Specimen Collection and Submission Guidance for

Chlamydia trachomatis and Neisseria gonorrhoeae Screening (by Amplified RNA Probe)

Collect each specimen using the appropriate collection and transport kit. Follow the manufacturer's (Hologic®) specimen collection instructions.

Vaginal, Rectal, and Throat Swabs

Use: Aptima® Multitest Swab Specimen Collection and Transport Kit

Specimen Storage and Shipping

Vaginal Swabs: After collection, store and ship swabs in specimen transport tube at 2°C to 30°C.

Rectal and Throat Swabs: After collection, store and ship swabs in specimen transport tube at 4°C to 30°C.

- Swabs must be received within 58 days of collection.
- Freeze vaginal swabs at -20 °C to -70 °C within 7 days of collection for long-term storage.

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Aptima® Multitest Swab Specimen Collection and Transport Kit

Urine Specimens

Use: Aptima® Urine Specimen Collection and Transport Kit

Specimen Storage and Shipping

Transfer urine sample to Aptima[®] urine specimen transport tube within 24 hours of collection.

Store and ship transport tubes at 2°C to 30°C.

- Specimens must be received within 28 days of collection.
- Freeze at -20 °C to -70 °C within 7 days of collection for longterm storage.



Aptima® Urine Collection and Transport Kit

Endocervical and Urethral Swabs

Use: Aptima® Unisex Swab Specimen Collection and Transport Kit

Specimen Storage and Shipping

After collection, store and ship swabs in specimen transport tube at 2°C to 30°C.

- Swabs must be received within 58 days of collection.
- Freeze at -20 °C to -70 °C within 7 days of collection for longterm storage.



Aptima® Unisex Swab Specimen Collection and Transport Kit

Specimen Collection and Submission Guidance for

Testing of C. trachomatis (CT) and N. gonorrhoeae (GC) by Amplified RNA Probe

Ensure Specimen Labels Have at Least Two Unique Identifiers

Three unique patient identifiers on specimen are preferred.



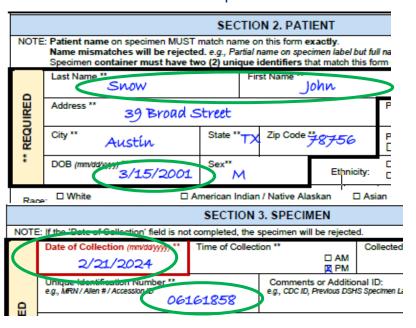
Three patient identifiers provided on this label.

- Name
- 2. Date of Birth
- 3. **Medical Record Number**

Provide Patient Identifiers in Sections 2 and 3 of Form G-2B

Patient identifiers on specimen label and G-2B form must match exactly.

Date of Collection must be provided in Section 3.



Identify Specimen Type in Section 3

Select only **one** specimen source.

Questions About . . .

Specimen Collection/Suitability:

Specimen Shipping:

Supply Ordering:

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

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

(512) 776-7661 or ContainerPrepGroup@dshs.texas.gov

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

Request Test in Section 4.2

Select "GC/CT, amplified RNA probe".

_	4.2 Bacteriology	
-	Clinical Specimen ☐ Aerobic Isolation ☐ Anaerobic Isolation	Definitive Idea ☐ Anaerobic ide Organism Su
<	☐ Culture, stool ☐ Diphtheria Screen ☐ GC/CT, amplified RNA probe ☐ Haemophilus spp. Isolation	☐ Bacillus spp. ☐ Campylobacti ☐ Enteric bactei ☐ Gram Negativ

Select the Payor in Section 6

Check the **appropriate** box as Payor. If left empty, the submitter is charged.

RED	☐ Medicaid (2) Medicaid/Medicare #:	☐ Medicare (8)
** REQUIRED	☐ Submitter (3) ☐ BIDS (1720) ☐ BT Grant (17[9) ☐ HIV / STD (1608) ☐ IDEAS (1610)	☐ Immunizations (1609) ☐ Private Insurance* (4) ☐ TIPP (5144) ☐ Zoonosis (1620) ☐ Other: