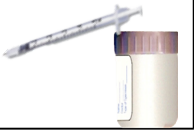
TriHealth Laboratories

Collection of Specimens for Culture * and other Microbiology-related tests

see the Test Menu website for the most up-to-date collection information https://www.testmenu.com/trihealth

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
BACTERIA * See the separate guidelines for collecting specimens to be cultured for Viruses.						
Gram Stain	LAB3358 GRAM	**INCLUDED IN MOST CULTURES - DOES NOT NEED DUPLICATE ORDER**				If GRAM is not specified in the chart below, the culture order already includes the gram stain.
AEROBIC BACTERIA						
ABSCESS	LAB7173 WDC + LAB3054 ANER	Syringe with Luer Tip Cap or eSwab.		> 1 ml if possible	Aspirate w/o air. Send capped original syringe WITHOUT needle.	Transport to lab immediately; do not refrigerate. Fluid/tissue preferred over swabs.
Actinomycosis	LAB7173 WDC + LAB3054 ANER	See Abscess.		Aspirated pus or granules.	See Abscess.	See Abscess.
Non Sterile Body Fluids, pus, or secretions	LAB7173 WDC + LAB3054 ANER	Syringe with Luer Tip Cap or eSwab.		> 1 ml if possible	See Abscess.	See Abscess.
Transtracheal or lung aspirate	LAB3667 SPTC + LAB3054 ANER	Syringe with Luer Tip Cap.		> 1 ml if possible	See Abscess. Collected by physician.	See Abscess.
Debridement-type Tissue	LAB6018 TISC + LAB3054 ANER	Sterile container or eSwab.		> 1 cm3	Add 1ml of fluid from an eSwab if delay in transport to lab is anticipated.	See Abscess.
BLOOD (peripheral)	LAB3131 BLC (Adult) LAB3130 BLCN (Ped)	BacT/ALERT media: aerobic AND anaerobic		Adults: 10mL+10mL Children: As much as possible (usually 1-5 ml) in aerobic bottle only	Sterile venipuncture: Adults--10 ml into aerobic and 10 ml into anaerobic bottle. Peds--all into aerobic bottle.	Collect 2-3 separate culture collections/24 hours. Leave at room temperature until transported to lab. Clinical information very important. Minimum of two peripheral cultures should be collected.
BONE MARROW	LAB6018 TISC	NOTE: For fungal, viral, and/or AFB cultures collect Bone Marrow according to instructions found in Test Menu				Transport to PLP ASAP ambient.

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NON-Sterile BODY FLUIDS (abnormal collections of fluid not normally found in the body- abscesses, cysts, drainage, ect.)	LAB7172 WDC + LAB3054 ANER	Sterile Container (>20 ml) or Syringe with Luer Tip Cap (≤20 ml) or eSwab.		As much as possible; several mls.	Aspiration with syringe during surgery, from post-op drain site or via nasogastric tube site from duodenum.	First ml from post-op drain site often contains contaminants. Collect and send to the lab ASAP for best results. Specimens that sit for a prolonged time may have overgrowth of contaminants.
Hematomas	LAB7172 WDC	Sterile container or red-top vaccutainer.		As much as possible; several mls.	Sterile aspiration with syringe or surgical evacuation.	
Sterile Body Fluids Ascites, Pericardial, Synovial (joint), Bile, Peritoneal, pleural, abdominal and amniotic.	LAB3139 BFLD + LAB3054 ANER	Syringe with Luer Tip Cap is the best container. (Sterile container or red-top vacutainer OK.) DO NOT place into a Swab container.		As much as possible; several mls.	Sterile aspiration with syringe with Luer Tip Cap	Clinical history important. Specific requests as indicated, e.g. GC, TB.
Peritoneal dialysate	LAB7172 WDC + LAB3054 ANER	Sterile container		As much as possible; several mls.	Sterile aspiration with syringe	
CATHETER TIPS						
Foley (indwelling) catheter						Not accepted for culture.
Vascular	LAB3165 CTC	Sterile container		Only the Distal-2 inch segment. DO NOT submit the entire catheter.	Decontaminate skin before catheter withdrawal. Sever aseptically at a point just inside skin surface.	Submit only the cut intravascular part (distal 2").
CENTRAL NERVOUS SYS. Brain aspirate	LAB3139 BFLD + LAB3054 ANER	Syringe with Luer Tip Cap. DO NOT place into Swab container.		As much as possible; several mls.	Collected by physician.	Consult with lab prior to surgery to coordinate handling specimen.
Brain biopsy	LAB6018 TISC + LAB3054 ANER	Sterile container		5-10 mm3	Collected by physician.	Same as for brain aspirate.
CSF	LAB3665 CSFC (Site = CSF)	Sterile, clean, screw-capped tube		As much as possible; several mls.	Sterile lumbar puncture; ventricular or suboccipital tap.	Culture yield dependent on volume, especially if acid-fast and fungus cultures desired.
Shunt fluid	LAB3665 CSFC (Site = SHUN)	Sterile, clean, screw-capped tube.		As much as possible; several mls.	Decontaminate skin and catheter. Sterile aspriration through shunt.	

