

# *Neisseria gonorrhoeae* (GC) Culture Identification and Antimicrobial Susceptibility Testing Available at DSHS Austin

## Testing for Patients with Suspected Gonorrhea Treatment Failure

A completed G-2B submission form must accompany every GC specimen.

### Clinical Swabs: Penile, Urethral, or Conjunctival (neonates only)

**Use:** Copan ESwab™ Minitip nylon flocked swab with liquid Amies.

#### Storage and Shipping

- Ship swabs at ambient temperatures as soon as possible after collection.
- Ship swabs overnight.
- **Swabs must be received within 24 hours of collection.**



ESwab™ Minitip Flocked Swab with Liquid Amies Medium

### Clinical Swabs: Oral, Nasopharyngeal, Rectal, or Vaginal

**Use:** Copan Eswab™ Regular Size nylon flocked swab with liquid Amies or Copan Transystem 108C with Amies gel.

#### Storage and Shipping

- Ship swabs at ambient temperatures as soon as possible after collection.
- Ship swabs overnight.
- **Swabs must be received within 24 hours of collection.**



Copan Transystem 108C with Amies Gel

### Pure Isolates (at least one viable colony)

**Use:** Non-selective agar slant such as Chocolate II or GC base with 1% growth supplements, or another appropriate medium.

- Incubate for 16–18 hrs. at 35–37 °C in a 4–6% CO<sub>2</sub>-enriched atmosphere.

#### Storage and Shipping

- Store and ship at ambient temperatures.
- Alternatively, resuspended isolate in TSB with 15–20% glycerol at ≥4 McFarland. Freeze resuspension immediately at -70 °C.
  - Ship resuspensions frozen on dry ice.



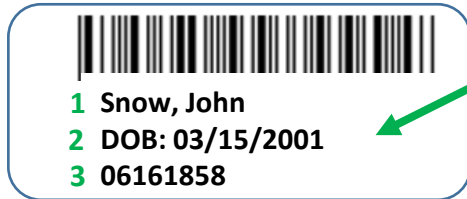
Chocolate agar slant (Hardy Diagnostic)

# TIPP Sites' Specimen Collection and Submission Guidance for Submitting Specimens from Patients with Suspected Gonorrhea Treatment Failure

**GC AST Specimens Must be Labeled and Submitted with a G-2B Submission Form**

## Label Specimens With Unique 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 Section 2 of G-2B Submission Form

Required **patient identifiers** on specimen label and G-2B submission form **must match**, otherwise specimen will not be tested. Note how the label and form identifiers match.

| 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 form. Specimen container must have two (2) unique identifiers that match this form. |   |   |             |   |
| ** REQUIRED  | Last Name **  | First Name **   |             |   |
|  | Address **  |   |             | F |
|  | City **   | State **  | Zip Code ** | P |
|  | DOB (mm/dd/yyyy)  | Sex **  | Ethnicity:  | C |
| Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> 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   |   |
|  | Unique Identification Number **<br>e.g., MRN / Allen # / Accession ID | Comments or Additional ID:<br>e.g., CDC ID, Previous DSHS Specimen ID |             |   |

## Request Test in Section 4.1

Select *“Neisseria gonorrhoeae (GC) AST”*.

|             |   |
|-------------|---|
| One Section | 4.1 Required / Requested Submissions  |
|             | <input type="checkbox"/> <i>Corynebacterium diphtheriae</i> ⊖               |
|             | <input checked="" type="checkbox"/> <i>Neisseria gonorrhoeae (GC) AST</i> ⊕ |

## Identify “TIPP” in Section 6

Select **TIPP** as the Payor, not HIV/STD.

|             |   |   |
|-------------|---|---|
| ** 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 checked="" type="checkbox"/> TIPP (5144) |
|             | <input type="checkbox"/> HIV / STD (1608) | <input type="checkbox"/> Zoonosis (1620)        |

## Questions About . . .

Specimen Testing:

512-776-7582

Specimen Submission Forms/Results Reports:

512-776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)

Collection Kit Ordering:

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



# Submitter Guidance for Submitting

## *Neisseria gonorrhoeae* Swabs and Isolates to DSHS Austin Laboratory

### Submitters Must Have a DSHS Submitter ID Number

#### How Do I Update my Submitter Information with DSHS?

- **Update** your contact information by completing a [Submitter ID Request Form](#) and emailing it to [labinfo@dshs.texas.gov](mailto:labinfo@dshs.texas.gov) or faxing it to 512-776-7533.
  - DSHS cannot update contact information without a completed form.
  - Please **do not manually correct** contact details in Section 1 of submission form!

#### How Do I Obtain New or Updated Master Submission Forms?

- **Request** master submission forms by emailing the Laboratory Reporting Team at [labinfo@dshs.texas.gov](mailto:labinfo@dshs.texas.gov) or calling 512-776-7578 or 1-888-963-7111 ext. 7578.
- **Avoid** using sample submission form from the DSHS website.
  - Specimens received with sample submission forms cannot be tested.

#### How Do I Order my Free Gonorrhea Swab Collection Kits and Shipping Supplies?

- **Call** (512) 776-7582 or email [TexasARLN@dshs.texas.gov](mailto:TexasARLN@dshs.texas.gov) to request free collection kits or shipping supplies.
  - DSHS does not provide supplies for pure isolate specimens.

#### How Do I Ship my Gonorrhea Specimens to the DSHS Lab?

- **Submit** ASAP after collection at ambient temperatures.
- **Package** specimen as a Category B Biological Substance, UN3373.
- **Ship using** the AR Laboratory's FedEx account.
  - Specimens must be received at the Lab within 24 hours of collection.
  - Never drop specimens off at a FedEx Express® Drop Box for shipping!

Free Supplies!  
Free Shipping!

#### Questions?

**Ordering Supplies or Shipping by FedEx:** 512-776-7661 or [ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@dshs.texas.gov)

**Submitter ID Numbers/ Submission Forms:** 512-776-7578 or [LabInfo@dshs.texas.gov](mailto:LabInfo@dshs.texas.gov)

**DSHS AR Lab Network:** [Texas Antimicrobial Resistance \(AR\) Laboratory Network](#) | [Texas DSHS](#)

**Overnight Shipping Address:** Public Health Lab. Division, 1100 W. 49<sup>th</sup> St. Austin, TX 78756-3199

