

***CENTEGRA CLINICAL LABORATORIES  
McHenry/Woodstock, Illinois***

**WOUNDS**

Microbiological analysis of wounds, tissue, abscesses, aspirates, and drainage specimens often provides the only definitive information on the etiology of a given infectious disease process.

**SPECIMEN CRITERIA:**

1. For most infections, tissue samples or aspirated material is optimal for isolation of infecting organisms.
2. Material aspirated with needle and syringe is preferred to that collected on swabs.
3. The surface of the skin must be appropriately disinfected prior to specimen collection to minimize external contamination.
4. Swabs, when submitted, must be received in suitable transport medium. DRY swabs are unacceptable.
5. All specimens should be appropriately labeled as to time and date of collection as well as site of collection.

**PROCEDURES:**

**SUBCUTANEOUS TISSUE AND SKIN SPECIMENS**

***SUPERFICIAL WOUND***

Syringe aspiration is preferable to swab collection.

1. Disinfect the surface of the wound with appropriate disinfectant. Allow the disinfectant to dry prior to collecting the specimen.
2. Using a 3- to 5-ml syringe with a 22- to 23-gauge needle, aspirate the deepest portion of the lesion. If a vesicle is present, collect both fluid and cells from the base of the lesion.
3. If the initial aspiration fails to obtain material, inject sterile, nonbacteriostatic 0.85% NaCl subcutaneously.
4. Repeat the aspiration attempt.

***ULCERS AND NODULES***

1. Disinfect the area with appropriate disinfectant.
2. Remove overlying debris. Curette the base of the ulcer or nodule.
4. If exudate is present from ulcer or nodule, collect it with a syringe or sterile swab.

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DEEP WOUNDS, ASPIRATES, AND TISSUE SPECIMENS

***BITE WOUNDS***

1. Aspirate pus from the wound, or obtain it at the time of incision, drainage, or debridement of infected wound. Do not culture fresh bite wounds.

***DEEP WOUNDS OR ABSCESSSES***

1. Disinfect the surface with appropriate disinfectant.
2. Aspirate the deepest portion of the lesion, avoiding contamination by the wound surface.

***PUS***

1. Aspirate the deepest portion of the lesion or exudates with a syringe and needle.
2. Collect a biopsy sample of the advancing margin or base of the infected lesion after excision and drainage.

**TRANSPORT:**

Aspirated material can be transferred to a sterile container.

If anaerobes are suspected, place specimen in anaerobic transport media (refer to Specimen Collection procedure for Anaerobic culture).

Transport specimens immediately to the Microbiology laboratory.

If the specimen cannot be transported immediately, keep at room temperature until transport. Transport to lab within 8 hours.