Routine Bacteriology and Mycology Specimen Collection

SPECIMEN TYPE	COLLECTION PROCEDURE	VOLUMES	TRANSPORT CONTAINER	STORAGE AND TRANSPORT TO LAB	STORAGE PRIOR TO PROCESSING	COMMENTS
ABSCESS	**OPEN ABSCESS** Remove surface exudate by wiping with sterile saline or 70% ethanol. Disinfect area with iodine. Aspirate if possible, or pass swab deep into lesion and firmly sample lesion's advancing edge. Remove iodine from skin with alcohol.	As much fluid as possible, ≥ 1 ml	1. eSwab 2. Syringe WITHOUT needle attached.	≤ 2 hours, RT	Plate immediately upon receipt. Max ≤ 24 hours, RT	Tissue or fluid is always superior to swab specimens.
	CLOSED ABSCESS Remove surface exudate by wiping with sterile saline or 70% ethanol. Disinfect area with iodine. Aspirate abscess wall material with needle and syringe. Remove iodine from skin with alcohol.	As much fluid as possible, ≥ 1 ml	1. eSwab 2. Syringe WITHOUT needle attached.	≤ 2 hours, RT	≤ 24 hours, RT	Sampling of surface area can introduce colonizing bacteria not involved in infectious process.
BITE WOUND	**See ABSCESS**					Do not culture animal bite wounds ≤ 12 h old (agents are not usually recoverable) unless they are on face or hand or unless signs of infection are present.
BIOPSY	Physician will aseptically perform biopsy.	Entire specimen	Use eSwab, 0.5mL saline or submit in sterile container without formalin.	≤ 1 hours, RT	≤ 24 hours, RT	Keep specimen moist with a *small* amount of sterile physiological saline or the eSwab kit.

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BLOOD CULTURE	Disinfection of culture bottle: Apply 70% isopropanol to rubber stoppers and wait 1 min. **Adult site Prep:** 1. Remove the ChloraPrep from the package. Pinch the wings on the applicator to break the ampule and release ChloraPrep antiseptic into the sponge pad. Be careful not to touch the sponge pad. 2. Press the sponge against the skin to be cleaned until liquid is visible on the skin. Use a back and forth motion and gently scrub the area for 30 seconds. Allow the area to dry for about 30 seconds. Do not blow or fan the area to hasten drying. 3. *Do not palpate the vein at this point.* 4. Collect blood.	***Adult:*** *16 to 20* ml/set for bacteria/ yeast ***Peds*****:** 1-3ml/bottle for bacteria/yeast ***Myco/F Lytic****:* 3-5 ml for AFB Blood Culture 3-5 ml for Fungus blood Culture: One bottle required for each order.	Send blood culture to the laboratory as soon as possible. Bottles have a delayed entry capability but still must be placed into the Bactec instrument in ≤ 48 hours if bottles have been held at room temperature. Although drawing blood cultures before the fever spike is optimal, ***volume*** *is more important than timing for recovery.*	≤ 2 hours, RT	DO NOT Refrigerate Place into Bactec instruments ASAP. Max within 24 hours	*Acute Sepsis, meningitis, etc. requiring immediate institution of therapy:* Two blood cultures of max vol drawn before therapy from separate sites *FUO, SBE or other continuous bacteremia/ fungemia*: Three sets total, two sets are drawn consecutively from separate sites, and the third set can be drawn an hour or more later. *"Culture negative" or patient on therapy:* Maximum of an additional 2-3 sets drawn on day 2 or 3.
	Infant site Prep: 1. For patients under 2 months of age, do not use the Chloraprep scrub. Use Medi Flex Blood Culture Prep Kit II containing iodine. 2. Break the ampule in the sponge. 3. Scrub the area using a back and forth motion for 60 seconds. 4. Allow area to dry. 5. Break iodine ampule. 6. Swab iodine onto the drawing site in a concentric circle. 7. Allow this to dry before collecting specimen. 8. *Do not palpate the vein at this point.* 9. Collect blood. 10. After venipuncture, remove iodine from skin with alcohol.		Send blood culture to the laboratory as soon as possible. Although drawing blood cultures before the fever spike is optimal, ***volume*** *is more important than timing for recovery.*	≤ 2 hours, RT	DO NOT Refrigerate Place into Bactec instruments ASAP. Max within 24 hours	*Acute Sepsis, meningitis, etc. requiring immediate institution of therapy:* Two blood cultures of max vol drawn before therapy from separate sites. *FUO, SBE or other continuous bacteremia/ fungemia*: Three sets total, two sets are drawn consecutively from separate sites, and the third set can be drawn an hour or more later. *"Culture negative" or patient on therapy:* Maximum of an additional 2-3 sets drawn on day 2 or 3.

