

TEST CHANGE

***Chlamydia trachomatis* and *Neisseria gonorrhoeae* (CTNG) by Transcription-Mediated Amplification (TMA) with Reflex to CT/NG Confirmation**

2011164, CTNG CONF

Specimen Requirements:**Patient Preparation:**

Collect: Vaginal, throat or rectal specimen collected with pink swab from Aptima MultiTest Swab Specimen Collection kit (ARUP supply #[65761 single collection kit](#) or #[55224 pack of PK/50 collection kits](#) or #[55229-PK/10](#)) available online through eSupply using ARUP Connect^(TM) or contact ARUP Client Services at 800-522-2787.

Also acceptable: First catch urine in sterile container [then transferred to Aptima urine tube](#).

Refer to "Sample Collection for the Diagnosis of STD" under Specimen Handling at [www.aruplab.com](#) for specific specimen collection and transport instructions.

Specimen Preparation: Swab: Place swab in Swab Specimen Transport Tube, break shaft off at scoreline, then recap tube.

Urine: Transfer 2 mL urine within 24 hours to Aptima Urine Specimen Transport Tube (ARUP supply #[65760 single collection kit](#) or #[28908 pack of PK/50 collection kits](#) or #[54556 PK/10](#)) available online through eSupply using ARUP Connect^(TM) or contact ARUP Client Services at 800-522-2787. Liquid level must be between fill lines on tube.

Transport Temperature: Refrigerated

Unacceptable Conditions: Sample collected with large white cleaning swab from the Aptima Unisex collection kit. Specimens in any transport media other than indicated above. Specimens in swab transport media without a swab.

Remarks: Specimen source is required.

Stability: MultiTest Swab: Ambient: 2 months; Refrigerated: 2 months; Frozen: 2 months
Aptima Urine Specimen Transport Tube: Ambient: [14 days](#) [month](#); Refrigerated: 1 month; Frozen: 1 month

Methodology: Qualitative Transcription-Mediated Amplification (TMA)

Note:

If *Chlamydia trachomatis* and/or *Neisseria gonorrhoeae* by TMA is positive, then chlamydia and/or gonorrhea alternate target TMA will be added for confirmation. Additional charges apply.

CPT Codes: [87494](#); [if87491](#); [87591](#). If reflexed, add 87491 [or](#) 87591



*A nonprofit enterprise of the University of Utah
and its Department of Pathology*

Effective Date: **January 20, 2026**

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

This test is intended for medical purposes only. It is not intended for the evaluation of suspected sexual abuse or for other medicolegal indications. Refer to the most recent CDC recommendations for patients in whom a false-positive result may have adverse psychosocial impact.

Positive results will be confirmed with alternative nucleic acid target assay.

Reference Interval:

Negative

Deleted Cells