THE DOCTORS LABORATORY

Sexual Health

TEST	CODE	SAMPLE REQS	TAT
7 STI Profile by PCR (7 tests from 1 Sample)	PP12	FCRU/PCR/TPV/Semen	2 days
Chlamydia (PCR swab)	SPCR	PCR	2 days
Chlamydia (Thin Prep)	TPCR	TPV	2 days
Chlamydia (Urine)	CPCR	FCRU	2 days
Chlamydia/Gonorrhoea (PCR Swab)	SCG	PCR	2 days
Chlamydia/Gonorrhoea (Rectal)	RSCG	PCR	2 days
Chlamydia/Gonorrhoea (Thin Prep)	TCG	TPV	5 days
Chlamydia/Gonorrhoea (Throat)	TSCG	PCR	2 days
Chlamydia/Gonorrhoea (Urine)	CCG	FCRU	2 days
Chlamydia/Gonorrhoea/Trichomonas by PCR	CCGT	FCRU/PCR/TPV	2 days
CT/GC/Trichomonas/Mgen (PCR Swab)	SGTM	PCR Swab	2 days
CT/GC/Trichomonas/Mgen (Urine)	CGTM	FCRU	2 days
Early Detection Screen PCR/NAAT	STDX	A 10mls or 2 x 4mls (Vacutainer only)	3 days
Early Detection Screen PCR/NAAT with Syphilis	STXX	B A 10mls or 2 x 4mls	3 days
Gardnerella vaginalis by PCR	GVPC	FCRU/PCR/TPV	2 days
Gonorrhoea (Culture)	GONN	CS	2-3 days
Gonorrhoea (PCR swab)	SGON	PCR	2 days
Gonorrhoea (Thin Prep)	TGON	TPV	2 days
Gonorrhoea (Urine)	CGON	FCRU	2 days
Haemophilus ducreyi by PCR	DUCR	PCR	7 days
Hepatitis A Profile	HEPA	B	4 hours
Hepatitis B Surface Antigen	AUAG	B	4 hours
Hepatitis C Antibodies	HEPC	B	4 hours
Herpes Simplex I/II by PCR (Swab)	HERS	PCR	5 days
Herpes Simplex I/II by PCR (Urine)	HERD	FCRU/PCR/TPV	5 days
HIV 1 & 2/p24Ag	HDUO	B	4 hours
HIV/HBV/HCV (Early detection by PCR/NAAT) with Syphilis	STXX	B A 10mls or 2 x 4mls	3 days
HIV/HBV/HCV Screen by PCR/NAAT (10 days post exposure)	STDX	A 10mls or 2 x 4mls (Vacutainer only)	3 days
HIV Rapid RNA HIV-1 QUALITATIVE	LHIV	A (Vacutainer only)	4 hours
HIV Rapid RNA HIV-1 QUANTITATIVE	RHIV	A (Vacutainer only)	4 hours
HPV (DNA and reflexed mRNA)	HPVT	TPV	3 days
HPV (HR mRNA types 16, 18 + others)	HPVH	TPV	2-3 days
HPV (Individual low & high risk DNA subtypes)	HP20	TPV/PCR	2-3 days
Lymphogranuloma Venerium (LGV)	LGVP	PCR* [42]	1-2 weeks

* LGV can be added to a positive chlamydia sample using the same swab if requested within 4 days of receipt of result.

