

Good Afternoon,

As the Antibiotic Resistance Lab Network (AR Lab Network) West Regional Laboratory, the Washington State Public Health Laboratory provides advanced antimicrobial resistance testing to Alaska, California, Guam, Hawaii, Nevada, Oregon, and Washington. Working in conjunction with the University of Washington Neisseria Reference Laboratory (UW NRL), **gradient strip Neisseria gonorrhoeae antimicrobial susceptibility testing is now available** to the West Region!

Laboratories (clinical or public health) may submit N. gonorrhoeae isolates or clinical samples associated with suspected treatment failures. Isolates of either confirmed or suspected N. gonorrhoeae grown in pure culture on media slants OR clinical samples collected from patients and inoculated onto an InTray are accepted. Testing is conducted at UW NRL, approved specimens should be shipped there and not to the Washington State Public Health Laboratory.

Pre-approval is required, specimens sent without approval will not be tested. Please email ARLN@doh.wa.gov for approval. Upon approval, isolates or inoculated InTray and an accompanying requisition form should be shipped to UW NRL. AR Lab Network can provide InTrays, collection kits, Category B shipping materials and a FedEx labels, upon request.

Please review the AR Lab Network Test Menu for additional information, link can be found below.

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/ARLNLabTestMenu#heading21553>

InTray inoculation and Category B shipping instructions and requisition form are attached.

Please circulate the availability of this service to your local public health and clinical partners.

Please email ARLN@doh.wa.gov with any questions or testing requests.



West AR Lab Network Regional Laboratory: Guidance for Gradient Strip *Neisseria gonorrhoeae* Antimicrobial Susceptibility Testing

SAMPLE COLLECTION and SHIPMENT

- All testing must be approved prior to specimen receipt, please email ARLN@doh.wa.gov for approval
- Isolates of either confirmed or suspected *N. gonorrhoeae* grown in pure culture on media slants and clinical samples collected from patients and inoculated onto an InTray are accepted.
- Samples must arrive at the AR Lab Network Partner Lab Monday-Friday.

Equipment and Materials

- Collection kits and InTray provided upon request.
- All samples must be shipped in a Category B compliant manner. Shipping materials provided upon request.
- All samples must arrive with a completed requisition form.

If shipping an isolate, please skip to "Procedure for Shipping InTray or Isolate"

Procedure for Preparation of InTray Oropharyngeal, Urethral, Endocervical and Rectal Swab Collection

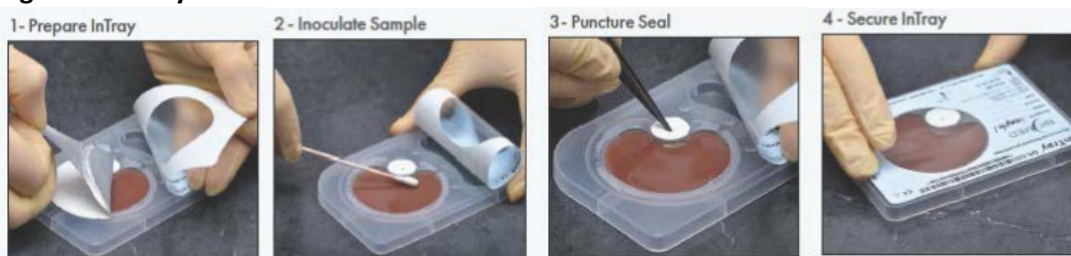
1. Allow the InTray to warm to 18-25°C (64-77°F). Manually pull the lower right corner (adjacent to the clear window) back so that the protective swab is completely visible. Remove the seal by pulling the tab and discard. Please reference Figure 1, Step 1.
2. Before beginning swab collection, perform hand hygiene and wear appropriate personal protective equipment (PPE) as indicated by the patient's clinical care team (e.g., gloves, gown, mask).
3. Open the swab package at the point marked "Peel Here".
4. Pull the swab from its package, being careful not to touch the tip. Discard the packaging.
5. Collect specimen, please refer to Table 1.

