



**SAN MATEO COUNTY PUBLIC HEALTH LABORATORY  
TEST INFORMATION**

**Section: Mycobacteriology**

**Test Name: Tuberculosis (Direct *M. tuberculosis* Genetic Probe)**

<b>Test Includes:</b> Nucleic acid amplification testing of clinical specimens by MTD test..	
<i>Reporting</i>	
<b>Results Available:</b> 2-5 days	<b>Contact Number:</b> (650) 573-2500
<i>Reference</i>	
<b>Method:</b> Gen-Probe MTD Test; test amplifies and detects ribosomal RNA of <i>M. tuberculosis</i> complex.	
<b>Turnaround Time:</b> 2-5 days. Positive results telephoned to the submitter.	<b>Reference Range:</b> By Report
<b>Limitations:</b> Test can only be run on undiagnosed, untreated patients on processed non-bloody pulmonary specimens. A negative test does not mean the patient does not have <i>M. tuberculosis</i> disease. All tests must be confirmed by culture of specimen for the presence of Mycobacteria.	
<b>Interpretation:</b> A positive MTD test means that the probe detected ribosomal RNA of the <i>M. tuberculosis</i> complex in the clinical specimen.	
<i>Specimen Requirements</i>	
<b>Specimen Collection:</b>	<b>Sample Type:</b> Clinical specimen
<b>Volume/Amount Required:</b> 3 ml to 15 ml	<b>Preferred Specimen:</b> Sputum, tissue, exudate, urine, stool. blood, body fluids
<b>Collection/Preservation:</b> No preservative	<b>Storage Instructions:</b> Transport specimen as soon as possible. If transport is delayed over one hour, refrigerate specimen, unless blood.
<b>Causes for Rejection:</b> Specimens received frozen, in formalin, or in culture medium will be rejected. Specimens from treated and diagnosed patients will not be tested by MTD analysis. Refrigerated blood specimens will be rejected.	<b>Sample Container:</b> Sterile, leak-proof, 50 ml urine cup or 50 ml conical tube preferred for primary container. Add up to 10 ml sterile saline to tissue if needed to maintain moisture during transport. Collect blood specimens in _____.
<b>Sample Test Kit:</b>	<b>Availability:</b> Tested seven days per week
<b>Diagnostic Information:</b> Nucleic acid amplification testing for <i>M. tuberculosis</i> complex performed on positive AFB smear initial pulmonary specimens only. Special requests for this test for situations other than described above only available upon prior approval. For prior approval telephone (650) 573-2190 or 3499.	
<i>Specimen Submission</i>	
<b>Request Form:</b> Standard lab test request form or LIS interface.	<b>Specimen Handling:</b> Universal precautions
<b>Transport Temperature:</b> Ambient	<b>Shipping Requirements:</b> Triple-contained and packaged to meet requirements of DOT, USPS, PHS and IATA for shipping of clinical specimens.



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<i>Billing</i>	
<b>CPT Code(s):</b> 87149	<b>Fees:</b> \$40.00
Effective Date: July 1, 2008	