

**INFECTIOUS DISEASE TESTING
SPECIFIC GUIDELINES FOR SPECIMEN COLLECTION BY BODY SITE**

Specimen Type/Body Site	Preparation	No., Type, or Volume	Containers/Transport	Collection Techniques	Comments
BLOOD CULTURES <i>Bacterial</i> <i>Fungus, Mycobacteria, Other</i>	Do not start antibiotics until cultures are drawn, unless to monitor effectiveness of therapy or clinical situation demands it.	BacT/Alert blood culture bottles. See specific procedure for blood cultures.	Aerobic, Anaerobic, and Pediatric blood culture vials supplied by the laboratory.	Skin must be decontaminated using iodine and alcohol. Refer to specific "Procedures for Blood Culture for Bacteria" for details.	In the majority of cases, 3 separate cultures over a 24-hour interval suffice. Intervals between cultures are determined by the urgency of clinical situation. Fewer than 3 cultures/24 hrs. will lessen chance of recovery of the etiologic agent. If more than 3-cultures/24 hr are ordered, the lab will require confirmation of the request with a pathologist. Collected in special ISOLATOR collection tubes. CONSULTATION WITH THE LABORATORY IS A MUST.
BONE MARROW ASPIRATE	Skin decontamination with Betadine solution	1ml or more of aspirate	1.5 ml Pediatric Isolator tube	Pathologist will collect specimen; advance scheduling is required. A portion of the specimen may be directly injected into the isolator tube at the time of collection.	Recommended by many authorities for diagnosis of SYSTEMIC HISTOPLAMOSIS and for other fungus infections. Also, for diagnosis of miliary TB. Consultation and scheduling with pathologist is required.
CATHETERS (IV, ARTERIAL, ETC.)	The skin surrounding the IV site should be decontaminated with providone-iodine solution PRIOR TO REMOVAL OF THE CATHETER.	2 cm of catheter	Sterile tube or sterile urine container	Sever with STERILE scissors. Do not touch skin during withdrawal.	Occasionally catheters are removed because sepsis or fever that is maintained because of a colonized catheter tip. Yeasts are commonly isolated from hyperalimentation lines.
CEREBROSPINAL FLUID	Skin decontamination with providone-iodine solution	3-10 ml of fluid, PLUS an extra ml for each AFB, Fungus, India Ink, and Cryptococcal Antigen request.	Sterile screw capped tubes from lumbar puncture kits; labeled "1", "2", "3", "4" in order of collection	Sterile lumbar puncture' ventricular or suboccipital tap.	Specimen should be delivered IMMEDIATELY to the laboratory so as to insure minimum delay in processing.
DIALYSATE, PERITONEAL (CAPD)	Mix the contents of the bag by inverting it gently 10 times	(2) 15 ml red stoppered Vacutainer tubes; (1) EDTA purple vacutainer tube OR (1) Heparin green vacutainer tube	Transport to the lab as quickly as possible at room temperature. If any delay transport, refrigerate but do not allow to freeze.	Disinfect the entry port of the bag with providon-iodine. CAUTION: DO NOT ALLOW THE IODINE TO POOL UP IN THE TOP OF THE TUBE. Withdraw approximately 35 ml of fluid from the bag and gently inject 15 ml aliquots into the red top tubes. Inject the remaining 5 ml into the EDTA or Heparin tube.	Typically, cell counts will be ordered, so it is wise to always submit the EDTA or Heparin tube. DO NOT SUBMIT THE ENTIRE BAG TO THE LABORATORY; THESE BAGS ARE PRONE TO LEAKAGE, AND POSE A BIOHAZARD RISK WHEN TRANSPORTED.

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DRAINAGE/EXUDATE FROM WOUND					REFER TO PROCEDURES FOR "WOUND"
EAR					
<i>Middle</i>	Cleanse external canal with mild antiseptic.	Swab; if volume allows, submit fluid	Culturette swab, syringe, or sterile container	Collect specimen through sterile funnel from eardrum or beyond	Should be collected by otolaryngologist or other physician.