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EAR Internal	LAB3271 EARC + LAB3054 ANER	Sterile syringe, container. Swabs are inferior.		Aspirated fluid if possible.	Cleanse external canal with mild antiseptic. Collect specimen through sterile funnel from ear drum or beyond.	
EAR External	LAB3271 EARC	eSwab or sterile container.		Aspirate or swabs (2).	Cleanse external can with mild detergent. Collect specimen from active margin and/or deep areas.	
EYE Internal	LAB3139 BFLD or LAB3293 EYEC + LAB3238 FUNG	Sterile container.		As much as possible.	Obtained by physician. Call days ahead if specific media is needed.	Specimen usually small and obtained with difficulty; handle carefully, transport to lab immediately.
EYE External	LAB3293 EYEC	eSwab; sterile container for scrapings to be cultured for bacteria; alcohol-cleaned glass slides for scrapings. NOTE: Use viral/chlamydia transport medium if either is suspected.	  	Moistened swabs usually. Conjunctival and/or corneal scrapings necessary for viral or chlamydial diagnosis; make 2 slides per lesion if bacterial culture is desired.	Swabbing (before topical anesthetic): Pass moistened swabs 2 times over lower conjunctiva. Avoid eyelid border and lashes. Scrapings: Use local anesthetic and platinum spatula. Inoculate media directly, then transfer same scrapings to a small area on slide.	Handle carefully; transport to lab immediately. Clinical information important. Scrapings done by opthalmologist. Call days ahead if specific media is needed.
Acanthamoeba	Unlisted Test request	Corneal scrapings, vitreous fluid or tissue.	Page's amoeba saline (ARUP supply #31917)	Corneal scrapings and/or vitreous fluid as much as possible.	Place corneal scrapings, vitreous fluid, or tissue in 2 mL of Page's amoeba saline. Transport at Room temperature.	See ARUP website. Call ahead for transport media.