Sexual Health

TEST	CODE	SAMPLE REQS	TAT
Macrolide Resistance Test (Mgen)	MGR	**FCRU/PCR**	1-2 weeks
Mycoplasma genitalium by PCR	MGEN	**FCRU/PCR/TPV**	2 days
Mycoplasma genitalium/Ureaplasma by PCR	MUPC	**FCRU/PCR/TPV**	2 days
Rapid Xpert HIV-1 RNA Qualitative – Early Detection from 10 days	LHIV	A (Vacutainer only)	4 hours
Rapid Xpert HIV-1 RNS Viral Load – Rapid Testing for HIV-Positive Patient Prognosis and Response To Antiretroviral Therapy	RHIV	A (Vacutainer only)	4 hours
RPR (VDRL)	RPR	B	2 days
STD1 M/F STD Quad	STD1	B **FCRU**	2 days
STD2 M/F STI Profile Plus (Urine and Serology)	STD2	B **FCRU** (If culture swabs are needed please request separately)	4 days
STD3 Female STD Quad (PCR Swab and Serology)	STD3	B **PCR**	2 days
STD4 Female STI Profile Plus (PCR Swab and Serology)	STD4	B **PCR** (If culture swabs are needed please request separately)	4 days
STD5 Serology only	STD5	B	4 hours
STD6 Serology only without HIV	STD6	B	4 hours
STD8 Vaginitis/BV Profile using Culture & PCR Swab	STD8	**PCR/STM**	3 days
STD9 Symptomatic lesion sample using PCR Swab from lesion & PCR Swab	STD9	2 x **PCR Swab**	7 days
STI Profile: MSM1	MSM1	B **/FCRU/PCR Swab Throat/PCR Swab Rectal**	2 days
STI Profile: MSM2	MSM2	B **/FCRU/PCR Swab Throat/PCR Swab Rectal**	3 days
Swab for Culture (Any Site)	SWAB	**STM**†	2-4 days
Syphilis by PCR (chancre)	SYPS	**PCR**	5 days
Syphilis IgG/IgM	SERJ	B	4 hours
TPPA	TPPA	B	2 days
Trichomonas vaginalis by PCR	TVPC	**FCRU/PCR/TPV**	2 days
Ureaplasma urealyticum by PCR	UGEN	**FCRU/PCR/TPV**	2 days
Vaginitis/BV Profile using Culture & PCR Swab	STD8	**PCR/STM**	3 days

RAPID XPERT HIV-1

For some patients earlier diagnosis of HIV infection is important. **Xpert HIV-1 Qual** is a qualitative test that provides on-demand molecular testing for early diagnosis (from 10 days).

FOR PATIENT ON TREATMENT FOR HIV

Xpert HIV-1 Viral Load accommodates on demand testing and measurement of blood plasma HIV-1 RNA concentration (HIV viral load/40 copies/ml) which has been established as the standard of care in assessing HIV-positive patient prognosis and response to antiretroviral therapy. Assessment of viral load levels is a strong predictor of the rate of disease progression and, by itself or in combination with CD4 T-cell counts, has great prognostic value.

- Improve Patient Care: Same day results support better clinical decisions
- Increase Efficiency: Rapid results enable earlier adjustments to appropriate therapy
- Strengthen Communities: Quick decisions can help reduce drug resistance

Sexual Health

Chlamydia

Chlamydia is the most common curable STI diagnosed in the UK. Often asymptomatic, anyone who is sexually active is considered to be at increased risk of chlamydia infection. It is the most commonly recognised, screened and treated of all STI's. **Allow 6 weeks before re-testing to avoid picking up the DNA from a previous infection**.

Gonorrhoea

Gonorrhoea is caused by the bacterium *Neisseria gonorrhea*, which multiplies easily in the mucous membranes of the male and female reproductive tract. It can cause serious and permanent health conditions if not treated. Symptoms of gonorrhoea are usually overt in men with white, yellow, or green discharge from the penis. Gonorrhoea can also infect the throat and rectum – individual PCR swabs from **each site** should be taken to screen for gonorrhoea. Resistance to antibiotics is increasing and treatment is now combined oral and injectable antibiotics. **Partners should be treated at the same time with retesting after two weeks to confirm clearance – test of cure is recommended following treatment for gonococcal infections**.

