

<u>Specimen Type</u>	<u>Collection Guidelines</u>	<u>Handling and Storage</u>	<u>Comments</u>
Abscess/Wound	Remove surface exudate by wiping with sterile saline or 70% alcohol		Tissue or fluid samples are preferable to swabs.
Open	1) Aspirate if possible. Place fluid or tissue in sterile container. Syringes are acceptable if delivered promptly. A routine culturette may be inserted deep into the abscess and used to sample the advancing edge.	Room temp	Sampling of the surface area may contaminate the sample with flora not involved in the infection.
Closed	1) Aspirate abscess wall material with needle and syringe. 2) Syringes are acceptable if delivered promptly. If the syringe cannot be delivered within 30 min and an anaerobic culture is requested, transfer sample to anaerobic culture swab.	Room Temp	
Superficial wounds	Disinfect surface of the wound with 70% alcohol. Aspirate if possible. If swab used, obtain at the time of incision, drainage or debridement of wound. If anaerobic culture ordered collect in anaerobic swab or transport syringe within 30 min of collection.	Room temp	Sampling of the surface area may contaminate the sample with normal flora not involved in the infection.

Decubitis Ulcer	<ol style="list-style-type: none"> 1) Cleanse surface with sterile saline. 2) Tissue biopsy or needle aspirates are the sample of choice. Submit in a sterile container. Syringes are also acceptable. 3) If a biopsy or aspirate is not possible, swab base of ulcer with routine culture. 	Room temp	Swabs may not provide good clinical information.
Biopsy/Bone/Tissue	<ol style="list-style-type: none"> 1) Submit in sterile container without formalin. Specimen may be kept moist with sterile 0.85% saline. 	Room temp	Fluid samples are preferable to swabs dipped in fluid.
Sterile Body Fluids Abdominal Ascites Bile Synovial Pericardial Peritoneal Pleural	<ol style="list-style-type: none"> 1) Disinfect overlying skin area with iodine tincture. 2) Generally, specimens are obtained via percutaneous needle aspiration or surgery. 3) Transfer fluid to sterile container or blood culture bottles with syringe. (disinfect top of bottles) Syringes are acceptable for culture. 	Room temp	
CSF	The physician generally obtains these samples.	Room temp	Usually tube 2 is submitted to Microbiology.

Blood Culture	<p>ASCEPTIC TECHNIQUE IS CRITICAL TO PROPER BLOOD CULTURE COLLECTION. Please refer to procedure.</p>	Room Temp	<p>A blood culture set consists of an aerobic and anaerobic bottle for adults and older children. For children, a set is a single pediatric bottle.</p>
Mycobacteria	<p>Follow procedure as described for routine cultures.</p>	Room temp	<p>Pick-up special Bactee bottle from the Microbiology Dept</p>
Catheter tips	<ol style="list-style-type: none"> 1) Cleanse around the site with alcohol. 2) Aseptically remove the catheter and clip off 5 cm of the distal tip directly into a sterile container. 	Room temp	<p>Foley cath tips are not acceptable. Acceptable catheters include: CVP, central, Hickman, Broviac, arterial, peripheral, umbilical, Swanz-Ganz</p>
Ear, inner	<ol style="list-style-type: none"> 1) For an intact eardrum, clean ear canal with a soap solution. 2) Collect fluid by aspirating with a syringe. Sample may be submitted in a syringe, sterile container or routine culture swab. 3) For ruptured eardrum, collect fluid on a flexible shaft swab. 	Room temp	<p>Typanocentesis should be reserved for recurrent, complicated or chronic persistent otitis media.</p>

Outer ear	<ol style="list-style-type: none"> 1) Use a moistened swab to remove any debris or crust from the ear canal. Discard swab. 2) Obtain sample by firmly rotating the routine culture swab in the outer canal. 	Room temp	If otitis externa is suspected, vigorous swabbing is needed as simple surface swabbing may miss a streptococcal infection.
Eye, conjunctiva	<ol style="list-style-type: none"> 1) Premoisten swab appropriate for the tests ordered with sterile saline unless sufficient exudate is present. 2) Roll swab over the conjunctiva. 3) The clinician may opt to inoculate culture plates directly at time of collection. 4) May submit sample on routine culture swab. <p><i>Bacterial/fungus:</i> Routine culture swab</p> <p><i>Viral culture:</i> Viral culture media</p> <p><i>Chlamydia culture:</i> viral transport media</p> <p>Viral transport media available from laboratory.</p>	<p>Room temp</p> <p>Room temp</p> <p>Room temp</p> <p>Room temp</p> <p>Refrigerate</p> <p>Refrigerate</p> <p>Refrigerate</p>	
Eye, Cornea (scrapings)	<ol style="list-style-type: none"> 1) The physician usually obtains these samples. 2) May opt to inoculate directly onto culture plates. A swab may also be submitted for routine culture. 	Room temp	

