Chlamydia trachomatis, Neisseria gonorrhoea, Trichomonas vaginalis, Mycoplasma genitalium NAATs

General information

Collection container (including preservatives):

cobas® PCR media tube
cobas® PCR Dual Swab Collection Kit

Specimen type: Swab, urine

Please note, for TV and MG testing:
•From male patients, urine only
•From female patients, urine or a vaginal or endocervical swab

Collection: Specimens should be collected and handled following the recommended guidelines on the collection packs:

Male and female urine specimens

Male and female urines must be collected in a sterile container and transferred to the cobas® PCR media tube within 24 hours of collection. After transfer, specimens can then be stored at 2-30^{o}C for up to 3 months prior to testing.

Urine specimens must fill the cobas® PCR media tube between the 2 black urine fill lines (shown below). If the amount of urine is above or below these lines the specimen will not be tested by the laboratory.


Urine specimen with 2 black urine fill lines

Vaginal, throat and anorectal specimens


Woven polyester swab used to collect vaginal, throat and anorectal specimens

Only the larger woven polyester swab (shown above) included in the cobas® PCR Dual Swab Collection Kit should be used to collect vaginal, rectal and throat specimens. Specimens may be stored in cobas® PCR

media at 2-30°C for up to 3 months.

Endocervical specimens

The larger woven polyester swab (shown above) included in the cobas® PCR Dual Swab Collection Kit should be used first to remove any cervical secretions followed by the smaller flocked swab (shown below) to collect the endocervical specimen.

Flocked swab used to collect endocervical specimens

Please ensure the correct swab is used for the test requested or the sample cannot be processed. Please note only ONE swab should be returned in the specimen tube.

Specimens may be stored in cobas® PCR media at 2-30°C for up to 3 months.

Specimen transport: Transport at ambient temperature via porter, courier, Royal Mail or DX compliant with IATA packing instruction 650

Type and volume of sample: 2mL Urine

Special precautions: Patient consent must be obtained for both Chlamdyia and Gonococcal testing. Single tests cannot be accepted for either Chlamydia or Gonorrhoea. If consent for both cannot be obtained, please contact the laboratory for information on alternative laboratories that provide a single analyte service.

Specimens received more than 3 months after collection will not be tested by the laboratory.

Only the woven polyester swab or flocked swabs contained in the cobas® PCR Dual Swab Collection Kit will be accepted for testing.

Swab specimens received with no swab or 2 swabs will not be tested by the laboratory.

Cobas® PCR media that has expired will not be tested.

Please ensure the request form clearly states the specimen type and the required test.

Please ensure the swabs are not inverted in the tube, i.e. the specimen collection end should be placed in the liquid media.

Laboratory information

Measurement units: Relative Light Units (RLU)

Biological reference units: Not applicable

Turnaround time for provisional result (working days): 3 days
Turnaround time to final result (working days): 4 days

For urgent tests please contact the laboratory

M. genitalium antibiotic resistance testing is a referral test with a significantly longer turnaround time, please refer to the UKHSA BRD user manual.

Clinical information

Clinical decision points: Not applicable

Factors known to significantly affect the results: Samples must be kept at ambient temperature.

Where possible, check that swabs are visually clear of stool, mucus or blood as these can interfere with the assay. Other known factors include, some over the counter feminine hygiene, lubricants or prescriptions. Where possible, request patient avoids applying these 24 hours prior to sample collection.

False negative results may occur for a variety of reasons, for example inappropriate timing of sample collection, inappropriate sample, presence of target below the detectable limit of the assay. New and emerging variants may also occur which may not be detected by this assay. Towards the limit of detection of an assay sampling variation will result in lower reproducibility.

(Last updated November 2023)