Genital Tract Specimen Collection

Genital Lesions for HSV
1. Clean the surface of the lesion with sterile saline. If the lesion is crusted over remove it.
2. Unroof the vesicle and collect with a sterile swab. OR
3. Scrape the base of an open vesicle with a sterile scalpel blade and then rub the base vigorously with a sterile swab.
4. Place swab in the viral transport media and break or cut the shaft below the handle.

Female Genital Specimens
- Genital tract specimens are generally submitted to the microbiology laboratory for the detection of sexually transmitted diseases.
- Female genital sites may be sampled for infectious agents whether bacterial or viral. Call the laboratory for instructions if specimens other than those described are to be examined.
- RECTAL swabs for Chlamydia or Gonorrhea may only be tested by cultures. The current nucleic acid amplification test (NAAT) for Chlamydia and Gonorrhea is for use with urethral, cervical, and urine specimens or thin prep Pap specimens.

Cervix
- Do not use lubricant during this procedure. Calcium alginate swabs do not contain fatty acids which are known to inhibit bacterial growth. These swabs are also less irritating to tissues. Wipe the cervix clean of vaginal secretions and mucus with a sterile swab and discard. Insert a specimen collection swab, rotate swab 10-30 sec to obtain exudates from the endocervical glands. The collection swab supplied for NAAT is blue. (Separate swabs should be collected for bacterial culture, viral PCR and for amplified probe.)
- Bacterial Culture - Inoculate a Jembec agar plate by streaking the swab across the surface of the plate in several directions. Place the CO2 pellet into the plate well provided, place the lid on the plate and the plate into the containment bag provided. If sending a swab, place the swab back into the culturette sleeve and transport medium and transport to the laboratory as soon as possible.
- Viral Culture - Collect cervical specimen on swab and place in viral transport. Do not use a swab with a wooden shaft. Transport on wet ice to lab as soon as possible.
- NAAT - After collecting cervical swab (blue shaft), place the swab in the transport tube provided. Break the shaft at the score line and discard the top part of the shaft. Replace the cap and transport to the laboratory at room temperature.

Urethral
Collect specimens 1 hour or more after the patient has urinated. Stimulate discharge by gently massaging the urethra against the pubic symphysis through the vagina. Collect the discharge with a sterile swab. If discharge cannot be obtained, wash the external urethra with povidone iodine and rinse with water. Insert a urethrogenital swab 2-4 cm into the endourethra, gently rotate the swab and leave it in place for 1-2 seconds. Withdraw the swab and inoculate the Jembec plate or place into appropriate transport medium. Inoculate the Jembec agar plate by streaking the swab across the surface of the plate in several directions. Place the CO2 pellet on the plate and enclose the plate in the plastic containment bag.
If sending the swab to the laboratory, place the swab back into the culturette sleeve, a Probe Transport tube or Viral Transport medium. Collect separate swabs for each test ordered.
**Vagina**

Use a speculum without lubricant. Collect secretions from the mucosa high in the vaginal canal with a sterile pipette or swab.

- For Culture:
  - a. Either inoculate a Jembec agar plate by streaking the swab across the surface of the plate in several directions. Place the CO2 pellet in the plate well and enclose in the plastic containment bag provided.
  - or b. If sending the swab to the laboratory, place the swab back into the culturette sleeve or Viral Transport medium. Collect separate swabs for each test ordered.

**PAP Test**

**Thin Prep PAP Test**

1. Follow directions provided with the Thin Prep Pap kit, making sure the vial of Thin Prep fixative is properly labeled with the patient's name and date of birth or medical record number.
2. The vial should be stored at room temperature until transported to Albany Medical Center.
3. For ThinPrep collection supplies please call 262-6225 or 262-8083.