Mycoplasma Genitalium (M.Gen)

M.gen is an important sexually transmitted pathogen detectable only by NAAT. M.gen lacks a cell wall and has limited treatment options. It spontaneously develops resistance to antimicrobials. BASHH recommends treatment with Resistance Guided Therapy – testing for M.gen with macrolide resistance determination. M.gen cannot be cultured for diagnostic testing. M.gen prevalence is higher than GC, and in some populations can be similar to CT. M.gen risk factors are similar to CT and consider testing M.gen in all males with non-GC urethritis and all individuals with signs or symptoms of PID, cervicitis, endometritis, associated infertility, ano-rectal condition or epididymo-orchitis. Partner testing is advised for current partners only. Rectal infections are common, and appear to be an important reservoir for resistance. BASHH guidance – all patients must return for test of cure at 3-5 weeks.

Macrolide Resistance Testing (M.gen)

Prevalence of M.gen in men and women in the general population is 1-2%. *Mycoplasma genitalium* has been implicated as a cause of acute and chronic non-chlamydial non-gonococcal urethritis in males and post coital bleeding, cervicitis, endrometritis and pelvic inflammatory disease in females. It is a sexually transmitted, fastidious microorganism that is extremely difficult to culture – with nucleic acid amplification testing (NAAT urine or swab) being the only method available for routine *M. genitalium* detection. Macrolides are generally considered the first-line treatment for *M. genitalium* infections. However, **resistance to macrolides** seems to be increasing worldwide typically exceeding > 40% in male patients who are detected positive for M.gen at screening.

M.gen can be requested as a single PCR test or with CT/GC, with or without other testing options. Important updates to the UK BASHH *M. genitalium* management guidelines are taking the issue of antimicrobial resistance seriously. The draft guidelines have been posted for consultation and include a grade 1B recommendation to test for antimicrobial resistance, stating the importance of knowing the macrolide resistance status to determine whether azithromycin should be prescribed. The guidelines aim to support laboratories in making a case for increased funding to bring in the necessary testing to manage *M. genitalium* infections and associated antimicrobial resistance.

Ureaplasma

U. Urealyticum and *parvum* are strains of bacteria that can lead to urinary tract infection and pelvic inflammation. Usually asymptomatic, it is part of the normal genital flora of both men and women. It is found in about 70% of sexually active humans. In males with lower sperm quality, ureaplasma infection could lead to a more pronounced decreased in some seminal parameters and compromise sperm motility.

Sexual Health

Trichomoniasis

Trichomoniasis is caused by a tiny parasite called *Trichomonas vaginalis* – and is one of the most common STI's worldwide. Frequency of coinfection with other STI's is well recognised, and notably, infection increases the risk of HIV transmission in both men and women. It is associated with adverse pregnancy outcomes, infertility, and cervical neoplasia. Some women may mistake this infection for a yeast infection or bacterial vaginosis since the symptoms are similar: frothy discharge, strong vaginal odour, pain on intercourse, irritation and itching. Men can get trichomoniasis too, but they don't tend to have symptoms. It seems to be linked to male factor infertility. Partners (male or female) need to be treated to avoid ongoing re-infection. Infected women who are sexually active have a high rate of reinfection, **thus re-screening at 3 month post treatment could be considered**.

Gardnerella vaginalis

'Gardnerella vaginalis is a bacterium rather than a sexually transmitted infection. It is part of the normal vaginal flora but, when the normal balance of bacteria in the vagina is disrupted, it can flourish and overgrow leading to bacterial vaginosis. Does it matter if it not an STI? Yes, because it can be characterised by a fishy smelling, white vaginal discharge, itching, burning, and irritation, and there are some known pregnancy and pelvic inflammatory conditions associated with Gardnerella as well as a higher risk of getting other STI's.

In a patient with signs and symptoms suggestive of bacterial vaginosis detection of Gardnerella vaginalis provides supportive evidence of bacterial vaginosis. It can, however, be detected in asymptomatic individuals and it can also be absent in patients with bacterial vaginosis which has been caused by overgrowth of other similar organisms such as Mobiluncus and Atopobium species. Results should be interpreted in line with patient's clinical symptoms and microscopy.

