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**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:** 1 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.

3. Snap off swab at score line so it fits into closed tube.

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

5. 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 Specimen Transfer Kit (T652)

**Container/Tube:** Aptima specimen transfer tube

**Specimen Volume:** 1 mL

**Collection Instructions:**

1. Transfer 1 mL of peritoneal fluid directly 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.

**Forms:**

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

Test Definition: MCTGC

Chlamydia trachomatis and Neisseria  
gonorrhoeae, Miscellaneous Sites, Nucleic Acid  
Amplification, Varies

Specimen Type	Temperature	Time	Special Container
Varies	Ambient		APTIMA VIAL
	Refrigerated (preferred)		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:	Alphanumeric		31208-2
34507	C. trach, Misc, Amplified RNA	Alphanumeric		43304-5
34508	N. gonorr, Misc, Amplified RNA	Alphanumeric		43305-2
SRC22	SOURCE:	Alphanumeric		31208-2

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MCRNA	C. trach, Misc, Amplified RNA	1	87491	Yes	Yes
MGRNA	N. gonorr, Misc, Amplified RNA	1	87591	Yes	Yes

CPT Code Information:

- 87491 - Chlamydia trachomatis
- 87591 - Neisseria gonorrhoeae
- 87801 - If appropriate for government payers

Reference Values:

Negative