

Genital tract specimens

1. Female Genital Specimen

Genital tract specimens are submitted primarily for the detection of sexually transmitted pathogens such as *N. gonorrhoeae*, *Chlamydia trachomatis*, HSV, agents of BV (bacterial vaginosis) Trichomonas, group B streptococci, and *Candida species*. If infection is not caused by any of these pathogens, anaerobic bacteria may be involved. If an anaerobic infection is suspected, transport the specimen in an E-swab transport system. See [Table 2, Specimen Transport Guide by Source](#), to select correct specimen collection type.

a. Amniotic fluid

- (1) Aspirate fluid by catheter, at cesarean section, or at amniocentesis.
- (2) Submit according to guidelines for sterile body fluids.

b. Bartholin gland

- (1) Decontaminate the skin with povidone-iodine, and aspirate material from duct(s).
- (2) Send in E-swab transport.

c. Cervix

- (1) Do not use lubricant during procedure.
- (2) Wipe the cervix clean of vaginal secretion and mucus.
- (3) Select correct swab type and transport system based on organism suspected.
- (4) Rotate a sterile swab, and obtain exudate from the endocervical glands.
- (5) If no exudate is seen, insert a sterile swab into the endocervical canal, and rotate the swab.

d. Endometrium

- (1) Collect endometrium specimens by trans-cervical aspiration through a telescoping catheter.
- (2) Send in E-swab transport or viral transport according to culture desired.

e. Fallopian tube

- (1) Obtain aspirates or swab specimens during surgery.
- (2) Send in E-swab or viral transport based on culture type desired.

f. Rectal swabs

- (1) Used primarily to detect *N. gonorrhoeae*, *Shigella* species, HSV, and anal carriage of group A and group B strep.
- (2) Consult transport table 2 to choose correct swab type for organism(s) suspected or to be ruled out.
- (3) Pass the tip of a sterile swab approximately 1 inch beyond the anal sphincter. Carefully rotate the swab to sample the anal crypts, and withdraw it.
- (4) Send in correct transport system.

g. Urethra

- (1) Collect specimens 1 hour or more after patient has urinated.
- (2) Stimulate discharge by gently massaging the urethra against the pubic symphysis through the vagina.
- (3) Collect the discharge with a sterile swab, consulting transport table 2 to select correct swab type.
- (4) If discharge cannot be obtained, wash external urethra with betadine soap and rinse with water. Insert a urogenital swab 2 to 4 cm into the endourethra, gently rotate the swab, and leave it in place for 1 to 2 s. Withdraw the swab, and submit it in specific transport system for culture.

h. Vagina

- (1) Consult [Transport table 2](#) to select correct swab type for organism to be detected.
- (2) Vaginal specimens are also useful in the detection of group A streptococci carriage in children.
- (3) Use a speculum without lubricant. Collect secretions from the mucosa high in the vaginal canal with sterile bacti-swab.

i. Vulva

- (1) Clean the surface of the lesion with 0.85% NaCl. If there is a crust on the lesion, remove it.
- (2) Scrape the lesion until serous fluid emerges.
- (3) Wipe away fluid and debris with sterile gauze.
- (4) Press the base of lesion until clear fluid is expressed, and collect fluid with a flocced swab for HSV detection and place in viral transport medium.
- (5) Alternatively, un-roof the vesicle, scrape the base of the open vesicle with a sterile scalpel blade, and rub the base of the lesion vigorously with the flocced swab (for HSV) and place in viral transport medium.

2. Male Genital Specimens

a. Rectal swab

- (1) Specimens are submitted primarily for the detection of *N. gonorrhoeae*, *Shigella* species, HSV, and anal carriage of group A and group B strep.
- (2) Consult Table 2 Transport Guide for correct specimen collection system.
- (3) Pass the tip of a sterile swab approximately 1 in. beyond the anal sphincter. Carefully rotate the swab to sample the anal the anal crypts, and withdraw it.
- (4) Send the swab in a swab transport, viral transport (for HSV), stool transport (for *Shigella sp.*) or *N. gonorrhoeae* detection system.

b. Epididymis

- (1) Bacterial epididymitis is most commonly due to gram negative enteric organisms or pseudomonads and generally occurs in men over 35 years age.

- (2) Sexually transmitted epididymitis is most commonly due to *C. trachomatis* and *N. gonorrhoeae*.
- (3) Consult [Table 2 Specimen Transport Guide](#) by Source to select correct method for pathogen suspected.

c. Penile lesion

- (1) Used primarily to detect sexually transmitted pathogens such as *N. gonorrhoeae*, *C. trachomatis*, and HSV.
- (2) Consult [Table 2 Specimen Transport Guide by Source](#) to select correct swab type for organism to be detected. Multiple swab types may be required.
- (3) Clean the surface of the lesion with 0.85% NaCl. If there is a crust on the lesion, remove it.
- (4) Scrape the lesion until serous fluid emerges.
- (5) Wipe away fluid and debris with sterile gauze.
- (6) Press the base of lesion until clear fluid is expressed and collect fluid with a sterile swab.
- (7) Alternatively, un-roof the vesicle and scrape the base of the open vesicle with a sterile scalpel blade, and rub the base vigorously with the swab.
- (8) Submit in correct transport system.

d. Prostatic massage

- (1) Used to diagnose acute or chronic prostatitis. For both diseases, gram-negative enteric organisms are the most frequently isolated pathogens. *N. gonorrhoeae* is infrequently implicated in acute prostatitis.
- (2) Perform a digital massage through the rectum and collect pre and post-massage urine specimens in sterile containers, labeled as such.

e. Urethra

- (1) Send first catch urine specimen to detect *N. gonorrhoeae*, *C. trachomatis* molecular method (Aptima).
- (2) Alternatively, an Aptima swab may be used to sample the urethra.