

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® 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.

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 form. Specimen container must have two (2) unique identifiers that match this form.			
** REQUIRED	Last Name **	First Name **	
	Address **		
	City **	State **	Zip Code **
	DOB (mm/dd/yyyy)	Sex **	Ethnicity:
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 ** e.g., MRN / Alien # / Accession #	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen Label	

Request Test in Section 4.2

Select "GC/CT, amplified RNA probe".

4.2 Bacteriology	
<u>Clinical Specimen</u>	<u>Definitive Identification</u>
<input type="checkbox"/> Aerobic Isolation	<input type="checkbox"/> Anaerobic isolation
<input type="checkbox"/> Anaerobic Isolation	<input type="checkbox"/> Organism Subculture
<input type="checkbox"/> Culture, stool	<input type="checkbox"/> Bacillus spp.
<input checked="" type="checkbox"/> Diphtheria Screen	<input type="checkbox"/> Campylobacter
<input checked="" type="checkbox"/> GC/CT, amplified RNA probe	<input type="checkbox"/> Enteric bacteriology
<input type="checkbox"/> Haemophilus spp. isolation	<input type="checkbox"/> Gram Negative

Select "TIPP (5144)" in Section 7

Check TIPP (5144) box as Payor.

** REQUIRED	<input type="checkbox"/> Medicaid (2) Medicaid/Medicare #:	<input type="checkbox"/> Medicare (8)
	<input type="checkbox"/> Submitter (3)	<input type="checkbox"/> IDEAS/EAIDU (1610)
	<input type="checkbox"/> BIDS (1720)	<input type="checkbox"/> Immunizations (1609)
	<input type="checkbox"/> BT Grant (1719)	<input type="checkbox"/> Private Insurance* (4)
<input type="checkbox"/> Pub Hlth Follow Up (1608)	<input checked="" type="checkbox"/> TIPP (5144)	<input type="checkbox"/> Zoonosis (1620)
<input type="checkbox"/> HIV Prevention (1611)	<input type="checkbox"/> Other: _____	

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; 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 or LabInfo@dshs.texas.gov



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