Chlamydia & Gonorrhea DNA Probe

Test description	Qualitative detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* DNA in clinician collected genital, oropharyngeal, or rectal swabs, patient collected vaginal swabs and urine specimens.
Test use	As an aid to the diagnosis of chlamydial and gonococcal disease in symptomatic or asymptomatic individuals.
Test Department	Sexually Transmitted Diseases Molecular Diagnostics Phone: (860) 920-6696; Fax: (860) 920-6721
Methodology	Nucleic acid (DNA) amplification assay (BD ProbeTec™ CT Q^x and GC Q^x Amplified DNA Assay)
Availability	Daily, Monday - Friday
Specimen Requirements	Specimens must be received by the laboratory: • Within 30 days of collection for urine, oropharyngeal swabs, rectal swabs, female endocervical swabs and male urethral swabs. • Within 14 days of collection for patient collected vaginal swabs. • On or before the expiration date on the collection container.
Collection Kit/Container	Endocervical, oropharyngeal and rectal swabs: BD ProbeTec™ Q^x Collection Kit for Endocervical or Lesion Specimens. Male Urethral swab: Male Urethral Specimen Collection Kit for the BD ProbeTec™ *Chlamydia trachomatis/Neisseria gonorrhoeae* (CT/GC) Q^x Amplified DNA Assay. Urine: Urine Preservative Transport for the BD ProbeTec™ Q^x Amplified DNA Assays. Patient-collected vaginal swab (in a clinical setting): BD Vaginal Specimen Transport for the ProbeTec™ Q^x Amplified DNA Assays. To obtain collection kits, refer to Collection Kit Ordering Information.
Collection instructions	• Genital and urine sources: follow instructions included with collection kits. • Oropharyngeal and rectal swabs: refer to *Oropharyngeal & Rectal Specimen Collection & Handling Instructions*
Specimen Handling & Transport	Store and transport specimens at ambient temperature. Avoid temperature extremes.
Unacceptable Conditions	Unlabeled specimens. Specimens that have leaked or containers that have broken in transit. Specimens received beyond acceptable holding times (see Specimen Requirements). Specimens received after the expiration date on the collection container. Specimens collected in collection devices from other manufacturers. Incorrect volume of urine in urine transport tube.
Requisition Form	Clinical Test Requisition (select **Chlamydia & Gonorrhea DNA Probe**).
Required Information	Name and address of submitter (and/or Horizon profile #). Patient name or identifier, town of residence (city, state, zip), date of birth. Specimen source/type, date collected and test requested.
Limitations	Cannot be used to assess therapeutic success or failure (test of cure) since nucleic acids from *C. trachomatis and N. gonorrhoeae* may persist following antimicrobial therapy. Should not be used for the evaluation of suspected sexual abuse or for other medico-legal indications.

Revised: 03/05/2018