

---

**Reporting Title:** T.vaginalis, Misc, Amplified RNA**Performing Location:** Rochester**Necessary Information:**

Specimen source is required.

**Specimen Requirements:**

This test should only be performed in men.

Submit only 1 of the following specimens:

Specimen Type: Post-prostatic massage fluid (VBIII)

Supplies: Aptima Urine Transport Tube (T582)

Container/Tube: Aptima Urine Specimen Transport Tube

Specimen Volume: 15 to 20 mL

Collection Instructions:

1. Patient should not have urinated for at least 1 hour prior to specimen collection.
2. Patient should void a small amount of urine prior to prostatic massage. Pre-massage urine can be discarded or submitted for other testing as applicable.
3. Patient then ceases voiding and a prostatic massage is performed by the urologist or other health care professional.
4. Collect post-massage fluid into a sterile, plastic, preservative-free container.
5. Transfer 2 mL of post-massage fluid specimen into the Aptima urine specimen transport tube using the disposable pipette provided within 24 hours of collection. The correct volume of fluid has been added when the fluid level is between the black fill lines on the Aptima urine transport tube.

Specimen Type: Urethral (male only)

Supplies: Aptima Unisex Swab Collection Kit (T583)

Container/Tube: Aptima Unisex Swab

Specimen Volume: Swab

Collection Instructions:

1. Urethral specimens must be collected using an Aptima Unisex Swab Collection kit.
2. Patient should not have urinated for at least 1 hour prior to collection.
3. With a rotating movement, insert swab (blue shaft) 2 to 4 cm into urethra.
4. Once inserted, rotate swab gently at least 1 full rotation using sufficient pressure to ensure swab comes into contact with all urethral surfaces. Allow swab to remain inserted for 2 to 3 seconds.
5. Place swab in the Aptima transport tube provided in collection kit. Snap off swab at score line so swab fits into closed tube.
6. Cap tube securely and label tube with patient's entire name and collection date and time.

**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)	30 days	APTIMA VIAL
	Ambient	30 days	APTIMA VIAL

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
MTRNA	SRC6	SOURCE:	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
SRC6	SOURCE:	Alphanumeric		31208-2
35034	T.vaginalis, Misc, amplified RNA	Alphanumeric		46154-1

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87661

**Reference Values:**

Negative