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BONE MARROW	Physician aseptically obtains the specimen via standard protocol	0.5 to 1.5 ml	**Bacteria:** 1.5ml in Sodium Heparin Vial **Fungus:** 1.5ml in Sodium Heparin Vial. **AFB:** 1.5ml in Sodium Heparin Vial. **Viral:** M4 Transport (no min. vol.)	≤ 2 hours, RT	≤ 24 hours, RT	DO NOT allow marrow to clot.
BONE	Obtain bone specimen in surgery	Entire specimen	Submit in sterile container without formalin.	≤ 30 min, RT	Plate immediately upon receipt. Max: ≤ 24 hours, 2-8°C	Keep specimen moist with a *small* amount of sterile physiological saline.
CATHETER	Cleanse skin around catheter site with alcohol. Aseptically cut the section of line which was immediately beneath the skin, (not necessarily the tip).	2-inches (5 cm) of catheter	Sterile, dry container	≤ 30 min, RT	Plate immediately upon receipt. Max: ≤ 24 hours, 2-8°C	Acceptable I.V. catheters: central, CVP, Hickman, Broviac, peripheral, arterial, umbilical, hyperalimentation, Swan-Ganz Unacceptable: Foley
CSF	Spinal Fluid Physician aseptically collects the specimen via conventional aspiration, or ventricular shunt.	Bacteria: ≥ 1 ml Fungi: ≥ 2 ml AFB: ≥ 2 ml Virus: ≥ 1 ml Molecular testing: ≥ 1 ml	Sterile spinal fluid collection tube Transport immediately to the laboratory for processing	Bacteria: never refrigerate: ≤ 15 min, RT Viral: transport on ice; ≤ 15 min, 2-8°C	Plate immediately upon receipt. Max: ≤ 24 hours, RT ≤ 72 hours, 2-8°C	Samples that need to be shared with other departments must have ALL paperwork included with the specimen
DECUBITUS ULCER	Cleanse surface with sterile saline. Vigorously swab base of lesion. Place swab in appropriate transport system.		eSwab	≤ 2 hours, RT	≤ 24 hours, RT	Tissue biopsy sample or needle aspiration is specimen of choice. **Swab**: Dubious microbiological value.
DENTAL SPECIMENS GINGIVAL PERIODONTAL PERIAPICAL	1. Carefully cleanse gingival margin and supragingival tooth surface to remove saliva, debris and plaque. 2. Using periodontal scaler, carefully remove subgingival lesion material and transfer it to anaerobic transport system. 3. Prepare smears (fusospirochaetal disease) collected in same manner.	Min volumes accepted	eSwab	≤ 2 hours, RT	≤ 24 hours, RT	