<i>Ear Canal</i>	Cleanse outer ear canal with mild detergent.	Swab, scraping, or fluid aspiration	Culturette or syringe	Obtain specimen from active margin, preferable including fresh secretion from deeper areas.	Surface swabbing may miss streptococcal cellulitis or erysipelas.
EYE					
<i>Internal</i>	Collected in surgery only	Volume is usually suboptimal	Sterile tube or syringe	Collected by ophthalmologist	Must indicate whether right or left eye. Transport to laboratory immediately.
<i>Conjunctiva, scrapings (culture for bacteria)</i>		1 swab	Culturette or similar type transport swab	Collected by physician	Transport specimen to the laboratory immediately.
<i>Conjunctive (Culture for Chlamydia)</i>		1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM); obtain from laboratory	Collected by physician	Call laboratory before collection to obtain VCTM. THE SWAB MUST BE BROKEN OFF IN THE TUBE. REPLACE TUBE IN PLASTIC BAG PROVIDED FOR TRANSPORT TO LABORATORY.
<i>Corneal scrapings</i>			Sterile tube or other sterile container, culturette swab.	Collected by ophthalmologist or optometrist.	Consultation with laboratory or pathologist recommended.
<i>Cornea</i>	Surgery	The entire cornea should be submitted	Sterile container; moistened with sterile saline	Collected by ophthalmologist during surgery	Specimens will be culture for bacteria AND fungi routinely. A portion of the cornea will be submitted to the anatomic pathology laboratory for histologic examination.
FECAL MATERIAL					
<i>Stool, enteric pathogens</i>	No antibiotics	At least 1 gram of stool; 1 stool within 3 days of admission if an in-patient	Stool collection kit or sterile urine container	Must not be contaminated with urine; specimens contaminated with urine will be rejected.	Transport to the laboratory immediately. If transport is to be delayed, contact the lab for instructions.
<i>Stool, Clostridium difficile toxin</i>		Minimum of 5 grams of soft stool or 5 ml of liquid stool	Stool collection kit or sterile urine container	Must not be contaminated with urine; specimens contaminated with urine will be rejected.	Transport to the laboratory immediately. Test CANNOT be performed on specimens submitted in stool transport medium or on swabs. It is recommended that only liquid or loose stools be submitted.

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Stool, Ova & Parasite Exam	No barium or barium enemas within 4 days of collection; no mineral oil or castor oil within 2 days of collection; no tap water enemas within 1 day of collection.	1 stool within 3 days of admission if an in-patient	Special "O&P Kit" is required to insure proper preservation of specimen; obtain from laboratory	Must not be contaminated with urine. Diapers may require lining with plastic wrap to prevent absorption into the diaper	Transport to the laboratory immediately. If transport is to be delayed, contact the lab for instructions. O&P Kits contain instructions on how to collect specimen.
Pinworm Preparation	Specimen should be collected in the early morning upon first waking of the patient (prior to using the toilet or bathing)	More than 1 preparation may be required, over a period of days	Submit on "scotch tape slides" obtained from the laboratory. ONLY CLEAR SCOTCH TAPE SHOULD BE UTILIZED.	Press the scotch tape slide firmly against the right and left perianal folds.	Contact the laboratory for specific instructions. Lab will provide special "collection slides" and instructions.
Rectal Swabs		1 preparation per day	Culturette or other sterile swab	Pass the tip of a sterile swab approximately 1 inch beyond the anal sphincter. Rotate the swab to sample the anal crypts and withdraw the swab.	Cultures for Neisseria gonorrhoeae should be submitted on appropriate JEMBEC (Thayer-Martin or Modified Thayer-Martin) media, NOT in culturette transport system. JEMBEC plates can be obtained from the Microbiology lab.