Herpes/Herpes Simplex Virus I/II

Genital herpes caused by the herpes simplex virus (HSV). The virus lives in the nerves and when active it travels to the surface of the infected area and makes copies of itself – called shedding, because new virus cells can at this time rub off onto another person. The virus travels back down the nerve to a ganglion usually at the base of the spine where it lies dormant for a while. It causes painful blisters on the genitalia and surrounding areas. It can be passed through intimate sexual contact and for this reason is referred to as an STI. Once infected, it remains a chronic long term condition with the virus remaining with recurrent activity with variable frequency. There are two types of herpes simplex virus: Type I and Type 2. Both are highly contagious and can be passed easily from one person to another. There is no cure for genital herpes, the symptoms can usually be controlled by antiviral medication. Although using a condom can reduce the risk of herpes transmission, condoms are not 100% effective since herpes can be spread from skin-to-skin.

Lymphogranuloma venereum (LGV)

LGV is a type of chlamydia bacteria that attacks the lymph nodes. It is seen predominantly in gay and bisexual men, and very rarely seen in the UK in heterosexual men and women.

Nearly all LGV infections seen in the UK in recent years have been in the rectum. Within a few weeks of becoming infected, most people get painful inflammation in the rectum with bleeding, pus, constipation or ulcers, sometimes with fever, rash and groin, armpit or neck swelling. Left untreated, LGV can cause lasting damage to the rectum that may require surgery. LGV in the penis might cause a discharge and pain when urinating, with swollen glands in the groin. LGV in the mouth or throat is rare but can cause swollen glands in the neck.

Investigation for possible LGV symptoms is by PCR swab taken from the rectum and penis. If LGV infection is suspected in female patients, cervical and vaginal PCR swabs should be taken. Samples are first tested for chlamydia and if chlamydia is detected, if LGV is suspected, swabs can be further tested, if requested, for LGV as an additional tests, using the same swab samples. Sexual contact partners should also be checked.

Sexual Health

*FAST*est Test Now
Sexual Health Screening – *ahead of expected time*

FAST SSC
Fast Screen *SHORT*

HIV 1&2/p24 Ag
Syphilis IgM/IgG
FAST Urine CT/GC

TAT 4 HOURS

FSSC

B FCRU

FAST USC
Fast Screen with *URINE*

HIV 1&2/p24 Ag
Hep B sAg
Hep C Abs
Syphilis IgG/IgM
FAST Urine CT/GC

TAT 4 HOURS

FUSC

B FCRU

FAST SSS
Fast Screen *SHORT* with *SWAB*

HIV 1&2/p24 Ag
Syphilis IgM/IgG
FAST Swab CT/GC

TAT 4 HOURS

FSSS

B PCR

FAST SSC
Fast Screen with *SWAB*

HIV 1&2/p24 Ag
Hep B sAg
Hep C Abs
Syphilis IgG/IgM
FAST Swab CT/GC

TAT 4 HOURS

FSWS

B PCR

FAST SINGLE TESTS		Sample type
FCT	*FAST* Chlamydia Urine	FCRU
FGN	*FAST* Gonorrhoea Urine	FCRU
FCG	*FAST* CT/GC Urine	FCRU
FSCT	*FAST* Chlamydia PCR Swab	PCR Swab
FSGN	*FAST* Gonorrhoea PCR Swab	PCR Swab
FSCG	*FAST* CT/GC PCR Swab	PCR Swab
FTCG	*FAST* CT/GC Throat PCR Swab	PCR Swab
FRCG	*FAST* CT/GC Rectal PCR Swab	PCR Swab

Sexual Health

STI's can be caused by virus, fungus, parasite or bacteria. Anyone who is sexually active may be at risk of acquiring an STI. The risk is higher for those with increased numbers of sexual partners, or who have had sex with someone who has/had many partners, or have had unprotected sex.

