

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 µL, 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.

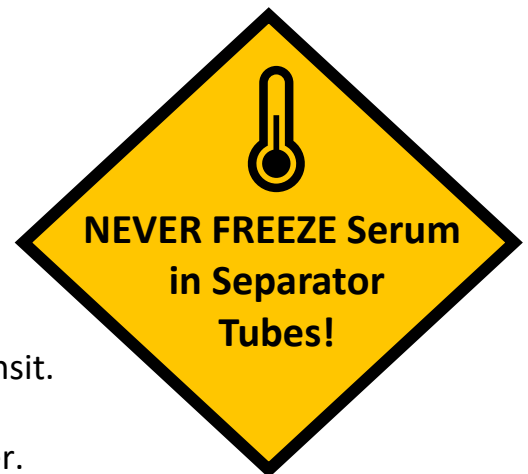
- **Secure** specimen lids by wrapping in paraffin film (e.g., Parafilm).
- **Pack** cold specimens with multiple ice packs.

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:

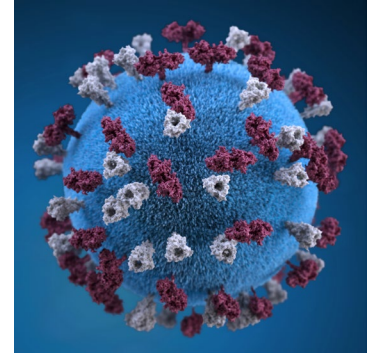
- **Preferred:** Throat swabs
- **Acceptable:** Nasopharyngeal or oral swabs
Use dacron or rayon swabs only; no cotton tips or wooden shafts.
- Use Universal Transport Media or Viral Transport Media.

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.

1 Snow, John
2 DOB: 02/19/1993
3 06161858

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 ** | | First Name ** | | |
| | Snow | | John | | |
| | Address ** | | | | Phone Number |
| | 39 Broad Street | | | | |
| | City ** | State ** | Zip Code ** | Pregnant? | |
| | Austin | TX | 78756 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkn | |
| | DOB (mm/dd/yyyy) ** | Sex ** | Ethnicity: | <input type="checkbox"/> Hispanic <input type="checkbox"/> U | |
| | 02/19/1993 | M | <input type="checkbox"/> Non-Hispanic | | |

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

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"/> Brucella, Total Antibody | |
| <input type="checkbox"/> Chagas IgG | |
| <input type="checkbox"/> Hantavirus IgM & IgG | |
| <input type="checkbox"/> Measles IgM | |
| <input 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"/> Immunizations (1609) |
| | <input type="checkbox"/> BIDS (1720) | <input type="checkbox"/> Private Insurance* (4) |
| | <input type="checkbox"/> BT Grant (1719) | <input type="checkbox"/> TIPP (5144) |
| | <input type="checkbox"/> HIV / STD (1608) | <input type="checkbox"/> Zoonosis (1620) |
| | <input type="checkbox"/> IDEAS (1610) | <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:

EAIDUMeasles2025@dshs.texas.gov and [Measles \(Rubeola\) | Texas DSHS](https://www.dshs.texas.gov/Measles)

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



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Health and Human
Services

Texas Department of State
Health Services

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.

1 Snow, John
2 DOB: 02/19/1993
3 06161858

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 Identification Number | | | | | |
| ** REQUIRED | Last Name ** | | First Name ** | | |
| | Snow | | John | | |
| | Address ** | | | | Phone Number |
| | 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: | <input type="checkbox"/> Hispanic <input type="checkbox"/> U | |
| | 02/19/1993 | M | <input type="checkbox"/> Non-Hispanic | | |

Select Specimen Type in Section 3

Check the appropriate specimen type.

- ☐ Feces/stool
☐ Nasopharyngeal swab
☐ Nasal Swab

Select Test Type in Section 4

Check Measles PCR. Identify vaccine status, travel history.

- ☐ Measles PCR
Vaccine Received: ☐ Yes ☐ No
Date Vaccine Received: _____
Travel History (if known): _____

| 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 type="checkbox"/> PM | |
| | Unique Identification Number ** e.g., MRN / Alien # / Accession ID | Comments or Additional IC e.g., CDC ID, Previous DSHS Spec | |
| | 06161858 | | |

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"/> Zoonosis (1620) |
| | <input type="checkbox"/> IDEAS (1610) | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Immunizations (1609) | |

Laboratory Mailing Address

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

Questions About . . .

Specimen Collection/Suitability:

512-776-7594 or 512-776-7760

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