Stool for Rotavirus Antigen Detection	No special preparation of patient is required, but infants in diapers may require a lining of the diaper with plastic wrap or other nonabsorbent material to prevent liquid stool from soaking into the diaper	At least 1 gram or 1 ml of stool	Stool collection kit or sterile urine container	DO NOT submit in Viral/Chlamydia Transport Medium-certain preservatives and media interfere with this assay	Transport to the laboratory immediately
Stool for Virus Culture	See "Stool for Rotavirus Antigen Detection" above	At least 1 gram or 1 ml of stool; or rectal swab	Viral/Chlamydia Transport Medium (VCTM)	Collect stool in clean, dry container. Transfer sufficient stool to VCTM to make a 20-40% suspension. For rectal swabs, collect as described under "Rectal Swabs" except submerge the swab in the VCTM	
FLUIDS ABDOMINAL (peritoneal, paracentesis, ascitic)	Skin decontamination with providone-iodine solution	1-5 ml	Sterile syringe with the needle removed	Needle and syringe aspiration. Expel air bubbles from needle after collection and cap immediately. May be collected with radiologist's assistance.	Deliver to the laboratory IMMEDIATELY to insure minimum delay and to insure prompt processing

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CHEST (pleural, empysema, thoracentesis etc.)	Skin decontamination with providone-iodine solution	1-5 ml	Sterile syringe with the needle removed	Needle and syringe aspiration. Expel air bubbles from needle after collection and cap immediately. May be collected with radiologist's assistance.	Deliver to the laboratory IMMEDIATELY to insure minimum delay and to insure prompt processing
SYNOVIAL	Skin decontamination with providone-iodine solution	1-5 ml	Sterile syringe with the needle removed	Needle and syringe aspiration. Expel air bubbles from needle after collection and cap immediately. May be collected with radiologist's assistance.	Deliver to the laboratory IMMEDIATELY to insure minimum delay and to insure prompt processing
AMNIOTIC	Aspirate fluid by catheter at cesarean section or amniocentesis	1-5 ml	Sterile syringe, tube, or container.	Avoid contact with vaginal walls to minimize contamination with vaginal flora. Avoid prolonged exposure to light.	May be indicated in premature rupture of membranes >24 hours old. Anaerobic culture done only on request and with pathologist's consultation.
BILE	Surgery	Several ml or anaerobic culturette	Sterile syringe, tube, or anaerobic culturette	Aspiration with syringe or swabbing during surgery from post-op drainage site.	Transport to the laboratory immediately
GENITAL TRACT-FEMALE Cervix/Endocervix for GC	Obtain JEMBEC Modified Thayer-Martin plate from laboratory and warm to room temperature for at least 10 minutes prior to inoculation. Wipe cervix clean of mucus and vaginal secretions. Use speculum and NO lubricant, except sterile saline.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Under direct vision, gently compress cervix with blades of speculum and use a rotation motion with swab. Obtain exudate from endocervical glands. Inoculate media in shape of repeating "Z's"	Send additional culturettes if other bacterial pathogens requested for culture. Transport to the laboratory immediately. DO NOT REFRIGERATE. JEMBEC PLATES HAVE LIMITED SHELF LIFE. EXPIRATION DATES SHOULD BE FREQUENTLY CHECKED. EXPIRED MEDIA SHOULD BE DISCARDED. REPLACEMENTS CAN BE OBTAINED FROM THE MICROBIOLOGY LABORATORY.
Cervix/Endocervix for Bacteria and Yeast	Use speculum with no lubricant except sterile saline	Uncontaminated endocervical secretions or lesions site	Culturette or other swab transport system	Obtain exudate from endocervical glands as stated above	
Cervix/Endocervix for Herpes (or other viruses)	Use speculum with no lubricant except sterile saline	1 DACRON-TIPPED SWAB of uncontaminated endocervical secretions or lesion site	Viral/Chlamydia Transport Medium (VCTM)	Absorb secretion into swab; break off into the VCTM tube	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.

