






STI/Genital Swab Guide

Queries phone Microbiology 03 359 0957

Label all specimens with **TWO** points of identification (full name, and date of birth or NHI)
Include relevant clinical details with **ALL** requests

<i>Chlamydia trachomatis</i>, <i>Neisseria gonorrhoeae</i>, and <i>Trichomonas vaginalis</i>*^{See note} SWAB	
<p>APTIMA Multitest Swab Collection Kit: contains swab and orange label transport media tube</p> 	<ul style="list-style-type: none"> • Vulvovaginal swab (clinician or self- collected) • Eye (Chlamydia/Gonorrhoea only) • Anal or Throat (Chlamydia/Gonorrhoea only) <p>* NOTE: <i>Trichomonas vaginalis</i> tested only on request. Trichomonas can be tested on the same Aptima swab collected for Chlamydia/Gonorrhoea.</p> <ul style="list-style-type: none"> • Do not spill fluid. Store at 2-30°C prior to laboratory transport.
BV, Candida, and Culture (where indicated) – CLINICAL DETAILS MANDATORY	
<p>Purple topped white shaft bacterial swab with transport media tube</p> 	<ul style="list-style-type: none"> • Bacterial vaginosis (Vaginal swab) • Candida (Vaginal or Vulval swab) • <i>N. gonorrhoeae</i> susceptibility testing (where indicated; Cervical swab)
URINE for <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i>	
<p>APTIMA <u>Urine</u> Specimen Collection Kit: yellow label tube and transfer pipette for FCU</p> 	<ul style="list-style-type: none"> • Collect 20mL First Catch Urine (FCU) in plain pottle. Transfer to Aptima tube. • Urine must be transferred to the collection tube within 24 hours of collection or test is unreliable. • Urine must be sent to the lab in Aptima tube. • Do not spill fluid, add urine to fill between the marked lines.
Urethral Bacterial Culture (including susceptibility testing)	
<p>Orange topped wire swab with bacterial transport media tube</p> 	<ul style="list-style-type: none"> • Urethral collections, including for <i>N. gonorrhoeae</i> culture and susceptibility testing
Herpes simplex 1 & 2	
<p>Green-top swab with viral sponge tube</p> 	<ul style="list-style-type: none"> • Swab from herpes lesion • Request form needs to include a request for a specific virus, e.g “HSV”; a ‘Viral’ only request is insufficient to direct testing. • NOT suitable for bacterial culture/gram.
<i>Mycoplasma Genitalium</i> – requires relevant clinical detail and/or Microbiologist approval	
<p>Preferred sample - First Void Urine in plain pottle (first 20mL of stream, at least 1 hour after last voiding).</p>	