# **TIPP Sites' Specimen Collection and Submission Guidance for**

Chlamydia trachomatis and Neisseria gonorrhoeae 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<sup>®</sup> 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



# **TIPP Site Specimen Collection and Submission Guidance for**

C. trachomatis and N. gonorrhoeae Screening

## **Ensure Specimen Labels Have at Least Two Unique Identifiers**

Three unique patient identifiers on specimen are preferred.

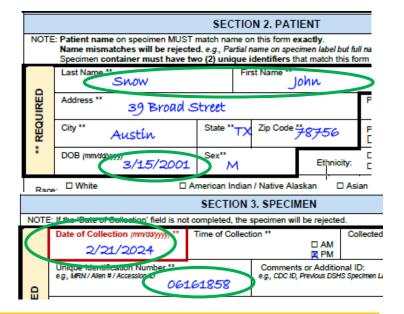


Three patient identifiers provided on this label.

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

### Provide Patient Identifiers in Sections 2 and 3 of 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. **Select** either *Rectal Swab* or *Throat Swab* for extra-genital testing.

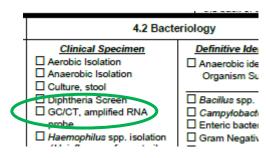
## Questions About . . .

**Specimen Collection/Suitability:** 512-776-3501 or 512-776-2505; <u>Serological.Analysis@dshs.texas.gov</u> **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

# **Request Test in Section 4.2**

Select "GC/CT, amplified RNA probe".



## Select "TIPP (5144)" in Section 7

**Check** TIPP (5144) box as Payor.

