

GENITO-STI SPECIMEN COLLECTION INSTRUCTIONS — FEMALE

MATERIALS PROVIDED

- 1 sterile swab
- Endocervical brush (upon request)
- Small urethral swab (upon request)
- 1 molecular transport tube
- 1 specimen bag
- 1 UPS/FedEx Lab Pak mailer

To request additional supplies, call Customer Care at 866-287-3218



SPECIMEN COLLECTION

To ensure safety and validity of the sample it is important to follow these instructions.

CLEAN CATCH AND NON-CLEAN CATCH URINE COLLECTION PROCEDURE

A first morning sample or sample collected longer than 1–2 hours since prior urination maximizes sensitivity of detecting urinary system pathogens.

Patient Instructions

1. Wash hands thoroughly with warm water and soap.
- 2a. Clean Catch: Urinate a small amount into the toilet. Collect ~10–15 mL of midstream sample. Finish urinating into the toilet.
- 2b. Non-Clean Catch: Holding labia apart, collect first ~10–15 mL urine into sterile urine cup.

Clinical Technician Instructions

Don gloves and select one of the following options for specimen preparation.

Urine Specimen Preparation Instructions

Option 1: Using the sterile swab

- a. Open the urine collection cup, molecular transport tube and the sterile swab.
- b. Using a circular motion, completely saturate the swab with 10–15 circular sweeps of the collection cup.
- c. Place the swab in the transport tube.
- d. Snap off excess handle and securely tighten tube cap.
- e. Keep the tube in an upright position for 10–15 minutes.

Option 2: Using a sterile plastic transfer pipette (not provided)

- a. Open the urine collection cup, molecular transport tube, and the plastic transfer pipette (not provided).
- b. Use the pipette to stir urine 10–15 times to mix the sample 10–15 times to mix the sample.
- c. Transfer no more than 0.5 mL of urine from the collection cup to the molecular transport tube.
- d. Securely tighten the cap of the transport tube.
- e. Keep the tube in an upright position for 10–15 minutes.

Endocervical/Ectocervical Sample

1. Visualize cervix via speculum examination.
2. Wipe away excess mucus with sterile gauze.
3. Insert sterile 'endocervical brush' into endocervical canal.
4. Rotate the brush 3–5 times, ensuring adequate sampling of the endocervical and squamocolumnar junction areas.
5. Sample ectocervix and any vaginal lesions prior to removing brush from vaginal canal.
6. Place the brush into the molecular transport tube.
7. Snap off excess handle and securely tighten tube cap.
8. Keep the tube in an upright position for 10–15 minutes.

Additional lesions (cervical/vaginal/introital ulcers, etc...):

1. Sample lesion with the endocervical brush or swab.
2. Place the brush or swab into the molecular transport tube.
3. Snap off excess handle and securely tighten the tube cap.
4. Keep the tube in an upright position for 10–15 minutes.

Open ulcers:

1. Thoroughly swab the ulcer(s).
2. Place the swab into the molecular transport tube.
3. Snap off excess handle and securely tighten the tube cap.
4. Keep the tube in an upright position for 10–15 minutes.

Vesicular lesions:

1. Carefully open the lesion with a sterile scalpel blade.
2. Collect fluid contents on a swab. The 'roof tissue' of the vesicle can be carefully removed, and submitted in same MTM tube
3. Swab the base and place all material in the molecular collection tube.
4. Snap off excess handle and securely tighten the tube cap.
5. Keep the tube in an upright position for 10–15 minutes.

Vaginal Sample

Vaginal Swab:

1. Insert the swab approximately 2 inches into the vagina and rotate the swab for a minimum of 10 seconds, ensuring that the swab has contact with the vaginal wall. Ensure that the any visible lesions are swabbed.
2. Visually confirm the swab is fully saturated.
3. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.
4. Keep the tube in the upright position for 10–15 minutes.

Endometrial/Parametrial Sample

Trans-cervical endometrial aspirate material:

1. Collect via an appropriate catheter device (not provided).
2. Place approximately 0.5–1 mL of aspirated material into the molecular transport tube.
3. Securely tighten the tube cap.
4. Keep the tube in an upright position for 10–15 minutes.

Ultrasound guided needle aspirates from pelvic inflammatory disease lesions:

1. Place approximately 0.5–1 mL of aspirated material into the molecular transport tube.
2. Securely tighten the tube cap.
3. Keep the tube in an upright position for 10–15 minutes.