

***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% CO₂-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)



Specimen Collection and Submission Guidance for

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 specimen container must have two (2) unique identifiers that match this form.			
** REQUIRED	Last Name **	First Name **	
	Snow, John		
	Address **		
	39 Broad Street		
	City **	State **	Zip Code **
	Austin	TX	78756
	DOB (mm/dd/yyyy)	Sex **	Ethnicity:
	3/15/2001	M	
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
	2/21/2024	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	Unique Identification Number ** e.g., MRN / Allen # / Accession ID	Comments or Additional ID: e.g., CDC ID, Previous DSHS Specimen Label	
	06161858		

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> ⓪
	<input checked="" type="checkbox"/> <i>Neisseria gonorrhoeae</i> (GC) AST ⓪
	<input type="checkbox"/> <i>Haemophilus influenzae</i> ⓪ (<i><5 years old, invasive [sterile sites]</i>)

Select the Payor in Section 6

Check the appropriate box as Payor.

- Do not leave blank!

** 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 type="checkbox"/> TIPP (5144)
	<input type="checkbox"/> HIV / STD (1608)	<input type="checkbox"/> Zoonosis (1620)
	<input type="checkbox"/> IDEAS (1610)	<input type="checkbox"/> Other: _____

Identify Specimen Type in Section 3

Select only one specimen source.

Questions About . . .

Specimen Testing:

512-776-7582

Specimen Submission Forms/Results Reports:

512-776-7578 or LabInfo@dshs.texas.gov

Collection Kit Ordering:

512-776-7661 or ContainerPrepGroup@dshs.texas.gov



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Texas Department of State
Health Services

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 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 or calling 512-776-7578 or 1-888-963-7111 ext. 7578.
- **DO NOT** submit specimens with the sample submission forms from the DSHS website.
 - Specimens received with sample submission forms will not 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 to request free collection kits and shipping supplies.
 - DSHS does not provide supplies for pure isolate specimens.

Free Supplies!
Free Shipping!

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

- **Email** TexasARLN@dshs.texas.gov for shipping directions.
- **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!

Questions?

Ordering Supplies or Shipping by FedEx : TexasARLN@dshs.texas.gov

Submitter ID Numbers/ Submission Forms: 512-776-7578 or 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. 49th St. Austin, TX 78756-3199



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Texas Department of State
Health Services

Public Health Laboratory Division

P.O. Box 149347

Austin, TX 78714-9347