

***Neisseria gonorrhoeae* Isolation**

ANALYTES TESTED: *Neisseria gonorrhoeae*.

USE OF TEST: For the diagnosis of sexually transmitted disease due to *Neisseria gonorrhoeae* and for the determination of the antibiotic susceptibility pattern.

SPECIMEN COLLECTION AND SUBMISSION GUIDELINES:

[\\hd-gp-01\WellnessCommittee\LAB WEB PAGE DOCUMENTS\Sag Test Req 09.20.22 .doc](#)

[\\hd-gp-01\WellnessCommittee\LAB WEB PAGE DOCUMENTS\Specimen Submission Guidelines_2023.doc](#)

Transport Temperature: Ambient – DO NOT REFRIGERATE

SPECIMEN TYPE:

Specimen Required: Genital, oropharyngeal or anorectal specimens inoculated onto a selective, enriched medium (modified Thayer-Martin) and incubated at 35-37°C in 5% CO₂ before transport by courier to SCHD Laboratory.

Minimum Acceptable Volume: Not applicable.

Container: Petri plates with Modified Thayer-Martin (MTM) agar stacked in a candle jar.

Shipping Unit: Not applicable

SPECIMEN REJECTION CRITERIA:

Critical Data Needed For Testing:

- Patient name
- Patient date of birth
- Specimen source
- Date collected
- Submitting Agency

Specimens will be rejected if they:

- Are received with either specimen container unlabeled or incomplete test request form or with the specimen label not matching the test request form.
- Are submitted in an inappropriate manner, i.e., are not shipped according to either Federal Postal Regulations and/or United Parcel Service/ Federal Express or other applicable, appropriate standards.
- Are leaking.
- Are sent on expired transport media.
- If sample has been refrigerated.

Incomplete test requisition information may delay reporting up to seven days.

TEST PERFORMED:

Methodology: Biochemical identification

Turn Around Time: Negative - two days. Presumptive Positive - additional one day. Presumptive Positive cultures will be sent to Michigan Department of Health and Human Services, Bureau of Laboratories, Lansing (MDHHS BOL) for confirmatory testing.

Where/When Performed: Daily in the SCHD Laboratory for initial testing. Confirmatory testing is performed by MDHHS-BOL daily.

RESULT INTERPRETATION:

Reference Range: Culture negative for *Neisseria gonorrhoeae*.

N. gonorrhoeae is recognized as a pathogen in any clinical specimen in which it occurs. Its presence is indicative of a reportable sexually transmitted disease.

FEES: \$15.00 per culture. Medicaid or private insurance will be billed based on information provided with the requisition. If no billing information is provided, the submitter will be billed.

ADDITIONAL INFORMATION:

1. Please contact the Laboratory with questions regarding the interpretation of test results. (989) 758-3825.
2. For non-culture method of detection refer to *Neisseria gonorrhoeae* and Chlamydia Non-culture by Amplified DNA Assay.
3. Sentinel surveillance to monitor antimicrobial resistance in *N. gonorrhoeae* in the United States is sponsored by the Centers of Disease Control and Prevention (CDC) in collaboration with local and state health departments.
4. Identification of *Neisseria gonorrhoeae* is considered significant and should be reported to the local or state public health agency.

ALIASES:

GC Culture, Thayer-Martin