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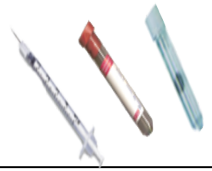
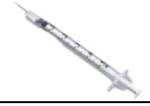
GENITAL TRACT-FEMALE Amniotic Fluid	LAB3139 BFLD + LAB3054 ANER	Original Syringe with Luer Tip Cap is the best container. Sterile vacutainer screw-cap tube or red top. DO NOT place into Swab container.		As much as possible; usually several mls.	DO NOT COLLECT WITH SWAB. Aspirate with syringe; avoiding contamination by skin or vaginal flora.	Treat as a normally sterile body fluid.
Cervix (endocervix)	LAB3334 GENC or LAB4170 MBSB (Grp B Only) or LAB3333 GCC (GC Only) BACTERIAL CULTURES (SEE PG 16 for molecular testing)	eSwab		2 swabs of uncontaminated endocervical secretions.	Wipe cervix clean; use speculum, no lubricant. Under direct vision, gently compress cervix with speculum blades and rotate swab to obtain endocervical exudate for N. gonorrhoeae.	If N. gonorrhoeae CULTURE (GC) requested, 1. Remove applicator swab and collect specimen. During specimen collection, the applicator tip should only touch the area where the infection is suspected to minimize potential contamination. 2. Place applicator swab in transport tube. 3. Label swab with patient's name (first and last), date of birth, date of collection, and specimen source. 4. Specimens should be transported at room temperature.
Cul de sac (culdocentesis)	LAB3139 BFLD + LAB3054 ANER	Syringe with Luer Tip Cap.		1 ml if possible	See Abscess. Aspirate through posterior vaginal vault after wiping clean of secretions.	See Abscess.
Endometrium	LAB7172 WDC	Syringe with Luer Tip Cap or eSwab.		Swabs provide poor specimens. Curettings or aspiration preferred over swabs.	Same preparation as for Cervix. If swabs used, a sterile tube sheath helps avoid vaginal flora.	Likelihood of external contamination is high for cultures obtained through the vagina. If N. gonorrhoeae (GC) CULTURE requested, collect eSwab.
Intrauterine device	LAB3054 ANER	Sterile container.		Entire IUD plus secretion; pus.	Surgical removal.	Transport to lab immediately.
Lochia						Not acceptable for culture.
Products of conception (fetal tissue placenta, membranes)	LAB7172 WDC	Sterile container.		Tissue or aspirate	Swab amnionchorion interface which has been exposed by peeling the membranes apart in a sterile manner.	If specimen expelled and contaminated, please indicate.
Fallopian Tubes, ovaries	LAB6018 TISC + LAB3054 ANER	Sterile container; Syringe with Luer Tip Cap. Swabs are inferior specimens.		Tissue; aspirates.	Surgically obtained.	Tissue or aspirate preferred over swabs. Consider anaerobic, venereal, fungal and AFB infection.

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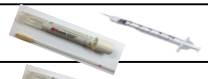
Urethra	LAB3333 GCC + LAB3358 GRAM BACTERIAL CULTURE (SEE PG 16 for molecular testing)	eSwab		Swab of urethral secretion or discharge.	Wipe meatus clean; obtain discharge by "milking" or by swab about 2 cm inside urethra.	Collect 1 hr. or more after urination. 1. Remove applicator swab and collect specimen. During specimen collection, the applicator tip should only touch the area where the infection is suspected to minimize potential contamination. 2. Place applicator swab in transport tube. 3. Label swab with patient's name (first and last), date of birth, date of collection, and specimen source. 4. Specimens may be transported at room temperature.
Vagina	LAB3334 GENC or LAB4170 MBSB (Grp B Only) or LAB3333 GCC (GC Only) BACTERIAL CULTURES (SEE PG 16 for molecular testing)	eSwab		Aspirate or swab; smears, wet mounts	Use speculum without lubricant. aspirate or swab high in vagina.	Cervical specimen preferred for GC; wet mount for yeast and Trichomonas. Indicate if vaginal wound or abscess and see Abscess. If N. gonorrhoeae (GC) requested, 1. Remove applicator swab and collect specimen. During specimen collection, the applicator tip should only touch the area where the infection is suspected to minimize potential contamination. 2. Place applicator swab in transport tube. 3. Label swab with patient's name (first and last), date of birth, date of collection, and specimen source.
Vaginal cuff	LAB7172 WDC + LAB3054 ANER	Syringe with Luer Tip Cap or eSwab.		Aspirate of abscess or swabs (2).	See Abscess.	Tissue submitted in sterile container.
Vulva/Bartholin	LAB7172 WDC	Syringe with Luer Tip Cap or eSwab.		Aspirate or swabs (2).	See Abscess.	Prep skin.

