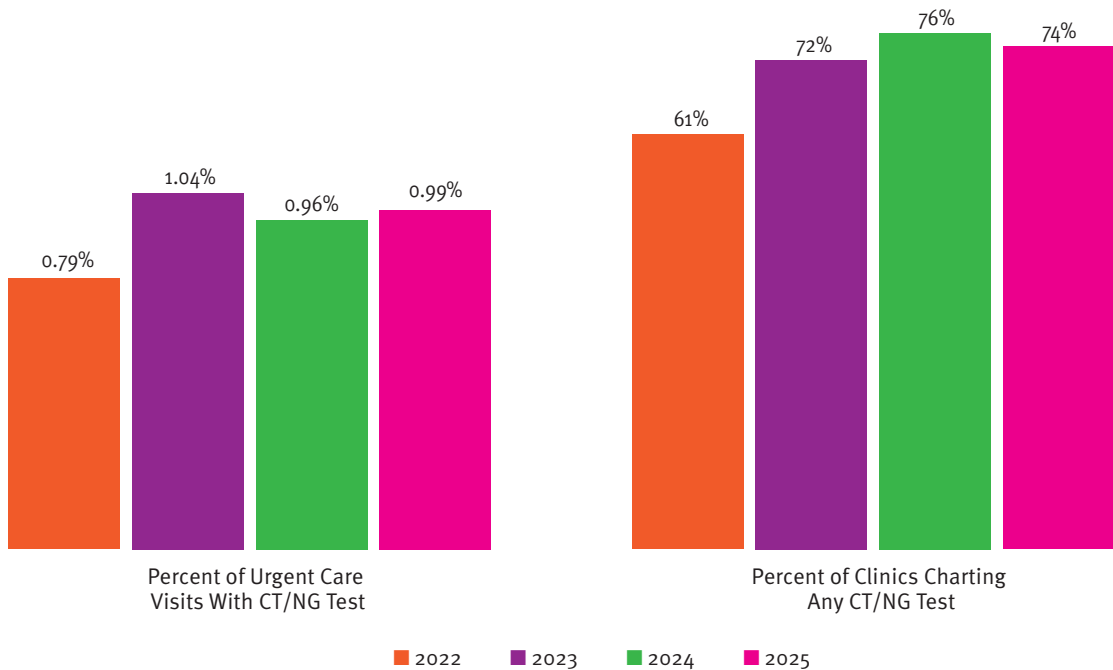


Urgent Care Testing For Chlamydia, Gonorrhea

■ Alan A. Ayers, MBA, MAcc

CT/NG TESTING IN URGENT CARE



About three-quarters of urgent care centers test for *C. trachomatis* and *N. gonorrhoeae* (CT/NG) infections either in-house or by sending out, but utilization lags. Here’s why it matters. An Urgent Care Consultants analysis of 90,856,421 visits charted in the Experity EMR (January 1, 2022–September 13, 2025) shows adoption has broadened since the previous analysis.¹ Across visits in all clinics, only about 1% included a CT/NG test, while the top-decile clinics test in roughly 4–5% of visits.

If your clinic performs sexually transmitted infection

(STI) tests in <2% of visits—or none at all—you’re likely leaving patient demand, public-health impact, and revenue on the table. As CLIA-waived, same-visit, nucleic acid amplification tests become more commonplace, they reset what patients expect from urgent care: accurate diagnosis and treatment in a single encounter.²

Operators can close the gap by standardizing indications, enabling self-collection, and adopting point-of-care workflows that cut callbacks and empiric antibiotics while also improving throughput and experience.



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