<p>Genital, Female</p>	<p>3) For viral cultures, place some of the scrapings and /or exudate into viral culture media.</p> <p>Fluid is aspirated via c-section, amniocentesis or intrauterine catheter. Submit in sterile container.</p>	<p>Refrigerate</p> <p>Room Temp</p>	
<p>Cervix</p>	<p>1) Examine cervix with speculum without the use of lubricants.</p> <p>2) Remove mucus and or secretions from the cervix with a swab.</p> <p>3) Discard this swab.</p> <p>4) Sample the endocervical canal with the swab appropriate for the test ordered.</p> <p><i>Bacterial/fungus</i> Routine culture swab</p> <p><i>Viral</i> Viral culture media</p> <p><i>STD DNA Probe</i> Swab from STD probe collection kit</p> <p><i>Wet mount</i> Swab in a red top tube with at least 1 ml sterile saline added at the time of collection.</p> <p><i>Chlamydia culture</i> Viral culture media</p> <p><i>Screen for GC</i> Routine culture swabs</p>	<p>Room temp</p> <p>Refrigerate</p> <p>Room temp</p> <p>Room temp</p> <p>Refrigerate</p> <p>Room Temp</p>	<p>Cervical specimens are not recommended for prenatal screening for group B strep.</p> <p>Cervical specimens are not recommended for anaerobic culture.</p> <p>Routine genital culture includes screen for N. Gonorrhea. Viral media available from laboratory.</p> <p>STD probe available for GC and Chlamydia.</p> <p>Must be brought to laboratory immediately.</p>

<p>Vagina</p>	<ol style="list-style-type: none"> 1) Wipe away excessive amount of secretions or mucus with a swab and discard. 2) Obtain secretions from the mucosal membrane of the vaginal vault with the swab appropriate for the test ordered. <p>Follow same collection guidelines indicated for Cervical specimens above.</p>		
<p>Bartholin Gland</p>	<ol style="list-style-type: none"> 1) Disinfect skin with 2% iodine tincture. 2) Aspirate fluid from ducts. 3) Sample may be submitted on routine culture swab. 	<p>Room Temp</p>	
<p>Genital lesion</p>	<ol style="list-style-type: none"> 1) Clean the lesion with sterile saline and carefully remove the surface with a sterile scalpel blade. 2) While pressing the base of the lesion, firmly sample the exudate and cellular material with the swab appropriate for the test ordered. <p><i>Bacterial/fungus</i> Routine culture swab</p> <p><i>Viral</i> Viral culture media</p>	<p>Room Temp</p> <p>Refrigerate</p>	

<p>Genital male</p>	<p>1) Patient should not have urinated within the past hour.</p> <p>2) Insert swab appropriate for the tests ordered approximately 4 cm into the urethral lumen. Rotate swab 2-3 times to obtain adequate sample.</p> <p><i>Bacterial/fungus</i> Routine culture swab</p> <p><i>Viral</i> Viral culture media</p> <p><i>STD DNA probe</i> Swab from the STD collection kit.</p> <p><i>Chlamydia</i> Viral culture media</p> <p><i>GC screen</i> Routine culture swab</p>	<p>Room Temp</p> <p>Refrigerated</p> <p>Room Temp</p> <p>Refrigerated</p> <p>Room temp</p>	<p>Routine genital culture includes screen for N. gonorrhoea. Viral media available from laboratory.</p> <p>Can be used for GC and Chlamydia.</p>
<p>Hair</p>	<p>1) With forceps, collect at least 10-12 affected hairs with the bases of the shafts intact.</p> <p>2) Place the hairs in a sterile container.</p>	<p>Room Temp</p>	
<p>Nail</p>	<p>1) Wipe nail with 70% alcohol.</p> <p>2) Clip away the affected areas and collect material or debris from under the nail.</p> <p>3) Submit in sterile container.</p>	<p>Room Temp</p>	

Respiratory tract Lower			
Sputum, expectorated	<ol style="list-style-type: none"> 1) Have patient gargle or rinse with water. 2) Instruct patient to cough deeply to produce a sample from the lower respiratory tract and not saliva. 3) Collect sample in sterile container. 	Room Temp	Specimen must be brought to laboratory as soon as possible after collection. Specimen will be evaluated for contamination with saliva.
Sputum, induced	<ol style="list-style-type: none"> 1) Have the patient gargle or rinse with water. 2) Have patient inhale approximately 25 ml of 3-10% saline with the aid of a nebulizer. 3) Collect sample in sterile container. 	Room Temp	Specimen must be brought to laboratory as soon as possible after collection.
Tracheal aspirate	Place aspirate or washing into sputum trap container.	Room Temp	Bring to laboratory as soon as possible after collection.
Respiratory tract, Upper			
Nasal Swab	<ol style="list-style-type: none"> 1) Insert swab premoistened with sterile saline into nares. 2) Rotate swab against the nasal mucosa. 	Room Temp	Do not use Gel swab for PCR
Nasal Wash	<ol style="list-style-type: none"> 1) Using the bulb method, suction 3-5 ml saline into bulb. 2) Insert bulb into nostril; instill saline with one squeeze. 3) Release bulb to collect nasal specimen put into 		

