

URINE COLLECTION GUIDELINES FOR MICROBIOLOGIC TESTING FOR HEALTHCARE PROFESSIONALS**A. In and Out catheterization (CIO):**

1) Skin preparation:

a. Female

While holding labia apart, cleanse urethral opening and vaginal vestibule area with soapy water from front to back. Rinse the area well.

b. Male

Cleanse the penis, retract the foreskin (if not circumcised), and wash with soapy water. Rinse the area well

2) Discard initial 15-30 ml; collect the next flow of urine.

B. Indwelling catheter:

1) Do not send urine collected from a catheter bag.

2) If necessary, clamp the catheter tubing to collect urine in the tube but do not allow the clamp to remain for more than 30 minutes.

3) Clean the catheter port with 70% alcohol swab.

4) Aspirate urine using a syringe from the catheter port and place it in a sterile container. Alternatively, can use the BD SureStep™ urine sampling kit (allows collection from the catheter port directly into a Vacutainer tube using a holder and needle – [BD sure step urine sampling kit package insert](#))

**C. Ileal conduit**

1) Cleanse the stoma with 70% alcohol.

2) Insert a catheter to a depth beyond the fascia and collect the urine by aspirating back on the syringe

D. Suprapubic aspirate

1) Performed mostly in pediatric population where CCMS collection is difficult

2) Bladder should be full and palpable before aspiration.

3) Shave and disinfect the skin over the bladder with 70% alcohol. Make a small lancet wound through the epidermis above the pubic symphysis. Aspirate using a needle and syringe.

4) Aspirated urine must be transported in either the capped syringe without a needle or in an anaerobic transport system.

E. Cystoscopy

1) Urine collected from the bladder using a cystoscope must be placed in a sterile container labeled CB (catheterized bladder).

2) After the bladder is washed using non-bacteriostatic 0.85% NaCl and emptied, the fluid must be placed in a sterile container labeled WB (washed bladder).

3) Urine collected after ureteral catheters are placed must be collected in a sterile container labeled LK (left kidney) or RK (right kidney) 1, 2, 3, to signal timed sequential collections.

F. Nephrostomy tube

1) Clean nephrostomy tube and collecting bag junction with 70% alcohol.

2) Detach nephrostomy tube from its existing collecting bag. Collect urine in a preservative tube (preferred) or

sterile container by placing it at the tip of the nephrostomy tube and allowing gravity to provide fresh urine.

G. Urostomy bag

- 1) Remove the external device and discard urine within device.
- 2) Gently cleanse the stoma and insert a catheter to collect urine by aspirating back on the syringe. Discard an initial 15 to 30 ml of urine. Transfer urine to a Vacutainer tube (preferred) or sterile container.

H. Prostate massage

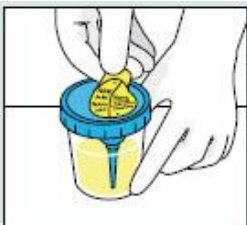
- 1) Skin preparation same as CIO in men
- 2) First 10 mL of voided urine (VB1) should be collected in sterile specimen container.
- 3) 10 mL midstream urine sample (VB2) should be collected in a sterile specimen container after the patient has voided approximately 100 to 150 ml of urine.
- 4) The physician then performs a prostate massage for approximately 1 minute and expressed prostatic secretions (EPS) that emerge from the urethra within two to three minutes of the prostate massage should be collected in a sterile specimen container
- 5) Finally, the first 10 mL of urine (VB3) following prostate massage should be collected in a sterile specimen container.

SPECIMEN COLLECTED FROM THE AFOREMENTIONED APPROACHES CAN BE SENT TO THE LAB IN:

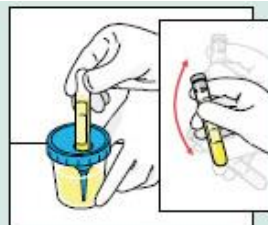
- A sterile container (**ORANGE** or **WHITE** cap).



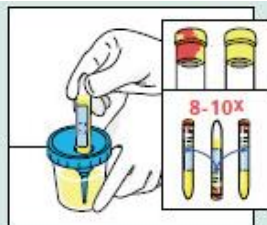
- **BLUE** cap container as part of the BD SureStep urine collection kit **MUST** not be sent to the lab. **Urine MUST be transferred** to vacutainer tubes (as below), which should be sent to the lab.



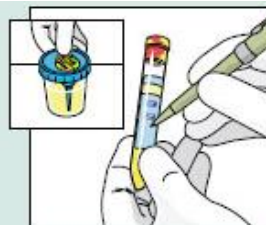
- Peel back protective sticker to expose rubber-covered cannula.



- Push C&S preservative tube (gray top) into the integrated transfer port.
- Hold in position until flow stops.
- Remove tube.
- Shake tube vigorously.



- Push UA Preservative Tube (cherry red/yellow top) or plain UA tube (yellow top) into integrated transfer port.
- Remove tube.
- Invert UA Preservative Tube 8-10 times to mix the sample.



- Place protective sticker back over the integrated transfer port.
- Label both filled tubes with patient's information required as per policy.



- Remove lid from cup and dispose in a sharp's container
- Dispose urine
- Dispose collection cup as biohazard



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APPENDIX B