



Reporting Title: Misc C trach/N gonor Amplified RNA

Performing Location: Rochester

Ordering Guidance:

This test is used for specimens that are not US Food and Drug Administration (FDA) approved for this assay. Acceptable non-FDA-approved specimen types are ocular swabs, and peritoneal fluid.

For FDA-approved specimen types, order CGRNA / Chlamydia trachomatis and Neisseria gonorrhoeae, Nucleic Acid Amplification, Varies.

Necessary Information:

Specimen source is required.

Specimen Requirements:

Submit only 1 of the following specimens:

Specimen Type: Ocular (corneal/conjunctiva)

Supplies:

Aptima Unisex Swab Collection Kit (T583)

Aptima Multitest Swab Collection Kit (T584)

Container/Tube: Aptima Multitest Swab or Aptima Unisex Swab

Specimen Volume: Swab

Collection Instructions:

1. Swab site using Aptima Multitest Swab or Aptima Unisex Swab. Specimens must be collected using either one of these Aptima swabs.

Note: The white swab provided within the collection kit is a cleaning swab and should not be used for collection. Discard the white cleaning swab.

2. Place collection swab in transport tube provided with the collection kit. Snap off swab at score line so swab fits into closed tube.

3. Cap tube securely and label tube with patient's entire name and collection date and time.

4. Maintain specimen at 2 to 30 degrees C (refrigerate temperature is preferred), transport within 60 days of collection.

Specimen Type: Peritoneal fluid (pelvic wash, cul-de-sac fluid)

Supplies: Aptima ThinPrep Transport Tube (T652)

Container/Tube: Aptima specimen transfer tube

Specimen Volume: 1 mL

Collection Instructions:

1. Transfer 1mL of specimen into the Aptima specimen transfer tube within 24 hours of collection.

2. Cap tube securely and label tube with patient's entire name and collection date and time.

3. Maintain specimen at 2 to 30 degrees C (refrigerate temperature is preferred), transport within 30 days of collection.

Specimen Minimum Volume:

See Specimen Required



Forms:

If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)		APTIMA VIAL
	Ambient		APTIMA VIAL
	Frozen		APTIMA VIAL

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
MCRNA	SRC11	SOURCE:	Plain Text	Yes
MGRNA	SRC22	SOURCE:	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SRC11	SOURCE: Also used by tests: MCRNA	Alphanumeric		31208-2
34507	C. trach, Misc, Amplified RNA Also used by tests: MCRNA	Alphanumeric		43304-5
SRC22	SOURCE: Also used by tests: MGRNA	Alphanumeric		31208-2
34508	N. gonorr, Misc, Amplified RNA Also used by tests: MGRNA	Alphanumeric		43305-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No



Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
MCRNA	C. trach, Misc, Amplified RNA			Yes	Yes
MGRNA	N. gonorr, Misc, Amplified RNA			Yes	Yes

CPT Code Information:

MCRNA-87491
MGRNA-87591

Reference Values:

Negative