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<i>Cervix/Endocervix for Chlamydia Culture</i>	Use speculum with no lubricant except sterile saline	1 DACRON-TIPPED SWAB of uncontaminated endocervical secretions or lesion site	Viral/Chlamydia Transport Medium (VCTM)	Absorb secretion into swab; break off into the VCTM tube	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
<i>Cervix/Endocervix for Chlamydia or GC by DNA Probe</i>	Use speculum with no lubricant except sterile saline	Uncontaminated endocervical secretions or lesions site. Use swab provided with the BD Probe Tec collection kits only.	BD Probe Tec Collection Kit only	Clean cervical os using large swab and discard. Collect endocervical specimen using the mini-tipped swab provided in the kit. Rotate and withdraw. Place swab back in the tube.	Replace cap securely and transport to the laboratory immediately. Refrigerate if delayed in transport to the laboratory. Approved for genital sites only.
<i>Endometrium (Aerobic & Anaerobic Bacteria)</i>		Curettings or aspiration	Sterile container, syringe, or anaerobic culturette	Collected by physician	Transport to the laboratory immediately.
<i>Vagina for Neisseria gonorrhoeae</i>	Obtain JEMBEC Modified Thayer-Martin plate from laboratory and warm to room temperature for at least 10 minutes prior to inoculation. Wipe cervix clean of mucus and vaginal secretions. Use speculum and NO lubricant, except sterile saline.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Introduce speculum as directed in GC technique. Swab vaginal mucosa. Inoculate media in shape of repeat "Z's"	Send additional culturettes if other bacterial pathogens requested for culture. Transport to the laboratory immediately. DO NOT REFRIGERATE. JEMBEC PLATES HAVE LIMITED SHELF LIFE. EXPIRATION DATES SHOULD BE FREQUENTLY CHECKED. EXPIRED MEDIA SHOULD BE DISCARDED. REPLACEMENTS CAN BE OBTAINED FROM THE MICROBIOLOGY LABORATORY.
<i>Vagina for Bacterial and Yeast Culture</i>	Use speculum with no lubricant	Vaginal discharge	Culturette	Swab vaginal mucosa. Replace swab in culturette	Transport immediately. Specimens collected from the vaginal region will be contaminated with indigenous anaerobic flora. Cultures will be setup anaerobically only if specifically requested and submitted properly.
<i>Vagina for Yeast and Trichomonas by Wet Prep</i>	Use speculum with no lubricant	Vaginal discharge	Capped urine tube with 0.5-1.0ml of sterile saline	Swab vaginal mucosa. Transfer swab to the urine tube. Break off the swab in the tube and cap securely.	Transport to the laboratory immediately.
<i>Vulva (including labia, Bartholin's glands), for Bacterial and Yeast Culture</i>	Do not use alcohol on mucous membranes	Swab or aspirate in syringe (from Bartholin's gland abscess)	Culturette or aspirate in syringe	Swab lesions or aspirate abscess with syringe and needle	Transport immediately. Specimens collected from the vaginal region will be contaminated with indigenous anaerobic flora. Cultures will be setup anaerobically only if specifically requested and submitted properly.