STI		INCUBATION PERIOD	SAMPLE SITE
Chlamydia CT	Bacterial	1–3 weeks, up to 6 weeks	Urine Cervix/Vagina Cervix/Vagina
Gonorrhoea GC	Bacterial	2–7 days, up to 1 month	Urine Cervix/Vagina Cervix/Vagina Cervix/Vagina
CT/GC Combined	Bacterial	1–3 weeks, up to 6 weeks	Urine Cervix/Vagina Cervix/Vagina Rectum Throat
Mycoplasma genitalium	Bacterial	Symptoms develop at 1–3 weeks	Urine GU Site Cervix/Vagina
Ureaplasma urealyticum	Bacterial	Symptoms develop at 1–3 weeks	Urine GU Site Cervix/Vagina
Trichomonas vaginalis	Parasitic	4–28 days, many patients are asymptomatic carriers	Urine GU Site Cervix/Vagina
Gardnerella vaginalis	Bacterial	Imbalance of normal flora	Urine GU Site Cervix/Vagina
Bacterial Vaginosis (BV)	Bacterial	Imbalance of normal flora	Cervix/Vagina
Herpes Simplex Viral I/II	Viral	2–14 days, testing is most appropriate for patients with symptomatic lesion(s)	Herpes lesion
Human Papillomavirus	Viral	HPV is the most common sexually transmitted infection – usually asymptomatic	Cervical cells Cells/papilloma from site (throat/penile/anal)
Genital warts	Viral	Weeks/months after exposure	GU Warts
Syphilis/Herpes	Bacterial/ Viral	Whenever active lesions are present	Symptomatic lesion

TEST	TEST CODE	SAMPLE TYPE	TAT
Chlamydia	CPCR	**First catch Urine**	2 days
Chlamydia	SPCR	**PCR Swab**	2 days
Chlamydia	TPCR	**Thin Prep Vial**	2 days
Gonorrhoea by PCR	CGON	**First Catch Urine**	2 days
Gonorrhoea by PCR	SGON	**PCR Swab**	2 days
Gonorrhoea by PCR	TGON	**Thin Prep Vial**	2 days
Gonorrhoea by CULTURE	GONN	**Black Charcoal swab**	2-3 days
CT/GC	CCG	**First Catch Urine**	2 days
CT/GC	SCG	**PCR Swab**	2 days
CT/GC	TCG	**Thin Prep Vial**	5 days
CT/GC	RSCG	**PCR Swab**	2 days
CT/GC	TSCG	**PCR Swab**	2 days
Mycoplasma genitalium by PCR	MGEN	**First Catch Urine**	2 days
Mycoplasma genitalium by PCR	MGEN	**PCR Swab**	2 days
Mycoplasma genitalium by PCR	MGEN	**Thin Prep Vial**	2 days
Ureaplasma by PCR	UGEN	**First Catch Urine**	2 days
Ureaplasma by PCR	UGEN	**PCR Swab**	2 days
Ureaplasma by PCR	UGEN	**Thin Prep Vial**	2 days
Trichomonas vaginalis by PCR	TVPC	**First Catch Urine**	2 days
Trichomonas vaginalis by PCR	TVPC	**PCR Swab**	2 days
Trichomonas vaginalis by PCR	TVPC	**Thin Prep Vial**	2 days
Gardnerella vaginalis by PCR	GVPC	**First Catch Urine**	2 days
Gardnerella vaginalis by PCR	GVPC	**PCR Swab**	2 days
Gardnerella vaginalis by PCR	GVPC	**Thin Prep Vial**	2 days
Bacterial Vaginosis (BV) Profile by both MICROSCOPY and PCR	STD8	**Both Microscopy & PCR swab**	3 days
Herpes by PCR	HERS	**PCR Swab**	5 days
Herpes by PCR	HERD	**First Catch Urine**	5 days
HPV DNA/mRNA	HPVT	**Thin Prep Vial**	3 days
HPV Typed DNA	HP20	**PCR Swab**	2-3 days
HPV Typed DNA	HP20	**Cells / Papilloma**	2-3 days
HPV Typed DNA	HPVT	**Thin Prep Vial**	3 days
HPV Typed DNA	HP20	**PCR Swab**	2-3 days
HPV Typed DNA	HP20	**Cells / Papilloma**	2-3 days
Syphilis/Herpes Lesion Profile	STD9	**PCR Swab**	7 days