Table 1: Specimen Collection

Anatomical Site	Swab included in Collection Kit	Sampling Instructions
Oropharyngeal	Flocked OP oropharyngeal specimen swab (76420-238)	Have the patient tilt their head backwards, open their mouth and stick out their tongue. Without touching the side of the mouth, swab to posterior nasopharynx and the tonsillar arches.
Male Urethral	Puritan HydraFlock Mini Tip (89194-874)	Specimens should be taken no earlier than 2 hours after the patient last voided their bladder. Insert swab into the urethra. Rotate the swab in one direction for a minimum of 10 seconds.
Endocervical	Puritan HydraFlock Mini Tip (89194-874)	Insert swab into the inside opening of the vagina, approximately 2 inches. Gently rotate swab for 10-30 seconds. Make sure swab touches the walls of the vagina.
Rectal	Flocked OP oropharyngeal specimen swab (76420-238)	Insert swab into the rectum, approximately 2.5 cm into the anal canal. Gently rotate swab for 10-30 seconds.

6. Using the collected swab, inoculate the InTray by rolling the swab on the surface of the medium in a large "C" pattern for maximum transfer. For isolated colonies, cross-streak with the sterile inoculation tool. Please reference Figure 1, Step 2.
7. Puncture the seal over the CO₂ chamber with the pointed object. Please reference Figure 1, Step 3.
8. Firmly reseal InTray by pressing the edges of the label and the plastic tray together. **Complete the label with at least two unique patient identifiers (patient's full name, date of birth) that must exactly match the requisition form.** Please reference Figure 1, Step 4
9. Complete requisition form.

Figure 1: InTray Inoculation



10. Follow the shipping instructions on the following page and ship immediately. If it is necessary to delay shipping, incubate the InTray at 35°C-37°C, for up to one day.

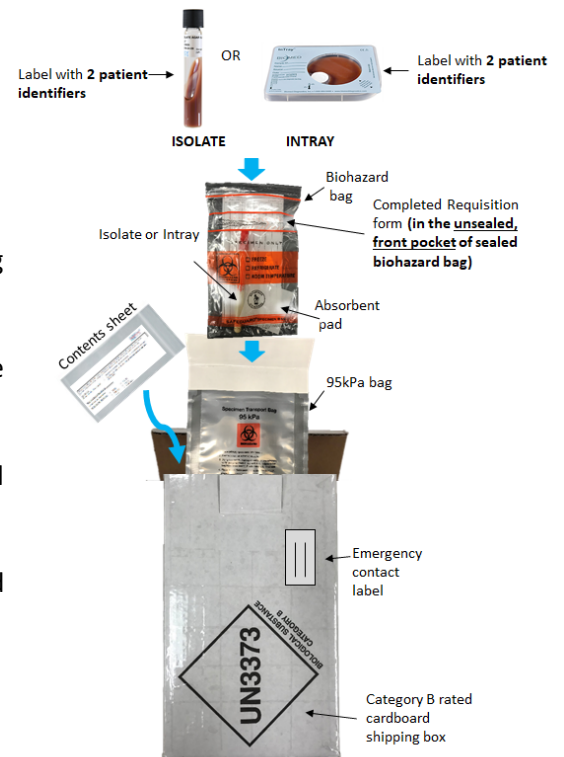
Procedure for Shipping InTray or Isolate

Please reference Figure 2 on the right side of this page.

- **Primary Packaging:** The firmly sealed InTray or slant
- **Secondary Packaging:** Sealable, clear, plastic biohazard specimen bag with absorbent paper within. Biohazard bag is then placed within a 95kPa compliant biohazard specimen transport bag.
- **Outer Packaging:** Category B rated cardboard shipping box
 1. Check that the InTray or slant has been firmly sealed and appropriately labeled with 2 patient identifiers.
 2. Place the InTray or slant into the clear plastic biohazard specimen bag with an absorbent paper. Firmly seal the biohazard specimen bag.
 3. Place the completed requisition form in the unsealed, front pocket of the sealed biohazard bag. (Note: Do not include any paperwork inside the sealed portion of biohazard transport bags.)
 4. Place the sealed biohazard bags in a 95kPA compliant biohazard specimen transport bag. (Note: Multiple biohazard bags can be placed within the 95kPa bag; do not overfill.) Firmly seal 95kPA bag.
 5. Complete the contents sheet and return it to the plastic bag and seal. Place the plastic bag between the 95kPA bag and the Category B rated cardboard shipping box.
 - a. The contents sheet is half a page. Please complete all fields (test name, total number of specimens, collection facility name and collection facility state)
 6. Samples should be shipped at ambient temperature.* Close shipping box and seal shut. Place shipping label and UN 3373 Biological Substance, Category B sticker on outside of box (if not present already).
 7. Attach the FedEx label to the outside of the box and complete the emergency contact sticker found on the outside of the shipping box.
 8. Ship immediately to the West AR Lab Network Partner Lab.