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GENITAL TRACT-MALE Penis	LAB3334 GENC + LAB3358 GRAM	Syringe with Luer Tip Cap or eSwab for N. gonorrhoeae. BACTERIAL CULTURE		Aspirate or swabs (2).	See Abscess if aspirate.	Prep skin, but do not use alcohol for mucous membranes.
Prostatic fluid	LAB7172 WDC	Sterile container or eSwab.		Secretion for smear and culture.	Digital massage through rectum.	Collect blue-capped Max V swab if N. gonorrhoeae suspected.
INTESTINAL						
Duodenal	LAB3668 STLC	Sterile container.		Several mls.	Aspirate through tube.	Travel and food history.
Feces or Stool	LAB3668 STLC (Culture) or LAB8306 CDIFT (C. difficile toxin) or LAB3781 STWBC (Lactoferrin-Leukocytes) or LAB5969 VREC (Vancomycin Resistant Enterococcus)	Use an ORANGE-top Medium for culture. Use a clean leak-proof screw-cap container for C. difficile & WBC's. eSwab	  	1 tablespoon Fill each vial to the red "fill line".	Collect without contamination by urine, soap, etc. Insert swab from one eSwab collection kit at least 5 cm into the rectum and rotate the swab to obtain fecal material. Place swab immediately into eSwab tube and cap tightly.	Culture specimen must be submitted in orange-capped transport medium available from lab. Test includes culture for: Salmonella Shigella Campylobacter E. Coli: 0157:H7 Upon request, can also include: Yersinia Vibrio c.difficile toxin - Collect liquid or semi-liquid (unformed) stool specimen (must conform to the container). Formed/solid specimens will be rejected.
Gastric aspirate	see above	Sterile container.		Enough for smear and culture.	Collected by physician.	
PUS/ABSCESS		See Abscess.		See Abscess.	See Abscess.	See Abscess.

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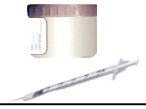
RESPIRATORY TRACT Epiglottis	LAB7172 WDC	eSwab		Swab.	Collected by physician.	DO NOT swab throat in cases of acute epiglottis unless prepared to perform a tracheostomy.
Nasal sinuses	LAB7172 WDC				See Anaerobic cultures: Body fluids.	
Nasopharynx	LAB4171 URESC	Mini-tip eSwab		Swab.	Swab pressed gently through nose into nasopharynx, rotated, left in palce 30 seconds and removed.	Transport to lab immediately. State organism suspected.
Nose	LAB4171 URESC	eSwab		Swab.	Insert swab about 1 inch into nose, gently rotate and remove.	A VERY POOR specimen. Used mainly to detect staphyloccal carriers. State if for infection or carrier diagnosis.
Throat/pharynx	LAB3671 GRAS (Grp A Strep Agn) or LAB3672 DBSA (Grp A Strep PCR) or LAB4171 URESC (Culture-Specify Organism) or LAB3333 GCC (N. gonorrhoeae)	eSwab		Swab.	Swab tonsils and areas of exudate, inflammation, or membrane formation. AVOID TONGUE AND ORAL MUCOSA.	*Group A beta-Streptococcus* sought routinely; OTHER ORGANISMS ON SPECIFIC REQUEST ONLY. If *N. gonorrhoeae* (GC) requested, collect eSwab.
Bronchoscopy	LAB3667 SPTC	Sterile container.		Brushings, biopsies, washings; Lavage.	Collected by physician.	Anaerobic culture only on specific request. Transtracheal or lung aspirate preferred for anaerobic culture. State organism suspected.
Lung aspirate	LAB7172 WDC + LAB3054 ANER	Syringe with Luer Tip Cap. eSwab is acceptable.		1 ml if possible	See Abscess.	State organism suspected.