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EAR	**INNER**: Tympanocentesis is reserved for complicated, recurrent or chronic persistent otitis media. 1. For intact eardrum, clean ear canal, and collect fluid via syringe aspiration technique. 2. For ruptured eardrum, collect fluid on flexible-shaft swab via auditory speculum.		1. eSwab with Mini-Tip swab 2. Syringe WITHOUT needle attached	≤ 2 hours, RT	≤ 24 hours, RT	Throat or nasopharyngeal cultures are not predictive of agents responsible for otitis media.
	OUTER: Use moistened swab to remove any debris or crust from ear canal. Obtain sample by firmly rotating swab in outer ear canal.		eSwab	≤ 2 hours, RT	≤ 24 hours, 2-8°C ≤ 24 hours, RT	For otitis externa, vigorous swabbing is required because surface swabbing may miss streptococcal cellulitis
EYE	**CONJUNCTIVA**: Sample both eyes with separate swabs (pre-moistened with sterile saline) by rolling swab over each conjunctiva.	Direct inoculation or swab transport.	1. eSwab with Mini-Tip swab 2. CT/NG: PCR Media	Plates: ≤ 15 min, RT Swabs: ≤ 2 hours, RT	≤ 24 hours, RT	Sample both conjunctiva to determine indigenous microflora. Uninfected eye serves as control.
	CORNEAL SCRAPINGS: 1. Obtain conjunctival specimen first. 2. Instill local anesthetic. 3. Using sterile spatula, scrape ulcers or lesions and inoculate directly onto media. 4. Prepare slide.	Direct inoculation: Bacteria: BAP, CA, ABA Fungi: BHI, IMA		≤ 15 min, RT	Plate immediately upon receipt ≤ 24 hours, RT	Take conjunctival swabs prior to anesthetic application; corneal scrapings can be obtained after.
FECES	**ROUTINE CULTURE** **FECAL LACTOFERRIN:** 1. Pass stool directly into a container OR pass stool into clean bedpan, and transfer the specimen into a container. 2. Transport to the laboratory within 1 hour of collection.	Unpreserved, ≥ 2 grams or ≥ 2 ml minimum	Sterile, leak-proof container with tight fitting lid.	Unpreserved: ≤ 1 hour, RT Swab transport: ≤ 24 hours, RT	≤ 24 hours, 2-8°C ≤ 48 hours, RT or 2-8°C	Stool cultures are not routinely performed for workup of diarrhea developing after 3 days of hospitalization. Clostridium difficile is the most common bacterial agent of diarrhea in hospitalized patients.
	OCCULT BLOOD: Pass stool directly into a container OR pass stool into clean bedpan, and transfer the specimen into a container.	Unpreserved, ≥ 2 grams or ≥ 2 ml minimum	Sterile, leak-proof container with a tight fitting lid.	Unpreserved: ≤ 1 hour, RT	≤ 24 hours, 2-8°C	Interfering Substances: Blood from menstrual cycle or hemorrhoids. Avoid aspirin and other anti-inflammatory 7 days prior to testing. Avoid red meat and Vitamin C 3 days prior to testing.

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FECES (Cont.)	**GIARDIA EIA:**	Unpreserved, ≥ 10 grams or ≥ 10 ml min 5 grams or 5 ml into each preservative vial	1. Sterile, leak-proof container with a tight fitting lid. 2. O&P: Total Fix single vial collection kit.	Unpreserved: ≤ 2 hours, RT, Preserved: RT	Unpreserved: < 24 hours at 2-8°C Preserved: RT	
	CRYPTOSPORIDIUM /GIARDIA RAPID AG:	Unpreserved, ≥ 10 grams or ≥ 10 ml min 5 grams or 5 ml into each preservative vial	1. Sterile, leak-proof container with a tight fitting lid. 2. O&P: Total Fix single vial collection kit.	Unpreserved: ≤ 2 hours, RT, Preserved: RT	Unpreserved: < 24 hours at 2-8°C Preserved: RT	
	CLOSTRIDIUM DIFFICILE TOXIN: Pass liquid or soft stool directly into clean, dry container. Soft stool is defined as stool assuming the shape of its container. Sample must be received in the laboratory within 24 hours of the test order time or the order will be automatically canceled.	Unpreserved, ≥ 5 grams or ≥ 5 ml minimum	Sterile, leak-proof container with a tight fitting lid.	≤ 1 hour, RT 1-24 hours, 2-8°C > 24 hours , -20C	3 days, 2-8°C > 72 hours , 70°C	Patients often are passing ≥5 stools with liquid or soft consistency per 24 hours. Formed stools are rejected. More than one sample per 24 hour period is rejected.
	OVA AND PARASITE EXAM: 1. Have patient pass stool directly into a container 2. OR pass stool into clean bedpan, and transfer the specimen into a container. 3. Transport to the laboratory within 1 hour of collection or immediately place into preservative	Unpreserved, ≥ 10 grams or ≥ 10 ml min 5 grams or 5 ml into each preservative vial	1. Sterile, leak-proof container with a tight fitting lid. 2. O&P: Total Fix single vial collection kit.	Liquid stool: < 1 hour RT before being placed into preservative Soft or Formed stool: < 2 hours RT before being placed into preservative	Place into preservative within 1 hour of passage Place into preservative within 2 hours of passage	Outpatient: Collect 3 specimens over 6 days. Infections with *E. histolytica* may require up to six specimens for detection. Inpatient: Seldom useful for patients hospitalized > 3 days.
	RECTAL SWAB: 1. Pass the tip of a sterile swab approximately 1-inch beyond the anal sphincter. 2. Carefully rotate the swab to sample the anal crypts. 3. Remove the swab and place in transport system.		1. eSwab 2. CT/NG: PCR Media	< 2 hours, RT	< 24 hours, RT	Reserved for detecting gonorrhoea, enteric pathogens, and for anal carriers of Group B strep and VRE. Feces should be evident on the swab. (Minimum 3-4 mm pellet)

