

---

**Reporting Title:** Mycobacterial Culture

**Performing Location:** Rochester

**Necessary Information:**

1. Specimen source is required.

2. Alert the laboratory if *Mycobacterium genavense* is suspected, as this species requires addition of mycobactin J to the culture medium for optimal growth and recovery.

**Specimen Requirements:**

Submit only 1 of the following specimens:

**Specimen Type:** Body fluid

**Container/Tube:** Sterile container

**Specimen Volume:** 1.5 mL

**Specimen Type:** Bone marrow

**Container/Tube:** Sterile container, or green top (lithium or sodium heparin)

**Specimen Volume:** Entire collection

**Specimen Type:** Gastric washing

**Container/Tube:** Sterile container

**Specimen Volume:** 10 mL

**Collection Instructions:** Neutralize specimen within 4 hours of collection with 100 mg of sodium carbonate per 5 to 10 mL of gastric wash.

**Specimen Type:** Respiratory

**Sources:** Bronchoalveolar lavage fluid, bronchial washing, sputum

**Container/Tube:** Sterile container

**Specimen Volume:** 3 mL

**Collection Instructions:**

1. Collect 3 respiratory specimens for acid-fast smears and culture in patients with clinical and chest X-ray findings compatible with tuberculosis.
2. These 3 specimens should be collected at 8 to 24-hour intervals (24 hours when possible) and should include at least 1 **first-morning** specimen.

**Specimen Type:** Stool

**Supplies:** Stool Collection Kit, Random (T635)

**Container/Tube:** Sterile container

**Specimen Volume:** 5 to 10 g

**Specimen Type:** Tissue

**Container/Tube:** Sterile container

**Specimen Volume:** 5 to 10 mm

**Collection Instructions:** Collect a fresh tissue specimen.

**Specimen Type:** Urine

**Container/Tube:** Sterile container  
**Specimen Volume:** 20 to 50 mL  
**Collection Instructions:** Collect a random urine specimen.

Fresh tissue or body fluid is the preferred specimen type instead of a swab specimen. Recovery of mycobacteria from swabs is generally very low yield.

**Specimen Type:** Swab  
**Sources:** Wound, tissue, or body fluid  
**Container/Tube:** Culture transport swab (noncharcoal) culturette, or Eswab  
**Specimen Volume:** Adequate specimen  
**Collection Instructions:**

1. Before collecting specimen, wipe away any excessive amount of secretion and discharge, if appropriate.
2. Obtain secretions or fluid from source with sterile swab.
3. If smear and culture are requested or both a bacterial culture and mycobacterial culture are requested, collect a second swab to maximize test sensitivity.

**Forms:**  
If not ordering electronically, complete, print, and send 1 of the following:  
[-Microbiology Test Request](#) (T244)  
[-General Request](#) (T239)

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	7 days	
	Ambient	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CTB	Q00M0014	Specimen Source	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CTB	Mycobacterial Culture	Alphanumeric		543-9

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

**CPT Code Information:**  
87116-Mycobacterial Culture  
87015-Mycobacteria Culture, Concentration (if appropriate)

87118-Id MALDI-TOF Mass Spec AFB (if appropriate)  
87150-Id, Mtb Speciation, PCR (if appropriate)  
87153-Mycobacteria Identification by Sequencing (if appropriate)  
87176-Tissue Processing (if appropriate)  
87150- Id, MTB complex Rapid PCR (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
ISMY	ID by 16S Sequencing	1	87153	No	No, (Bill Only)
RMALM	Id MALDI-TOF Mass Spec AFB	1	87118	No	No, (Bill Only)
RTBSP	Id, Mtb Speciation, PCR	1	87150	No	No, (Bill Only)
TBT	Concentration, Mycobacteria	1	87015	No	No, (Bill Only)
TISSR	Tissue Processing	1	87176	No	No, (Bill Only)
LCTB	Id, MTB complex Rapid PCR			No	No, (Bill Only)

Reference Values:

Negative