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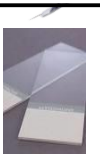
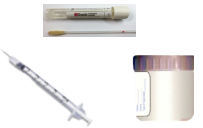
Oral cavity--surface of tongue, gums	LAB3358 GRAM	Collect scraping onto a Tongue depressor and make a thin smear of the specimen onto a microscope slide. Send slide to lab.		Scraping	Scrape exudate or coating of tongue/gums after rinsing mouth.	Smear examined for yeast on special request.
Dental abscess, root abscess, tonsillar abscess.	LAB7172 WDC + LAB3054 ANER	Syringe with Luer Tip Cap.		1 ml if possible	Rinse mounth, prep with dry sterile gauze, aspirate with needle and syringe (see Abscess).	
Sputum	LAB3667 SPTC	Sterile container.		Sputum, not saliva.	1st morning deep cough specimen best. Patient should rinse mouth first.	1 per day accepted. Refrigerate if not delivered to lab in short time. Pooled specimens not accepted.
Tracheal aspirate	LAB3667 SPTC	Sterile container.		Sputum		Handled as sputum by lab.
Transtracheal aspirate	LAB3667 SPTC	Sterile container.		> 1 ml if possible	Collected by physician.	
SKIN Superficial wound	LAB7172 WDC	Syringe with Luer Tip Cap; sterile container.		Aspirate or biopsy.	Biopsy or aspirate deep areas of lesion, not surface. Biopsy margin and deep area of lesion.	Clean wound surface with 70% alcohol before collecting specimen. Clinical history.
Deep wound / Closed abscess	LAB7172 WDC + LAB3054 ANER				See Abscess.	
Fistula, sinus tract, etc.	LAB7172 WDC + LAB3054 ANER	Syringe with Luer Tip Cap or eSwab.		Pus, 1 ml if possible, preferred.	Aspirate	Clean surface with 70% alcohol.
Traumatized areas (burns, bites, uclers).	LAB7172 WDC	Sterile container. Syringe with Luer Tip Cap or eSwab.		Biopsy, aspirate.	Biopsy should include margin and deep part. Aspirate deep areas.	Clean surface with 70% alcohol.
Rash (non-purulent), pustules, petechiae.	LAB7172 WDC	eSwab		Pus, fluid; swab.	Swab without prior cleansing.	
Umbilicus	LAB7172 WDC	eSwab		Swab	Swab without prior cleansing.	Culture results always are equivocal.
Drainage	LAB7172 WDC + LAB3054 ANER	Sterile container. Syringe with Luer Tip Cap or eSwab.		Pus, fluid.	Collect material from as deep in drainage site as possible; AVOID SUPERFICIAL CONTAMINATION.	Clean surface with 70% alcohol.

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TISSUE	LAB6018 TISC + LAB3054 ANER	Sterile container. DO NOT place into Swab container with a swab. Add eswab fluid or sterile saline for transport.		1-3 cm3	Add <1ml sterile saline	Fluid from an Eswab is also acceptable for transport.
Urethra	LAB3334 GENC + LAB3358 GRAM				See Genital tract.	
URINE	LAB3738 URNC see below for Site Codes	Specimens must be preserved within 2 hours of collection.				Swabs, Pooled, or 24 hours specimens are NOT acceptable.
Clean-voided	(Site = CCUR)	Sterile container. Fill boric acid preservation tube.		> 5 ml	Instruct patient carefully on cleaning genital area and catching midstream urine.	Early AM specimen best. Transport to lab within 1 hr. of collection or refrigerate if preservation tube not available.
Catheter (indwelling, Foley), ileal loop.	(Site = ICURN)	Sterile container-fill boric acid preservation tube.		> 5 ml minimum.	Disinfect tubing with alcohol. Aspirate through tubing with a syringe.	Same as above.
Catheter (diagnostic, straight)	(Site = SCAT)	Sterile container--fill boric acid preservation tube.		> 5 ml minimum.	Catheter aseptically inserted and removed after urine collection.	Same as above.
Suprapubic or cystoscopic	(Site = SUPB)	Sterile container--fill boric acid preservation tube.		> 5 ml minimum.	Collected by physician.	Same as above.
WOUND	LAB7172 WDC				See skin.	