AR LAB NETWORK PARTNER
UW NEISSERIA REFERENCE LABORATORY
HMC NINTH AND JEFFERSON BLDG.
3NJ342A, 908 JEFFERSON STREET
SEATTLE, WA 98104

Figure 2: Packaging



*If necessary, isolates can be shipped frozen on dry ice. Please work with AR Lab Network staff for additional guidance.



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 UW NEISSERIA REFERENCE LABORATORY
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MTS#MTSC.FS.60196211 CLIA#50D2016972

ARLN@doh.wa.gov

PATIENT INFORMATION				SPECIMEN INFORMATION			
LAST NAME				DATE COLLECTED (mm/dd/yyyy)	TIME COLLECTED	AM PM	DATE SENT TO ARLN
FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH (DOB)	SPECIMEN TYPE: Please only select one			
				Isolate Swab Other (specify) _____			
MEDICAL RECORD #/ PATIENT ID		PHL ISOLATE OR SPECIMEN ID		SPECIMEN SOURCE: Please select ONE source option below.			
				BLOOD URETHRAL			
GENDER				CONJUNCTIVAL URINE			
MALE MALE-TO-FEMALE TRANSFEMER		INTERSEX		ENDOCERVICAL VAGINAL			
FEMALE FEMALE-TO-MALE TRANSFEMER		UNSPECIFIED		PHARYNGEAL OTHER(specify) _____			
STREET ADDRESS			CITY	RECTAL			
STATE/TERRITORY	ZIP CODE	COUNTY/BOROUGH /VILLAGE		TEST REQUESTED			
				Gradient Strip <i>Neisseria gonorrhoeae</i> Antimicrobial Susceptibility Testing (pre-approval required)			
PATIENT TRAVEL INFORMATION				REASON FOR TEST REQUEST			
In the previous 30 days prior to sample collection did the patient travel (international or interstate)?				Treatment failure Other (please specify): _____			
YES NO UNKNOWN				TEST APPROVAL			
If yes, please specify the most recent travel				Pre-approval is required for testing. Specimens without prior approval will not be tested. Has this testing request been approved by AR Lab Network staff?			
Interstate (please specify location): _____				NO YES (please specify name of staff below)			
International (please specify location): _____				NAME OF APPROVING AR LAB NETWORK STAFF		DATE APPROVED	

SUBMITTER INFORMATION			
SUBMITTING FACILITY NAME		NAME OF ORDERING PROVIDER	
FACILITY TYPE			
Public health department		Hospital/emergency department Physician's office STD Clinic Other (specify): _____	
PHONE NUMBER	CONFIDENTIAL/SECURE FAX NUMBER	FACILITY ADDRESS	
CITY	STATE/TERRITORY	ZIP CODE	COUNTY/BOROUGH/VILLAGE

GENERAL SHIPPING INSTRUCTIONS
<ul style="list-style-type: none"> • Please print legibly and complete all fields. • Each specimen must be clearly marked with two unique patient identifiers that exactly match this form. • Please contact ARLN@doh.wa.gov or (206) 418-5478 for testing approval and questions • All shipped specimens must meet Department of Transportation and International Air Transport Association regulations. It is the shipper's responsibility to ensure all regulations are met. • Ship to: AR LAB NETWORK PARTNER UW NEISSERIA REFERENCE LABORATORY HMC NINTH AND JEFFERSON BLDG. 3NJ342A, 908 JEFFERSON STREET, SEATTLE, WA 98104

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.