

CENTEGRA CLINICAL LABORATORIES
McHenry/Woodstock, Illinois

FEMALE SPECIMENS:

1. Amniotic fluid
 - a. Aspirate fluid by catheter at cesarean section or at amniocentesis.
 - b. Order Body Fluid Culture (BFC).
2. Cervical
 - a. Clear away vaginal mucus and exudates with large swab.
 - b. Moisten speculum with warm water, not lubricants, which can be antibacterial.
 - c. Using a small swab (not cotton or wood shaft) inserted through a speculum, sample endocervical canal.
 - d. Avoid the vaginal walls during collection.
3. Endometrium
 - a. Insert endometrial suction curette or catheter-protected Dacron swab through the cervical os and transfer beyond the cervical opening into the uterine cavity.
 - b. Collect sample from within the cavity.
4. Fallopian tubes and pelvic cavity
 - a. Obtain aspirates and biopsy samples during laparoscopy.
 - b. Also sample the pelvic peritoneum. Biopsies often yield better diagnostic specimens.
5. Vagina
 - a. Collect fluid from the vagina with sterile pipette or Dacron swab (use BBL Culture Swab Plus-Double swab with amies gel)
6. Vaginal/ Rectal for Group B Streptococcus Culture
 - a. Collect specimen at 35 to 37 weeks' gestation.
 - b. Using a single swab or two separate swabs, swab the distal vagina, followed by the rectum.
 - c. Submit both swabs in a single tube of transport media (BBL Culture swab plus)
 - d. NOTE: CDC recommendations are to treat on the basis of risk factors if culture results are not available at the time of delivery. However, obtaining cultures at delivery prior to therapy, if they were not obtained earlier, may be helpful in diagnosis of subsequent disease of the mother or neonate.

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FEMALE SPECIMENS (Continued)

7. Vulva
 - a. Collect only if pain, erythema, or edema is present.
 - b. Clean the surface of the lesion with 0.85% NaCl and collect by one of the methods below:
 1. Sample exudates or area of erythema with swab for yeast culture
 2. If there is a vesicle present, collect for HSV culture
 - i. Unroof vesicle
 - ii. Collect fluid with a sterile swab or aspirate with a needle and syringe
 - iii. Then scrape the base of the vesicle with a sterile scalpel blade, and collect sample with a Dacron swab by vigorously rubbing base of the vesicle.
 3. If there is a crust on the lesion, gently remove it.
 - i. Moisten swab with saline and collect sample by vigorously rubbing the base of the lesion for *H. ducreyi* culture.
 - ii. Alternatively, gently abrade the lesion with a sterile scalpel or needle until serous fluid emerges. Irrigate with saline.
 - c. Order *T. pallidum* dark-field microscopy, *H. ducreyi* culture, or HSV culture or request yeast culture for most cases showing only erythema or edema.

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MALE SPECIMENS:

1. Epididymis or testicular fluid

NOTE: The specimen of choice for diagnosis of infected epididymis is urethral culture. If that does not yield a diagnosis, collect first-voided and midstream urine, and compare the yield from smear and culture of each specimen. Collect testicular fluid only if the diagnosis cannot be made otherwise.

- a. Disinfect skin surface with surgical disinfectant.
- b. Use a needle and syringe to aspirate material from the epididymis or testicles.

2. Penile lesion or vesicle

- a. Clean the surface of the lesion with 0.85% NaCl and collect by one of the methods below:
 1. If there is a vesicle present, collect for HSV culture
 - i. Unroof vesicle
 - ii. Collect fluid with a sterile swab or needle and syringe
 - iii. Then scrape the base of the vesicle with a sterile scalpel blade, and collect sample with a Dacron swab by vigorously rubbing base of the vesicle.
 2. If there is a crust on the lesion, gently remove it.
 - i. Moisten swab with saline and collect sample by vigorously rubbing the base of the lesion for *H. ducreyi* culture.
 - ii. Alternatively, gently abrade the lesion with a sterile scalpel or needle until serous fluid emerges. Irrigate with saline.

3. Prostate

- a. After the patient urinates, perform a digital massage through the rectum.
- b. Have patient pass prostatic secretions in the urethra by urinating into a cup. Alternatively, pass the urethral genital wire swab or a bacteriological loop several centimeters into the urethra.

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GENITAL CULTURE

MALE OR FEMALE CULTURES:

1. Rectal cultures
 - a. Insert swab past anal sphincter, move swab from side to side, allow 10 to 30 seconds for absorption, and withdraw.
 - b. If contaminated with feces, recollect.
 - c. Order *N. gonorrhoeae* culture.
2. Throat cultures
 - a. Depress tongue gently with tongue depressor.
 - b. Extend one or two sterile swabs between the tonsillar pillars and behind the uvula, avoiding the tongue, inner cheeks, and uvula.
 - c. Sweep the swabs back and forth across the posterior pharynx, tonsillar areas, and any inflamed or ulcerated areas to obtain sample.
 - d. Order *N. gonorrhoeae* culture.
3. Urethral discharge
 - a. Express exudates onto swab from distal urethra.
 - b. If there is no exudates, collect 1 hour after urination. Wipe area clean, insert a urethrogenital swab 2-4 cm into the endourethra, gently rotate swab, leave it in place for 1 to 2 seconds and withdraw.

SPECIMEN TRANSPORT:

1. Transport Medium
 - a. Submit in BBL Culture Swab Plus Amies gel transport tube.
 - b. Store at ambient or refrigerated temperature during transit.
2. Label specimens and requisition with patient name, medical records number, room number or location, date, time, and site of collection.
3. Indicate the pathogens sought on requisition or computer.

REJECTION CRITERIA:

1. Reject specimens not received in transport medium, since the agents of genital infections lose viability easily.

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CHLAMYDIA CULTURE:

For Chlamydia and GC DNA probe test, collect genital specimen as stated above using the specimen collection kit provided for the test. Female and male Gen-Probe collection kits are available from the laboratory. This test can only be performed on genital specimens (not anal).

TRICHOMONAS:

For Trichomonas, collect specimen as stated above using a BBL Culture Swab transport tube, or comparable system.

HERPES and MYCOPLASMA (UREPLASMA):

For Herpes or Mycoplasma culture, collect specimen as stated above and place in Viral transport media available from the Laboratory.

OTHER INFORMATION:

1. ROUTINE CULTURE

Routinely, only *Neisseria gonorrhoeae* and/or yeast will be sought in routine culture. Collect specimen as stated above.

- ❖ *Gardnerella vaginalis* will be sought when specifically requested or when found in predominance or pure culture.
- ❖ Group B *Streptococcus* will be sought and reported when specifically requested or when patient is stated to be pregnant.
- ❖ *Staphylococcus aureus* will be sought in those cultures where the patient is suspected of having toxic shock syndrome.

2. GC CULTURE (*Neisseria gonorrhoeae*)

Collect genital specimen as stated above using the BBL Culture Swab Plus, or comparable system.

GC cultures can also be performed on the following specimens:

- ❖ Pharyngeal
- ❖ Rectal
- ❖ Urine
- ❖ Conjunctivae

(See specific procedures for collection)