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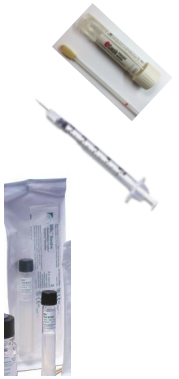
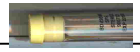
ANAEROBIC BACTERIA						
Anaerobic Cultures = specimen MUST NOT be exposed to air, i.e.,"no air"	LAB3054 ANER	Tissues and Fluids should be collected rather than swab samples. Swabs are rarely, if ever, productive because they contain a relatively small sample volume. Utilize eSwab if swabs must be collected.		as much as possible	The sample should be collected from the active site of infection and precautions must be taken to exclude surface contaminants and aeration of the specimen. Specimens should NEVER be refrigerated, because chilling is detrimental to some anaerobes and oxygen absorption is greater at lower temperatures.	Cultures of particular sites include analysis for anaerobes when these organisms are indicated. Many sites are not acceptable for anaerobic culture because the specimens are either form body sites containing numerous anaerobic bacteria as part of normal flora or are unavoidably contaminated by normal anaerobic flora during collection, e.g., nasal swabs, sputum, nasogastric aspirates, gastric contents, skin, voided or catheterized urines, feces, vaginal swabs, oral/mouth/dental, trach/bronch wash.
ACID FAST BACTERIA (Mycobacteria sp.)						
AFB (Other than Blood, Bone Marrow, Sputum, Bronchial specimens and Urines)	LAB3019 AFBC	Sterile, screw-capped container		>5ml	Tissue, scrapings, and fluid material is required.	Swabs are NOT acceptable
AFB (Sputum, Bronchial specimens, Urine)	LAB3019 AFBC LAB7480 MTB PCR may be added for high risk patients	Sterile, screw-capped container		>5ml		Should be first early morning collection. Indicate source of specimen. Keep specimen refrigerated. Pooled specimens not acceptable. At least 5 ml of sputum is required to perform test. Swabs are not acceptable. A Smear is always examined with a culture.
AFB Mycobacteria other than TB (MOTT, Atypical)	LAB3019 AFBC	see above				
AFB (Blood & Bone Marrow)	LAB3850 AFBLC	Blood or Bone Marrow in 10ml yellow SPS tube		10 ml		

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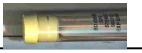
FUNGUS * See the separate guidelines for collecting specimens to be cultured for Bacteria						
Fungal- Yeast Only	LAB3238 FUNG	eSwab				Candida species culture- usually requested on vaginal samples
Fungal (Other than Blood, Bone Marrow, or Skin)	LAB3238 FUNG	Sterile, screw-capped container or Eswab	 	>5ml		
Fungal (Skin)	LAB3238 FUNG	Sterile, screw-capped container				
Fungal (Blood or Bone Marrow)	LAB3327 FUNGB	Blood – Yellow top SPS		10 ml		Bone marrow can be in syringe/ sterile continer
Fungal Smear	LAB3827 FGSM	Sterile, screw-capped container, or slides (2) of the specimen, e.g. esophageal brush	 			

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VIRUSES * See the separate guidelines for collecting specimens to be cultured for Bacteria					
IMPORTANT NOTES:	* All specimens suspected of containing viruses should be kept moist and cold. * Transport all specimens refrigerated, on ice or cold packs immediately to the Laboratory. * All viral specimens (in appropriate containers or transport media) should be placed into sealed zip-lock bags and then into ice (rather than the specimen container being placed directly into ice). * Always list the source of the specimen when requesting a virology test. * Contact the lab for UTM, M4RT or other VTM (viral transport media).				

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BLOOD or BONE MARROW	Various PCR Tests (HSVP, CMVP, etc.)	purple-top lavender (EDTA)		*Adults:* 3 ml *Infants:* 0.5 ml		
BODY FLUIDS: Cerebrospinal fluid (CSF), Amniotic, Pleural, Pericardial	LAB4131 VRCNR	Sterile, screw-capped tube or Syringe with Luer Tip Cap.				
DERMAL LESIONS	LAB4128 HSVC (HSV &/or VZV)	Swab ("flocked" Type) INSERTED into VCTM (swabs by themselves are unacceptable)		Swab Scrapings:	Unroof lesions and use a swab to scrape cells from the base of fresh lesions. Place the swab immediately into VCTM.	Dermal specimens taken during the first 3 days of lesion eruption are most productive
		Syringe with Luer Tip Cap.		Fluid:	Use a tuberculin syringe and 26-gauge needle to aspirate fluid from several fresh lesions.	
	LAB4131 VRCNR (All Viruses)	Swab ("flocked" Type) INSERTED into UTM or VTM (swabs by themselves are unacceptable)				
	LAB4133 CHLAC (Chlamydia) CULTURE	Swab ("flocked" Type) INSERTED into UTM (swabs by themselves are unacceptable)				

