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
        flocked 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
        flocked 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.