

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.**



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 long-term 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 long-term 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.

1 Snow, John
2 DOB: 03/15/2001
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-2B

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

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 on specimen container must have two (2) unique identifiers that match this form.			
** REQUIRED	Last Name **		First Name
	Snow		John
	Address **		
	39 Broad Street		
	City **	State **	Zip Code **
	Austin	TX	78756
	DOB (mm/dd/yyyy)		Sex **
	3/15/2001		M
	Ethnicity:		
	Race: ☐ White ☐ American Indian / Native Alaskan ☐ Asian		

SECTION 3. SPECIMEN			
NOTE: If the 'Date of Collection' field is not completed, the specimen will be rejected.			
ED	Date of Collection (mm/dd/yyyy) **	Time of Collection **	Collected
	2/21/2024	☐ AM ☒ PM	
	Unique Identification Number ** e.g., MRN / Allen # / Accession #	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen ID	
	06161858		

Request Test in Section 4.2

Select "GC/CT, amplified RNA probe".

4.2 Bacteriology	
Clinical Specimen	Definitive Identification
☐ Aerobic Isolation	☐ Anaerobic Isolation
☐ Anaerobic Isolation	☐ Organism Subculture
☐ Culture, stool	☐ Bacillus spp.
☐ Diphtheria Screen	☐ Campylobacter
☒ GC/CT, amplified RNA probe	☐ Enteric bacteria
☐ Haemophilus spp. Isolation	☐ Gram Negative

Select the Payor in Section 6

Check the **appropriate** box as Payor.

If left empty, the submitter is charged.

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

Identify Specimen Type in Section 3

Select only **one** specimen source.

Questions About . . .

Specimen Collection/Suitability:

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

Specimen Shipping:

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

Supply Ordering:

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

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



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