

Reporting Title: C. trach, Misc, Amplified RNA

Performing Location: Rochester

Specimen Requirements:

Specimen source is required.

Submit only 1 of the following specimens:

Swab specimen must be collected using an APTIMA Collection Unisex Swab (Supply T538) or an APTIMA Collection Vaginal Swab. These swabs are contained in the APTIMA Collection Kit.

Swab Specimen Type: Oral/throat or ocular (corneal/conjunctiva) or rectal/anal swab

Container/Tube: APTIMA Swab Collection System (Supply T583)

Specimen Volume: Swab

Collection Instructions:

1. Swab site using APTIMA collection device (unisex swab).
2. Place swab in transport tube provided in 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 date and time of collection.

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

Container/Tube: APTIMA Swab Collection System (Supply T583) or APTIMA Specimen Transfer Tube (Supply T652)

Specimen Volume: 1 mL

Collection Instructions:

1. Transfer specimen into the APTIMA Specimen Transfer Tube (Supply T652) or the APTIMA Swab Collection System (Supply T583).
2. Cap tube securely, and label tube with patient's entire name, and date and time of collection.

Specimen Type	Temperature	Time
Varies	Refrigerated (preferred)	
	Ambient	
	Frozen	

Ask at Order Entry (AOE) Questions:

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SRC11	SOURCE:	Alphanumeric		
34507	C. trach, Misc, Amplified RNA	Alphanumeric		

CPT Code Information:

87491

Reference Values:

Negative