	sterile cup.		
	<i>RSV antigen</i> Nasal wash	Room Temp	Must bring to laboratory immediately. Only a wash is accepted
	<i>Influenza A/B antigen</i> Nasal wash or swab	Specimen must be put on ice immediately after collection.	Transport to laboratory immediately.
	<i>Viral culture</i> Viral culture media	Refrigerate	Available from laboratory.
Nasopharynx	Insert wire mini-tip swab via the nose into the nasopharynx. Rotate slowly to absorb secretions.		If <i>C. diphtheria</i> or <i>B. pertussis</i> ordered, contact laboratory for special media prior to collection.
	<i>Bacterial/fungus</i> Mini-tip culture swab	Room Temp	
	<i>RSV antigen</i> Nasal wash	Room Temp	
Oral	1) Remove oral secretions or debris from the surface of the infected area with a swab and discard. 2) Using the swab appropriate for tests ordered, sample the site vigorously, avoiding areas of normal tissue.		
	<i>Bacterial/fungus</i> Routine culture swab	Room temp	
	<i>Viral</i> Viral culture media	Refrigerate	
Throat	1) Depress tongue down with a sterile tongue depressor.		Cultures of nasal drainage, throat or nasopharynx generally do not correlate well with the etiologic agent of a sinus infection.

	<p>2) Firmly sample inflamed areas, exudate and or lesions with the swab appropriate for the test ordered.</p> <p><i>Bacterial/fungus</i> Routine culture swab</p> <p><i>Viral</i> Viral culture media</p> <p><i>Rapid Strep test</i> Routine culture swab Do not use Gel swab</p> <p><i>Strep Screen</i> Routine culture swab</p>	<p>Room Temp</p> <p>Refrigerate</p> <p>Room Temp</p> <p>Room Temp</p>	<p>Note if Neisseria gonorrhoea is suspected.</p> <p>Used to detect Group A strep antigen.</p> <p>Culture for Group A streptococcus only.</p>
Sinus	<p>1) Decontaminate the nasal cavity. 2) Aspirate sample from the sinus cavity. 3) Submit syringed sample.</p>	<p>Room Temp</p>	
Skin Scrapings	<p>1) Cleanse the area with 70% alcohol. 2) Scrape area at the active margin of the lesion. Do not draw blood. 3) Place scrapings into sterile container.</p>	<p>Room Temp</p>	
Gastrointestinal tract			
Fecal specimens	<p>1) Pass stool directly into a sterile or clean, wide-mouth, leakproof container. 2) Pass stool into clean, dry bedpan, and transfer to container.</p>		<p>All stool specimens should be brought to laboratory as soon as possible after collection. Specimens not refrigerated within 2 hours of collection will not be accepted for C. diff toxin.</p>

	<p>3) Cover toilet seat with plastic wrap and transfer to clean or sterile container.</p> <p>4) For infants or toddlers line diaper with plastic wrap before placing on child</p> <p><i>Bacterial culture</i> Clean or sterile container.</p> <p><i>Rotavirus</i> Clean or sterile container.</p> <p><i>Clostridium Difficile</i> Clean or sterile container.</p> <p><i>Pinworm</i> Pinworm collection kit</p> <p>Specimens should be collected first thing in the morning before a bowel movement. Press sticky side of collection kit firmly against perianal area. Return paddle to container.</p> <p><i>Ova and Parasites</i> Require a clean container</p> <p><i>Hemocult</i> Hemocult test slide</p> <p>Put a small amount of stool on the test slide and smear in a small circle. Close flap on the test slide and return the slide to the lab. Written instructions and dietary directions are available.</p>	<p>Room Temp</p> <p>Room Temp</p> <p>Room Temp</p> <p>Refrigerate</p>	<p>Kits for pinworm from laboratory. Hemocult slides and dietary instructions are also available from laboratory. If three stools ordered, collect three specimens on three different days.</p> <p>Liquid or soft stool</p>
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<p>Rectal Swabs</p>	<p><i>Fecal leukocytes</i> Clean or sterile container.</p> <p>1) Pass the tip of a sterile swab approximately one inch beyond the anal sphincter. 2) Carefully rotate the swab to sample the anal crypts, and withdraw the swab.</p> <p><i>Bacterial culture</i> Routine culture swab</p>	<p>Room Temp</p>	<p>Gram stains performed for fecal leukocytes only.</p> <p>Note if N. gonorrhoea suspected.</p>
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