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FLUIDS Abdominal amniotic ascites bile joint paracentesis pericardial peritoneal pleural synovial thoracentesis	1. Physician will aseptically perform percutaneous aspiration to obtain fluid. 2. Expel any air bubbles from syringe. 3. Transport specimen to the lab immediately.	Send as much fluid as possible. Bacteria: ≥ 1 ml Fungus: ≥ 10 ml Mycobacteria: ≥ 10 ml	Syringe WITHOUT needle attached eSwab ***DO NOT SEND SWABS when fluid is available.***	≤ 30 min, RT	Plate immediately upon receipt. Max: ≤ 24 hours, RT Fluids for fungal cultures; ≤ 24 hours, 2-8°C	Transport to laboratory immediately. Synovial fluid specimens received in heparin are acceptable. Reject all samples received in EDTA or any other anti-coagulant besides heparin.
GANGRENOUS TISSUE	**See TISSUE Instructions**					
GASTRIC Wash or lavage fluid	Collect in early morning before patients eat and while they are still in bed. 1. Introduce nasogastric tube orally or nasally into the stomach. 2. Perform lavage with 25-50 ml of chilled, sterile distilled water. 3. Place sample in sterile, leakproof container. 4. Before removing tube, release suction and clamp it.	Entire specimen	Sterile leakproof container	≤ 30 min, RT, Neutralize within 1 hour of collection	Neutralize within 1 hour of collection with sodium carbonate ≤ 24 hours, 2-8°C	For proper collection of samples for AFB Culture, specimen must be neutralized with sodium carbonate in the lab within one hour of collection because mycobacteria die rapidly in gastric washings.
GENITAL MALE	**PROSTATE:** 1. Clean glans with soap and water. 2. Massage prostrate through rectum. 3. Collect fluid in sterile tube	Entire specimen	Sterile screw cap tube	< 2 hours, RT	Plate immediately upon receipt Max; < 24 hours, RT	More relevant results may be obtained by also using urine specimens collected immediately before or after massage.
	URETHRA: 1. Insert appropriate swab 2-4 cm into urethral lumen, rotate swab and leave it in place for at least 2 seconds. 2. Remove swab and place in appropriate transport media.		Routine culture/GC Screen: eSwab	< 2 hours, RT	< 24 hours, RT	Chlamydia/GC PCR: Collect first voided urine for CT/NG PCR testing.
	PENILE LESION: Aspiration of vesicle fluid is optimal; Swabbing of lesion is adequate		eSwab w/ Mini-Tip swab For HSV use Viral Transport Media	< 2 hours, RT	< 24 hours, RT	Note suspected cause of infection. Note if Hemophilus ducreyi is suspected.

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GENITAL FEMALE	**AMNIOTIC FLUID:** Aspirate via amniocentesis, cesarean section, or intrauterine catheter	≥ 1 ml fluid	eSwab Syringe without needle Sterile container	< 30 minutes, RT	Plate immediately upon receipt. Max: < 24 hours, RT	Swabbing or aspiration of vaginal membranes is *not* acceptable because of vaginal contamination.
	BARTHOLIN: Disinfect skin, Aspirate fluid from ducts	≥ 1 ml fluid	eSwab Syringe without needle Sterile container	< 2 hours, RT	< 24 hours, RT	
	CERVIX: Visualize cervix with speculum. Remove mucus from cervix with swab, discard swab. Firmly sample endocervical canal with sterile swab.	Swabs	Culture: eSwab CT/NG: PCR media	< 2 hours, RT	< 24 hours, RT	Best specimen for GC or Chlamydia.
	ENDOMETRIUM: Collect transcervical aspirate via telescoping catheter.	≥ 1 ml fluid	eSwab Syringe without needle Sterile container	< 2 hours, RT	< 24 hours, RT	Likelihood of external contamination is high for cultures obtained through vagina
	IUD:	Submit entire device	Sterile container	< 2 hours, RT	< 24 hours, RT	
	PLACENTA: Submit a portion of tissue, NOT a swab		Sterile container	< 2 hours, RT	< 24 hours, RT	Submit ASAP at room temperature
	PRODUCTS OF CONCEPTION Submit a portion of tissue, NOT a swab		Sterile container	< 2 hours, RT	< 24 hours, RT	Do not process Lochia
	URETHRA: Remove exudate from urethral orifice Collect discharge material on swab by massaging urethra against pubic symphysis through vagina.		eSwab	< 2 hours, RT	< 24 hours, RT	If no discharge can be obtained, wash external urethra, then insert urethrogenital swab 2-4 cm into urethra and rotate for 2 sec.
	VAGINA: Wipe away excess amount of secretion or discharge. Obtain secretions from mucosal membrane of vaginal vault with sterile swabs		1. Ambient Temperature Transport System (ATTS) for Bacterial Vaginosis DNA panel. 2. CT/NG: PCR Media	< 2 hours, RT	< 24 hours, RT	Vaginal specimens on adult women is used for detection of trichomonads and Candida, to diagnose bacterial vaginosis and to screen for chlamydia and gonorrhoea.