Sexual Health

BLOOD		INCUBATION PERIOD	SAMPLE SITE
Syphilis	Bacterial	9–21 days, but up to 90 days	Blood
Herpes Simplex Virus I/II	Viral	IgG 4–6 weeks after exposure IgM 5–35 days after exposure, after which test IgG	Blood Blood
HIV	Viral	Usually 10–90 days, but up to 180 days	Blood Blood
Hep B	Viral	Usually 45–180 days, average of 60–90 days	Blood Blood
Hep C Ab	Viral	Usually 9–180 days, average of 45–65 days	Blood Blood

EARLY DETECTION PROFILES BY PCR	INCUBATION PERIOD	SAMPLE SITE
7 STIs by PCR	One sample for 7 STI Tests	Urine Cervix Vagina
HIV / HBV / HCV	Early Detection Screen by PCR Multiplex (HIV from 10 days)	Blood

TEST	TEST CODE	SAMPLE TYPE	TAT
Syphilis IgG / IgM	SERJ	B	4 hours
Herpes IgG (past infection)	HERP	B	2 days
Herpes IgM (current / recent)	HERM	B	2 days
HIV I&II / p24 antigen (screening from 45 days post exposure (BHIVA))	HDUO	B	4 hours
Hep B surface antigen	AUAG	B	4 hours
Hep C Antibodies	HEPC	B	4 hours

TEST	TEST CODE	SAMPLE TYPE	TAT
Chlamydia **Gonorrhoea** **Mycoplasma genitalium** **Macrolide Resistance Test (M.gen)*** **Ureaplasma genitalium** **Trichomonas vaginalis** **Gardnerella vaginalis** **Herpes Simplex I/II** **included if POSITIVE M.gen is detected from the same sample*	PP12 PP12 PP12	**Thin Prep Vial** or **First Catch Urine** or **PCR Swab**	2 days 2 days 2 days
HIV 1&2 RNA **Hepatitis B (HBV DNA)** **Hepatitis C (HCV RNA)**	STDX	A 10mls or 2 x 4mls (Vacutainer only)	3 days

Sexual Health

STD1 M/F STD QUAD (Urine and Serology)

Serology
HIV 1&2/p24 Antigen
Syphilis IgG/IgM

Urine
Chlamydia
Gonorrhoea

TAT 2 DAYS

STD1

B FCRU

STD2 M/F STI PROFILE PLUS (Urine and Serology)

Serology
HIV 1&2/p24 Antigen
Hep B Surface Antigen
Hep C Abs
Syphilis IgG/IgM

Urine
Chlamydia/Gonorrhoea
Mycoplasma genitalium
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

TAT 4 DAYS

STD2

B FCRU

If culture swabs are needed please request separately

STD3 FEMALE STD QUAD (PCR swab and Serology)

Serology
HIV 1&2/p24 Antigen
Syphilis IgG/IgM

Vaginal PCR Swab
Chlamydia
Gonorrhoea

TAT 2 DAYS

STD3

B PCR

STD4 FEMALE STI PROFILE PLUS (PCR swab and Serology)

Serology
HIV 1&2/p24 Antigen
Hep B Surface Antigen
Hep C Abs
Syphilis IgG/IgM

Vaginal PCR Swab
Chlamydia/Gonorrhoea
Mycoplasma genitalium
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

TAT 4 DAYS

STD4

B PCR

If culture swabs are needed please request separately

STD5 SEROLOGY ONLY

HIV 1&2/p24 Antigen
Hepatitis B Surface Antigen
Hep C Abs
Syphilis IgG/IgM

TAT 4 HOURS

STD5

B

STD6 SEROLOGY ONLY WITHOUT HIV

Hepatitis B Surface Antigen
Hep C Abs
Syphilis IgG/IgM

TAT 4 HOURS

STD6

B

Sexual Health

STD8 VAGINITIS / BV PROFILE USING CULTURE & PCR SWAB

Candida species
Gardnerella vaginalis by PCR
Trichomonas vaginalis by PCR

TAT 3 DAYS

STD8

PCR STM

STD9 SYMPTOMATIC LESION SAMPLE USING PCR SWAB FROM LESION

Syphilis by PCR
Herpes Simplex I/II by PCR
(from single swab)

