**Genital Tract Specimen Collection** (Do not use calcium alginate or wooden swabs for any testing.)

**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.
- The current nucleic acid amplification test (NAAT) for Chlamydia and Gonorrheae is for use with urethral, cervical, vaginal, rectal, urine, throat and thin prep pap specimens. The current nucleic acid amplification test (NAAT) for Trichomonas is for use with cervical, vaginal, urine, and thin prep pap specimens.

**Cervix**
Do not use lubricant during this procedure. 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 exudate from the endocervical glands. The collection swab supplied for NAAT is blue. (Separate swabs should be collected for bacterial culture, viral PCR and for other amplified probe.)
- Bacterial Culture –
  - GC Screen-Inoculate a Jembec agar plate (available through supply order form) 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 to the laboratory within 2 hrs.
  - Bacteria vaginosis - Gram stain is preferred for diagnosis of bacterial vaginosis. Normal flora includes Staphylococcus, Streptococcus, Coryneform bacilli, Lactobacillus, gram negative rods. Potential pathogens: Neisseria gonorrhoeae, Beta hemolytic Streptococcus Group A
- NAAT for GC/Chlamydia- Use swabs provided in collection kit (available from the lab).
  1. Remove excess mucus from the cervical os and surrounding mucosa using the cleaning swab (white shaft swab in the package with red printing). Discard this swab.
  2. Insert the specimen collection swab (blue shaft swab in the package with the green printing) into the endocervical canal.
  3. Gently rotate the swab clockwise for 10 to 30 seconds in the endocervical canal to ensure adequate sampling.
  4. Withdraw the swab carefully; avoid any contact with the vaginal mucosa.
  5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
  6. Carefully break the swab shaft against the side of the tube at the scoreline and discard the top portion of the swab shaft; use care to avoid splashing of contents.
  7. Re-cap the swab specimen transport tube tightly and transport to the laboratory at room temperature.

**Vagina**
Use a speculum without lubricant. Collect secretions from the mucosa high in the vaginal canal with a sterile pipette or swab.
- Bacterial Culture –
  - GC Screen-Inoculate a Jembec agar plate (available through supply order form) 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 to the laboratory within 2 hrs.
Bacteria vaginosis - Gram stain is preferred for diagnosis of bacterial vaginosis. Normal flora includes Staphylococcus, Streptococcus, Coryneform bacilli, Lactobacillus, gram negative rods. Potential pathogens: Neisseria gonorrhoeae, Beta hemolytic Streptococcus Group A

- NAAT for GC/Chlamydia- Using swabs provided in collection kit (available from the lab).
  1. Partially peel open the swab package. Remove the swab. Do not touch the soft tip or lay the swab down. If the soft tip is touched, the swab is laid down, or the swab is dropped, use a new APTIMA Vaginal Swab Specimen Collection Kit.
  2. Hold the swab, placing your thumb and forefinger in the middle of the swab shaft covering the score line. Do not hold the swab shaft below the score line.
  3. Carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab and then withdraw the swab without touching the skin.
  4. While holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new APTIMA Vaginal Swab Specimen Collection Kit.
  5. Immediately place the swab into the transport tube so that the score line is at the top of the tube.
  6. Carefully break the swab shaft at the score line against the side of the tube.
  7. Immediately discard the top portion of the swab shaft.
  8. Tightly screw the cap onto the tube and transport to the laboratory at room temperature.

**Male Genital Specimens**

**Urethra**

Collect specimens at least 2 hours after the patient has urinated. Insert a thin urethrogenital swab 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 or GC culture, and NAAT (blue shaft swab, collection kit available from the lab).

- GC Culture -GC Screen-Inoculate a Jembec agar plate (available through supply order form) 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 to the laboratory within 2 hr.
- NAAT for GC/Chlamydia- Using swabs provided in collection kit (available through supply order form).
  1. The patient should not have urinated for at least 1 hour prior to sample collection.
  2. Insert the specimen collection swab (blue shaft swab in the package with the green printing) 2 to 4 cm into the urethra.
  3. Gently rotate the swab clockwise for 2 to 3 seconds in the urethra to ensure adequate sampling.
  4. Withdraw the swab carefully.
  5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
  6. Carefully break the swab shaft against the side of the tube at the scoreline and discard the top portion of the swab shaft; use care to avoid splashing of contents.
  7. Re-cap the swab specimen transport tube tightly and transport to the laboratory at room temperature.
Unisex specimens

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.

Rectal (for STDs)
- GC Culture –. Collect rectal specimen on a swab and transport to the laboratory within 2 hrs.
- NAAT for GC/Chlamydia- Using swabs provided in collection kit (available from the lab), insert blue shafted swab (DO NOT USE WHITE SHAFTED SWAB) 2"-4" into rectum and rotate to sample mucosal surfaces.

Throat (for STDs)
When obtaining the specimen, depress the tongue with a tongue blade and swab the tonsillar pillars and behind the uvula including any inflamed or purulent sites. Avoid touching the tongue, cheeks or teeth.
- GC Culture –. Use a culturette swab to collect a throat sample and transport to the laboratory within 2 hrs.
- NAAT for GC/Chlamydia- Using swabs provided in collection kit (available from the lab), use blue shafted swab (DO NOT USE WHITE SHAFTED SWAB) to collect specimen.

Urine (for NAAT STDs)
The patient should not have urinated for at least 1 hour prior to specimen collection.
- Direct patient to provide a first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in rRNA target dilution that may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen.
- Transported urine samples to the lab at 2°C to 30°C within 24 hours of collection.

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.
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 physician ultimately responsible for the patient’s care 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 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 protocol.

- 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 1/2 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.

1. Prepare equipment and supplies:
   - Speculum
   - Glass slide and fixative
   - Endocervical brush, and Ayre Spatula OR Wallach Papett (broom-like device)
   - Cardboard slide holder
   - Cytology Requisition
2. 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.
3. Insert the speculum, which may be slightly moistened with water if necessary. No other lubricants should be used.
4. Visually inspect the cervix for abnormalities. Identify the transformation zone, if visible, and direct sampling efforts to encompass this area.
5. 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.
6. 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.
7. 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.
8. 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.
9. Allow the slide to dry thoroughly before placing it into a mailing container for transportation to the laboratory.