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.

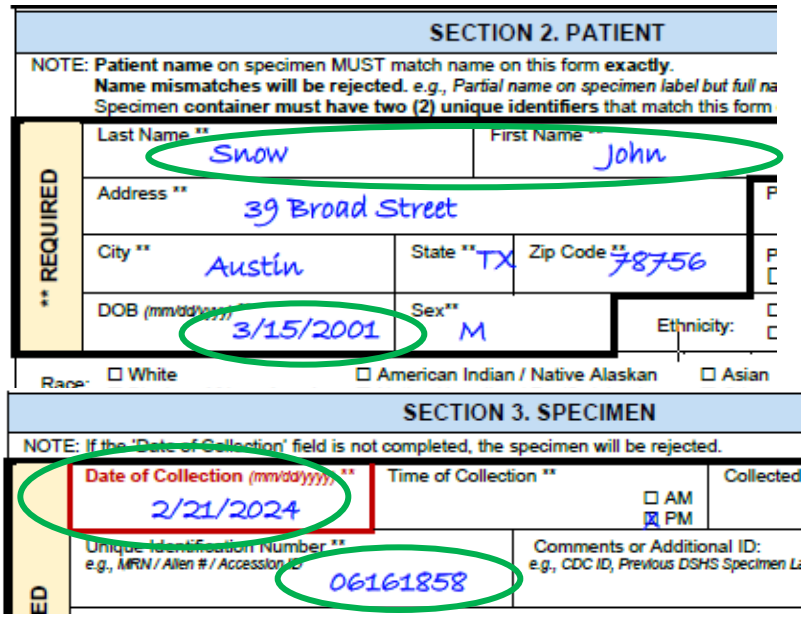
1 Snow, John
2 DOB: 03/15/2001
3 06161858

Three patient identifiers provided on this label.

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

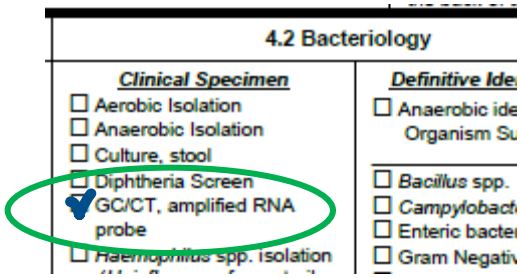
Provide Patient Identifiers in Sections 2 and 3 of Form G-2B

Patient identifiers on specimen label and G-2B form **must match exactly**.
Date of Collection must be provided in Section 3.



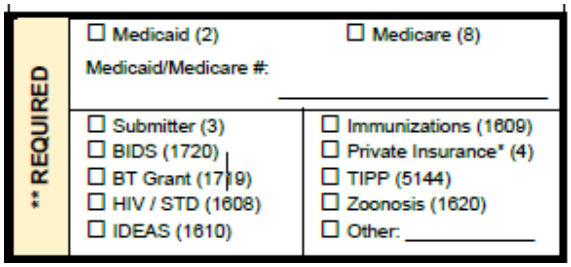
Request Test in Section 4.2

Select "GC/CT, amplified RNA probe".



Select the Payor in Section 6

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



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