**Materials:**

- Requisition
- #2 pencil or a waterproof and alcohol proof pen
- Gloves
- ThinPrep vial or slides
- Speculum
- Collection device(s)
- Fixative
- Mailing container

**Procedure:**

**Fill Out a Cytology Requisition** (paper form or computer entry) with the following information:

- Patient's first and last name
- Date of birth
- Ordering physician (a resident, PA, or NP may procure the specimen, however the name of the attending physician must be on the requisition)
- Test requested (routine screening, high risk screening, or diagnostic Pap smear)
- Test method (conventional or ThinPrep Pap or Image Guided ThinPrep)
- Specimen source
- Last menstrual period
- ICD-9 code that reflects the reason the Pap smear is being obtained, the patient's low or high risk status for developing cervical/vaginal cancer, and/or current gynecological conditions/abnormalities
• Pertinent medical history
• Date of collection

Collection of ThinPrep monolayer Gynecological specimen using a broom-like (Papette) collection device.
• Label the ThinPrep vial with the patient’s name and a second unique identifier, i.e., DOB or other unique identifier before sample collection. Use a waterproof pen.
• Insert the speculum, which may be slightly moistened with water if necessary. No other lubricants should be used.
• Visually inspect the cervix for abnormalities. Identify the transformation zone, if visible, and direct sampling efforts to encompass this area.
• Collect the specimen from the patient by inserting the broom-like devise into the cervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction 5 times.
• Rinse the broom as quickly as possible into the ThinPrep collection vial (PreservCyt Solution) by pushing the broom into the bottom of the vial 10 times forcing the bristles apart. As a final step, swirl the broom vigorously to further release the material. Discard the collection device. Tighten the cap so that the torque on the cap passes the torque line on the vial.
• Place the completed and labeled vial and requisition in a specimen bag and transport to the laboratory. (See attached package inserts).

Collection of ThinPrep monolayer Gynecological Specimens using the endocervical brush/spatula device.
• Label the ThinPrep vial with the patient’s name and a second unique identifier, i.e., DOB or other unique identifier before sample collection. Use a waterproof pen.
• Insert the speculum, which may be slightly moistened with water if necessary. No other lubricants should be used.
• Visually inspect the cervix for abnormalities. Identify the transformation zone, if visible, and direct sampling efforts to encompass this area.
• Collect the specimen from the patient by inserting the spatula deep into the endocervical canal.
• Rinse the spatula as quickly as possible in the ThinPrep vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.
• Obtain an adequate sampling from the endocervix using the endocervical brush device. Insert into the cervix until only the bottom most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. Do not over rotate.
• Rinse the brush as quickly as possible in the ThinPrep vial by rotating the device 10 times while pushing against the vial wall. Tighten the cap. Send to lab with completed vial and requisition. (See package inserts).

Conventional
Note: Conventional method is no longer preferred due to the fact that the monolayer is a better technique yielding better prepared slides, but will be accepted if sent.

Materials:
• Speculum
• Glass slide and fixative
• Endocervical brush, and Ayre Spatula OR Wallach Papette (broom-like device)
• Cardboard slide holder
• Cytology Requisition
Collection of Conventional Pap Smear.

- Write the patient's name and DOB on the frosted end of the slide using a #2 pencil. A one-slide method using a Cytobrush, spatula and pump spray fixative is recommended for all patients.
- Insert the speculum, which may be slightly moistened with water if necessary. No other lubricants should be used.
- Visually inspect the cervix for abnormalities. Identify the transformation zone, if visible, and direct sampling efforts to encompass this area.
- Choose the contoured end of the spatula that best conforms to the anatomy of the cervix and the location of the transformation zone. Rotate the spatula at least 360 degrees about the circumference of the cervical os and ectocervix while maintaining firm contact with the epithelial surface. Do NOT smear the sample at this time. Hold the spatula between the fingers of the non-sampling hand (or rest it on the corner of the glass slide) while the cervical brush material is collected without delay.
- Insert the cervical brush into the os; some bristles should be visible. This will minimize inadvertent sampling of the lower uterine segment. With gentle pressure, slowly rotate the brush ¼ to ½ turn in one direction only.
- Spread the material from the spatula evenly over the glass slide with a single stroking motion. Roll the brush across the glass slide by twirling the handle.
- Immediately fix the specimen with spray fixative. Hold the container of fixative 6-12 inches from the slide to avoid "blasting" the cells. The interval between application and smearing of the specimen onto the slide and subsequent fixation should be kept to a minimum.
- Allow the slide to dry thoroughly before placing it into a mailing container for transportation to the laboratory.

