Texas Health Steps Specimen Collection and Submission Guidance

for Chlamydia and Gonorrhea Screening

Follow the manufacturer's (Hologic®) specimen collection instructions.

Do not collect specimens in expired collection kits.

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 for up to 60 days.

Rectal and Throat Swabs: After collection, store and ship swabs in specimen transport tube at 4°C to 30°C for up to 60 days.

- Swab specimens 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.
- Ship with cold packs if ambient temps. will exceed 25°C to 30°C.



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 for up to 30 days.

- Urine 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.
- DO NOT OVERFILL OR UNDERFILL specimen transport tubes!

Minimum and maximum fill lines

Aptima® Urine Collection and Transport Tube

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 (36 °F to 86 °F).

- Swab specimens 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



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Ensure Specimen Labels Have at Least Two Unique Identifiers

Three unique patient identifiers on specimen are preferred.

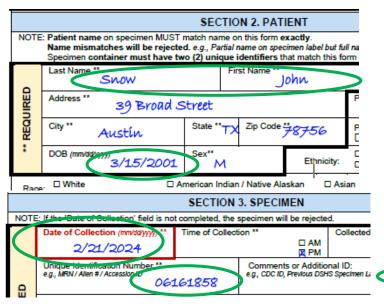


Three patient identifiers provided on this label.

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

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

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



Identify Specimen Type in Section 3

Select only **one** specimen source. **Select** either *Rectal Swab* or *Throat Swab* for extra-genital testing.

Request Test in Section 7

Select "Gonorrhea/Chlamydia (GC/CT), Amplified RNA Probe".

SECTION 7. STI
☐ Gonorrhea/Chlamydia (GC/CT), Amplified RNA Probe
□ HIV▲
☐ Syphilis ▲
NOTE: DO NOT FREEZE Serum Separator Tube (SST)
collectors (i.e. Gold Top tubes)

Identify as Check-Up or Follow-Up

Select "Yes" or "No" to identify the specimen as part of a THSteps medical checkup or a follow-up visit, or not.

Questions About...

Specimen Collection/Suitability: 512-776-3501 or 512-776-2505; Serological.Analysis@dshs.texas.gov
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 orLabInfo@dshs.texas.gov

