to **cushion the specimen**. Add **gel ice packs**.

**Place** liner tubes/Nalgene bottles in between ice packs.

**Fill remaining gaps** in cooler with enough absorbent material to **secure specimens** and **prevent movement in transit**.

**Secure** cooler lid in place.

Do not ship cardboard outer mailers in cold boxes.



### 5. Attach Completed Submission Forms Neatly

**Place** submission form(s) in a **sealable, leakproof bag** to minimize leaks. **Ensure** the forms are **neatly packaged**. Crumpled or wrinkled forms cause delays in processing specimens. Place forms inside outer mailer, next to cooler box.

**Do not attach submission forms to the exterior of the shipment.**





# TB Elimination Program: Submitting TB Specimens Correctly

**TB SPECIMENS MUST BE LABELED AND SUBMITTED WITH A G-MYCO SUBMISSION FORM**

## Label Specimens With Unique Patient 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 G-MYCO Form

Patient identifiers on specimen label and G-MYCO form must match exactly.

Date of Collection (DOC) 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 Specimen container must have two (2) unique identifiers that match this form exactly. e.g.,				
** REQUIRED	Last Name **	1 Snow	First Name **	John
	Address **	39 Broad Street		Phone Number
	City **	Austin	State **	TX Zip Code **
	DOB (mm/dd/yyyy) **	2 02/19/1993	Sex **	M

## Select Specimen Source in Section 3

Check one specimen source only!

## Select Test Type (Specimen Specific)

Use Section 4 For Clinical Specimens

Use Section 5 For Pure Cultures

Use Section 8 For Susceptibility Testing

Check one test type only!

SECTION 3. SPECIMEN			
NOTE: If the "Date of Collection" field is not completed, the specimen will be rejected.			
RED	Date of Collection (mm/dd/yyyy) **	Time of Collection **	Collected
	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 Lab	
	3 06161858		

## Select "TB Elimination" in Section 7

Check TB Elimination as Payor.

** 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 checked="" type="checkbox"/> TB Elimination (1619)	<input type="checkbox"/> Other:

## Questions About . . .

TB Specimens/Myco Specimen:

(512) 776-7657 or 512-776-2449

Ordering Patient Self Collect Supplies:

(512) 776-7661 or [ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@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](mailto:LabInfo@dshs.texas.gov)



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