Male Genital Specimens

- RECTAL swabs for Chlamydia or Gonorrhoeae may only be tested by culture. The current nucleic acid amplification technology (NAAT) can be used to test for Chlamydia and Gonorrhoeae from urethral and urine specimens.

Urethra

Collect specimens at least 2 hours after the patient has urinated. Insert a thin urethrogenital swab (Calgiswab) 2-4 cm into the urethra, gently rotate the swab, leave in place for 1-2 seconds and withdraw. A separate swab is needed for bacterial culture, NAAT (blue shaft) and viral culture. For bacterial culture a Jembec plate may be directly inoculated at the bedside, as described for vaginal collection or the swab may be placed back in the culturette for transport to the lab. Place swabs for NAAT in the transport tube, break the shaft at the score line, and discard the top part of the shaft. Recap the tube and transport to the laboratory at room temperature. For viral culture collect sample on swab and place in viral transport for transport to laboratory. Do not use a swab with a wooden shaft. Other male genital sites may be sampled for culture of bacteria and virus. If specimens other than those described are to be examined call the laboratory at 262-3511 for instructions.

Anal Pap Smears

Note: For ThinPrep collection supplies please call 262-6225 or 262-8083.

Materials:

- Requisition
- #2 pencil or a waterproof and alcohol proof pen
- Gloves
- ThinPrep Pap or PreservCyt vial
- Cytobrush (endocervical brush)
- Non-Gyn requisitions
- Biohazard Bags

Collection of Anal Pap Smears using ThinPrep or PreservCyt.

Fill Out a Cytology Requisition (paper form or computer entry) with the following information:
- Patient’s first and last name
- Date of birth
- Ordering physician (a resident, PA, or NP may procure the specimen, however the name of the attending physician must be on the requisition)
- Test requested
- Specimen source
- ICD-9 code that reflects the reason the anal-rectal cytology is being obtained, the patient’s low or high risk status for developing cancer, and/or current conditions/abnormalities
- Pertinent medical history
- Date of collection

Collection of Anal-Rectal Cytology (ARC) Specimen Using the Cytobrush device.
- Label the ThinPrep or PreservCyt container with the patient’s name and a second unique identifier, i.e., DOB or other unique identifier before sample collection.
- Taking an ARC does not require the use of an anoscope. No special preparation is needed for the patient, though the patient may be advised to refrain from receptive anal intercourse or the use of intra-anal preparations before examination.
- An ARC sample can be collected with the patient in either the lateral recumbent or dorsal lithotomy position. If the patient is already being seen for a gynecologic exam, lithotomy is often more convenient; the ARC sample can be collected before or after the gynecologic exam. For male patients or if a gynecologic table with stirrups is not available, lateral recumbency is more commonly used. Here the patient is lying on his side, with his knees drawn up toward his chest.
- To collect an ARC sample, a tap water-moistened Cytobrush is used.
- The Cytobrush is inserted about 5-6 cm into the anal canal past the anal verge, into the rectal vault. This is done without direct visualization of the anal canal.
- Firm lateral pressure is applied to the Cytobrush handle as it is rotated and slowly withdrawn from the anal canal, inscribing a cone-shaped arc.
- Care should be taken to ensure that the transition zone is sampled.
- A swab or smear of the peri-anal skin is an unsatisfactory sample for ARC.
- Avoid using cotton swabs on a wooden stick because the handle may break and splinter during collection.
- For liquid-based cytology, Cytobrush is then placed in the ThinPrep or PreservCyt vial and agitated vigorously several times to release the cellular harvest.
- Tighten the cap. Send to lab with completed vial and requisition.