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	VAGINAL/RECTAL: **Use for Group B strep screening of pregnant women only.** Collect specimen at 35-37 weeks gestation. Swab lower vagina (vaginal introitus), followed by the rectum (i.e., insert a swab through the anal sphincter) using the same swab or two different swabs. Place both swabs into the same transport medium.		Group B Strep NAAT: eSwab	< 2 hours, RT	< 4 days, RT	This procedure is to be used for the universal prenatal screening for GBS colonization and recommended for all pregnant women 35-37 weeks gestation. Indicate if patient is allergic to penicillin (clindamycin and vancomycin susceptibility testing will be performed)
RESPIRATORY BAL, Bronchial brushing/ washing Lung biopsy Tracheal aspirate Bronch brush	**TRACT- LOWER:** Place aspirate or washing into sterile container. Place bronchial brush or biopsy in 0.5 BHI Broth or .85% saline, available through microbiology.	Routine Bacteriology: >1 ml AFB and Fungus: > 10 ml	Sterile container	< 2 hours, RT	< 24 hours, 2-8°C	
	TRACT - UPPER: **ORAL:** 1. Rinse mouth with sterile saline. 2. Wipe lesion with dry sterile gauze. 3. Swab or scrape areas of ulceration or exudation.		eSwab	< 2 hours, RT	< 24 hours, RT	For isolation of Candida.
	NASAL: 1. Insert a pre-moistened sterile swab into the nose. 2. Rotate against nasal mucosa.		eSwab	< 2 hours, RT	< 24 hours, RT	For isolation of staphylococcus
			Saline	< 2 hours, RT	< 72 hours, 2-8°C	For COVID testing
	NASOPHARYNX: 1. Gently insert swab into posterior nasopharynx via nose. 2. Rotate swab slowly 5 times to absorb secretions. 3. Remove swab and place in transport media.		eSwab with Mini-Tip swab for bacteria (except Bordetella). Use Viral Transport Media for Bordetella, Viral Respiratory Pathogen, or COVID testing	< 2 hours, RT	< 24 hours, RT	For detection of Bordetella and Viral Respiratory Pathogens of the upper respiratory tract. For COVID testing
	THROAT: 1. Depress tongue with tongue depressor. 2. Sample posterior pharynx, tonsils, and inflamed areas with sterile swab.		eSwab	< 2 hours, RT	< 24 hours, RT	For detection of Group A strep, N. meningitidis, and A. haemolyticum.