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<i>Vulva for Chlamydia Culture</i>	Do not use alcohol on mucous membranes	1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Swab lesion (lance blister first with sterile needle)	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
<i>Vulva for Herpes Culture</i>	Do not use alcohol on mucous membranes	1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Swab lesion (lance blister first with sterile needle)	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
GENITAL TRACT-MALE <i>Penis, external-(lesion/exudate), for Bacterial and Yeast Culture</i>		Maximal aspirate	Culturette	Swab lesion	Transport to the laboratory
<i>Penis, external-(lesion/exudate), for Chlamydia Culture</i>		1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Swab lesion	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
<i>Penis, external-(lesion/exudate), for Herpes Culture</i>		1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Swab lesion	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
<i>Penis, urethral, for Neisseria gonorrhoeae</i>	Obtain JEMBEC Modified Thayer-Martin plate from laboratory and warm to room temperature for at least 10 minutes prior to inoculation. Wipe cervix clean of mucus and vaginal secretions. Use speculum and NO lubricant, except sterile saline.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Uncontaminated endocervical secretions. Inoculate plate at bedside. DO NOT REFRIGERATE.	Under direct vision, gently compress cervix with blades of speculum and use a rotation motion with swab. Obtain exudate from endocervical glands. Inoculate media in shape of repeating "Z's"	Send additional culturettes if other bacterial pathogens requested for culture. Transport to the laboratory immediately. DO NOT REFRIGERATE. JEMBEC PLATES HAVE LIMITED SHELF LIFE. EXPIRATION DATES SHOULD BE FREQUENTLY CHECKED. EXPIRED MEDIA SHOULD BE DISCARDED. REPLACEMENTS CAN BE OBTAINED FROM THE MICROBIOLOGY LABORATORY.

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Penis, urethral for Bacterial Culture	Wipe urethral opening clean with sterile gauze or swab moistened with sterile saline. Collect 1 hour or more after urinating		Culturette	Use collection technique described for GC when collecting Bacterial culture	Transport to the laboratory immediately
Penis, urethral, for Herpes Culture	Wipe urethral opening clean with sterile gauze or swab moistened with sterile saline. Collect 1 hour or more after urinating	1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Use collection technique described for GC when collecting	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
Penis, urethral, for Chlamydia Culture	Wipe urethral opening clean with sterile gauze or swab moistened with sterile saline. Collect 1 hour or more after urinating	1 Dacron or synthetic tipped swab (no cotton)	Viral/Chlamydia Transport Medium (VCTM)	Use collection technique described for GC when collecting	Contact the laboratory before collection to obtain VCTM. YOU SHOULD ALWAYS BREAK THE SWAB OFF INTO THE TUBE AND REPLACE THE TUBE INTO THE PLASTIC BAG PROVIDED FOR TRANSPORT TO THE LABORATORY.
Penis, urethral for Chlamydia or GC by DNA Probe	Wipe urethral opening clean with sterile gauze or swab moistened with sterile saline. Collect 1 hour or more after urinating	Uncontaminated endocervical secretions or lesions site. Use swab provided with the BD Probe Tec collection kits only.	BD Probe Tec Collection Kit only	Insert the small swab from the collection kit approximately 2 cm into the urethra; gently rotate the swab and remove. Place swab into transport tube, and replace cap.	Replace cap securely and transport to the laboratory immediately. Refrigerate if delayed in transport to the laboratory. Approved for genital sites only.
Prostatic fluid for Bacterial Culture	Wipe urethral opening clean with sterile gauze or swab moistened with sterile saline	Secretion for smear and culture	Anaerobic culturette or syringe	Should be collected by physician at time of prostatic exam/massage	Not recommended for GC cultures, but may be helpful in diagnosing some chronic UTI's or prostatitis.
RESPIRATORY TRACT					
Bronchial Washings for AFB Smear & Culture, Bacterial, and Fungus Culture	Bronchoscopy	At least 5 ml of specimen is required for each type of culture requested	Suction trap or other sterile container	Collected during bronchoscopy by physician	May contain oropharyngeal contaminants
Bronchoalveolar Lavage for AFB Smear & Culture, Bacterial, and Fungus Culture	Bronchoscopy	At least 5 ml of specimen is required for each type of culture requested	Suction trap or other sterile container	Collected during bronchoscopy by physician	Less likely to contain oropharyngeal contaminants than bronchial washing. Smears for <i>Pneumocystis carinii</i> are stained by the Cytology Lab and examined by a pathologist.

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Lung Tissue or Biopsy	Surgery		Sterile container	Collected in surgery by physician	Submit separate orders for each type of procedure requested. Cultures cannot be performed on specimens submitted in preservative solutions.