TAT 7 DAYS

STD9

PCR PCR

HIV / HBV / HCV SCREEN
(HIV1/HIV2/HBV/HCV by PCR/NAAT)

HIV1 and HIV2 (RNA)
Hepatitis B Virus (HBV DNA)
Hepatitis C Virus (HCV RNA)

Samples must be received in the laboratory within 2 days of sample taking

TAT 3 DAYS

STDX

A 10mls or 2 x 4mls (Vacutainer only)

EARLY DETECTION SCREEN WITH SYPHILIS
(HIV1/HIV2/HBV/HCV by PCR/NAAT)

HIV1 and HIV2 (RNA)
Hepatitis B Virus (HBV DNA)
Hepatitis C Virus (HCV RNA)
Syphilis IgG/IgM

Samples must be received in the laboratory within 2 days of sample taking

TAT 3 DAYS

STXX

B A 10mls or 2 x 4mls

CT/GC/TRICHOMONAS/MGEN

Chlamydia
Gonorrhoea
Trichomonas vaginalis
Mycoplasma genitalium
Macrolide Resistance Test (Mgen)*

All tests can be requested individually

**included if POSITIVE M.gen is detected from the same sample.*

TAT 2 DAYS

CGTM (Urine) / SGTM (Swab)

FCRU OR PCR Swab

7 STI PROFILE BY PCR (7 TESTS FROM 1 SAMPLE)
(Urine, Swab, Thin Prep or Semen)

Chlamydia trachomatis
N. Gonorrhoea
Mycoplasma genitalium
Macrolide Resistance Test (M.gen)*
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

All tests can be requested individually

**included if POSITIVE M.gen is detected from the same sample.*

TAT 2 DAYS

PP12

FCRU OR PCR Swab OR TPV OR Semen

Sexual Health

STI Profile: MSM1

HIV 1&2/p24 Ag
Syphilis IgG/IgM
Urine for CT/GC
Throat Swab CT/GC
Rectal Swab CT/GC

TAT 2 DAYS

MSM1

B FCRU | PCR Swab Throat | PCR Swab Rectal

STI Profile: MSM2

HIV 1&2/p24 Ag
Syphilis IgG/IgM
7 STI by PCR Screen
Throat Swab CT/GC
Rectal Swab CT/GC
Macrolide Resistance Test (M.gen)*
Hep B sAg
Hep C Abs

TAT 3 DAYS

MSM2

B FCRU | PCR Swab Throat | PCR Swab Rectal

RAPID XPERT HIV-1

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FOR PATIENT ON TREATMENT FOR HIV

Xpert HIV-1 Viral Load accommodates on demand testing and measurement of blood plasma HIV-1 RNA concentration (HIV viral load/40 copies/ml) which has been established as the standard of care in assessing HIV-positive patient prognosis and response to antiretroviral therapy. Assessment of viral load levels is a strong predictor of the rate of disease progression and, by itself or in combination with CD4 T-cell counts, has great prognostic value.

- Improve Patient Care: Same day results support better clinical decisions
- Increase Efficiency: Rapid results enable earlier adjustments to appropriate therapy
- Strengthen Communities: Quick decisions can help reduce drug resistance

RAPID XPERT HIV-1 RNA QUALITATIVE
EARLY DETECTION FROM 10 DAYS

HIV-1 RNA

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

LHIV

A (Vacutainer only)

RAPID XPERT HIV-1 RNA VIRAL LOAD
RAPID TESTING FOR HIV-POSITIVE PATIENT PROGNOSIS AND RESPONSE TO ANTIRETROVIRAL THERAPY

HIV-1 RNA VIRAL LOAD (40 copies/ml)

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

RHIV

A (Vacutainer only)