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	SINUS WASHINGS: Physician aseptically collects the specimen via standard protocol.	Entire specimen	Sterile container	< 2 hours, RT	< 24 hours, 2-8°C	
SPUTUM	**EXPECTORATED:** Rinse mouth and gargle with water. Collect specimen resulting from deep cough. ***Saliva is unacceptable***.	Routine Bacteriology: > 2ml AFB and Fungus: 5-10 ml	Sterile specimen collection container	< 2 hours, RT	< 24 hours, 2-8°C	The best specimens should have <10 squamous cells per 100X oil field. Sub-optimal specimens will be rejected
	INDUCED: Usually collected by respiratory therapists using ultrasonic nebulizer.	Routine Bacteriology: > 2ml AFB and Fungus: 5-10 ml	Sterile specimen collection container	< 2 hours, RT	< 24 hours, 2-8°C	Dimorphic yeast survive for only short periods of time once specimen is collected. Fungal recovery is primarily for Cryptococcus sp. and some filamentous fungi; other yeasts rarely cause lower respiratory tract infection.
TISSUE	Physician aseptically collects tissue. For small samples, use 0.5 ml BHI Broth or add several drops of sterile non-bacteriostatic saline to keep moist. Do not drown the tissue in liquid. *Do not allow tissue to dry out. Do not submit tissue sample in the grey-capped anaerobic swab transport device.*		Sterile container. A small amount of saline may be added to keep tissue moist eSwab	< 30 minutes, RT	Plate immediately upon receipt. Max: < 24 hours, RT if properly preserved	Always submit as much tissue as possible. Never submit swabs that have simply been rubbed over the surface.
URINE	**MIDSTREAM CLEAN CATCH:** 1. Thoroughly clean urethral/glans area with soap and water. 2. Rinse area with wet gauze pads. 3. While holding labia/foreskin apart, begin voiding. 4. After several ml have passed, collect midstream portion without stopping flow of urine.	Routine Bacteria: ≥ 4 ml AFB and Fungus: min. 40 ml first morning voided	BD vacutainer urine C&S tube (grey top)	≤ 48 hours, RT	≤ 48 hours, RT	Do not submit 24 hours collection for any culture.

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	FIRST VOID CLEAN-CATCH 1. Patient must not have voided for the previous 2 hours. 2. Thoroughly clean urethral/glans area with soap and water. 3. Rinse area with wet gauze pads. 4. While holding labia/foreskin apart, begin voiding. 5. Collect the first 10-50 mls of the urine stream in a clean collection cup.	Chlamydia and GC nucleic acid testing (PCR): 10-50 mls	1. Bacteria Culture Collect in sterile screw-cap container. Transfer to PCR urine tube. 2. CT/NG: PCR Media	Room Temperature	Room Temperature	The first part of the stream is used for Chlamydia and GC nucleic acid testing (PCR)
	STRAIGHT CATH: 1. Thoroughly clean urethral area with soap and water. 2. Rinse the area with wet gauze. 3. Aseptically insert catheter into bladder. 4. Allow about 15 ml to pass; then collect urine to be submitted.	Routine Bacteria: ≥ 4 ml AFB and Fungus: submit entire collection	BD vacutainer urine C&S tube (grey top)	≤ 48 hours, RT	≤ 48 hours, RT	Do not submit urine from collection bag.
	INDWELLING CATH: 1. Disinfect catheter collection port with 70% alcohol. 2. Use needle and syringe to aseptically collect 5-10 ml of urine. 3. Transfer sample to sterile container	Routine Bacteria: 5-10 ml AFB and Fungus: submit entire collection	BD vacutainer urine C&S tube (grey top)	≤ 48 hours, RT	≤ 48 hours, RT	
	ILEAL CONDUIT: 1. Remove urinary appliance and discard contained urine. 2. Swab the stomal opening with an alcohol wipe or iodophor. 3. Aseptically insert a catheter into the stoma and catheterize the ileal conduit to a depth beyond the fascial level. 4. Collect the urine drained from the catheter into a sterile container.	Routine bacteria: > 4 ml AFB and Fungus: submit entire collection	BD vacutainer urine C&S tube (grey top)	≤ 48 hours, RT	≤ 48 hours, RT	

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	SUPRAPUBIC ASPIRATE: 1. Decontaminate and anesthetize the skin. 2. Introduce a 22 gauge needle into the full bladder between the symphysis pubis and the umbilicus/2 cm above the symphysis. 3. Aspirate about 20 ml of urine from the bladder. 4. Transfer the urine aseptically into a sterile container.	Routine bacteria: > 4 ml AFB and Fungus: submit entire collection	BD vacutainer urine C&S tube (grey top)	< 48 hours, RT	< 48 hours, RT	This is an acceptable urine specimen for anaerobic culture. These specimens are frequently collected from pediatric patients and patients with spinal cord injuries.
	NEPHROSTOMY: Surgically Collected Specimen	Routine bacteria: > 4 ml AFB and Fungus: submit entire collection	Sterile screw-cap container BD vacutainer urine C&S tube (grey top)	< 2 hours, 2-8°C < 48 hours, RT	< 24 hours, 2-8°C < 48 hours, RT	This is an acceptable urine specimen for anaerobic culture when collected surgically as the catheter is placed.
WOUND CLOSED OPEN	**See ABSCESS or TISSUE instructions**					