Mouth/Oral Cavity for Bacteria and Yeast Nasal for aerobic bacteria only			Culturette or other suitable swab transport system Culturette or other suitable swab transport system	Swab white lesions Swab internal nares	
Nasopharynx for aerobic bacteria only Bordatella pertussis	Contact the laboratory to obtain mini-tipped culturette collection/transport swab. Flexible wire shaft swabs necessary to properly sample the site Obtain "Pertussis Collection Kit" from Microbiology laboratory prior to proceeding with collection. Follow instructions in the kit.	2 separate sites should be sampled.	Culturette or other suitable transport system with flexible sirt shafts Flexible wire shaft swabs included in the collection kit. Specimens must be kept at Room Temperature after collection.	Patient's head should be inclined from vertical 70° for proper specimen collection; gently insert the swab until mild resistance. Gently rotate and remove the swab. Tilt the head backward, gently insert swab and pass swab along floor of the nose to reach nasopharynx. Gently rotate and remove the swab.	NASOPHARYNX is the specimen of choice. One1 swab from the kit should be placed in the Regan-Lowe media and the 2nd swab should be used to prepare smears for DFA. DO NOT REFRIGERATE
Diphtheria	Contact the laboratory to obtain mini-tipped culturette collection/transport swab. Flexible wire shaft swabs necessary to properly sample the site	Mini-tip culturette with flexible shaft	Mini-tip culettes provide adequate transport; contact the laboratory to obtain	Patient's head should be inclined from vertical 70° for proper specimen collection; gently insert the swab until mild resistance. Gently rotate and remove the swab.	
RSV Antigen Detection	Obtain RSV Collection Kit from the Microbiology laboratory	2-3 ml of Nasopharyngeal washing	Submit washings in a sterile container	Using a #5 French feeding tube attached to a 5 cc syringe, approximately 2 cc of sterile saline are instilled into the nasopharynx and quickly aspirated back into the syringe	Complete instructions are included in the collection provided by the laboratory.
Influenza A/B Antigen Detection		Nasopharyngeal swab, Nasopharyngeal aspirate, Sputum, or Throat swab	Submit in swab container or sterile container	Refer to instructions in collection kit	Refer to instructions in collection kit

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TISSUE/ORGAN SPECIMEN <i>(Including biopsies)</i> For AFB Smear & Culture, Bacterial, and Fungus Culture	Usually from surgery	Aspirate or portion of tissue	Sterile container, syringe, anaerobic swab transport.	Collected by physician	Transport to laboratory immediately.
URINARY TRACT For AFB Smear & Culture, Bacterial, and Fungus Culture					
Bladder (suprapubic or cystoscopic)	Skin decontamination with povidone-iodine or Betadine solution.	1-5 ml	Sterile urine container	Collected by physician.	See Comments for clean voided urine. Anaerobic culture performed by request only.
Catheterized	Disinfect catheter entry port.	1-5 ml	Sterile urine container	Aspirate urine from bladder—NOT bag.	Do not submit stagnant urine from catheter line or bag.
Clean Voided or Clean Catch	Instruct patient carefully; early morning specimen is best. Clean genital area well.	1-5 ml	Sterile urine container	Void 20-25 ml, then collect specimen in midstream without stopping the flow of urine.	Urine is an excellent culture medium, therefore, transport to lab immediately. If delayed, refrigerate until transport.
WOUNDS Superficial Wound (skin, boil, cyst, pustule, minor cuts and abrasions, and any accompanying drainages or exudates)	Clean wound surface with 70% isopropyl alcohol prior to collection to reduce skin contaminants.		Culturette or other suitable swab transport system.	Open lesions (if present) sample the exudates	
Deep Wound	Clean surface with antiseptic.		Capped syringe or other suitable anaerobic transport system.	Sample the deepest portion of the wound; aspirate directly into syringe.	Avoid contact with skin surrounding wound. Transport immediately to the laboratory. Minimize contamination with indigenous flora.