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EYE	LAB4133 CHLAC (Chlamydia) CULTURE	Scalpel, Swab ("flocked" Type) & UTM			Moisten a swab with transport media. Use the moist swab and firm pressure to collect epithelial cells. A sterile scalpel blade can be used to scrape away corneal cells. Place swab or scraped cells immediately into UTM.	
	LAB4128 HSVC (HSV &/or VZV)	Swab ("flocked" Type) & UTM				
	LAB4131 VRCNR (All Viruses)	Swab ("flocked" Type) & UTM				
GENITAL LESIONS					See Dermal lesions	
MUCOSAL LESIONS					See Dermal lesions	
ORAL LESIONS					See Dermal lesions	
RECTAL LESIONS	LAB4128 HSVC (HSV &/or VZV)	Swab ("flocked" Type) & UTM or Sterile, screw cap container		Swab:	Insert swab at least 5 cm into the rectum and rotate the swab to obtain fecal material. Place swab immediately into UTM.	Keep specimen refrigerated. Send to lab on ice. Indicate source of specimen. Applicator swabs and transport medium available from lab. CSF, urine, and other normally sterile body fluids should not be placed in transport medium. Transport these specimens undiluted and on ice.
	LAB4131 VRCNR (All Viruses)			Stool:	Place a small amount of freshly passed stool into container	
	LAB4133 CHLAC (Chlamydia)	see Chlamydia culture				

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
RESPIRATORY TRACT	LAB4129 VRESP (All Viruses)	Sterile, screw cap container				If C. pneumoniae is suspected, Contact the Laboratory.
	LAB4132 VRSCM (CMV) Cytomegalovirus	Sterile, screw cap container				
	LAB4133 CHLAC (Chlamydia)	Sterile, screw cap container				
	LAB4128 HSVC (HSV &/or VZV)	Sterile, screw cap container				
Nasopharyngeal secretions, washes, and swabs	(see Resp. above)	Soft catheters and suction devices (syringes and suction bulbs)		Infants and small children:	Withdraw the catheter or suction from far back in the nose.	
		Syringe & 3-7ml saline		Infants and small children:	Introduce 3 to 7 ml of sterile, buffered saline into a child's posterior nasal area and rapidly aspirate the fluid.	
		Swab ("flocked" Type) & UTM		Adults:	DO NOT pre-moisten flocked swabs. Collect specimen then place swab into the UTM.	
Throat -viral culture	LAB4129 VRESP	Swab ("flocked" Type) & UTM			Use a dry swab to swab inflamed areas, especially tonsils and posterior pharynx. Two swabs are preferable. Place swabs immediately into UTM.	
Bronchial washing and broncho-alveolar lavage	(see Resp. above)				Follow appropriate surgical procedures to obtain fluids.	

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
Sputum	(see Resp. above)	Sterile, screw-capped container			Patient should produce sputum from a deep cough into container.	
STOOL					See Rectal lesions	
TISSUES: (e.g. brain, lung, heart, muscle, kidney)	LAB4131 VRCNR (All Viruses) --- LAB4130 VRCMV Cytomegalovirus --- LAB4128 HSVC (HSV &/or VZV)	VCTM		usually 1 to 2 grams	Place fresh, unfixed specimen directly and immediately into UTM.	
URINE	LAB4130 VRCMV Cytomegalovirus --- LAB4131 VRCNR (All Viruses)	Sterile, screw-capped container			Collect a clean-catch, midstream specimen into container and refrigerate immediately. DO NOT submit urine in boric acid/ preservative tubes.	

OTHER MICROBIOLOGY RELATED CULTURES AND TESTS:

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
4PLEX (Covid, Flu A & B, RSV) for all patients **-OR-** **Nucleic Acid Probe Tests (DNA Probes) for *Respiratory Pathogens (for inpatients)***	LAB4300 4PLEX (outpatients) - OR- LAB589 MRPP (inpatients)	NP Swab (Flocked mini-tip) INSERTED into M4RT, VTM or UTM (swabs without transport media are *unacceptable)*		3mL UTM/VTM/M4RT	Insert the swab into the nostril which appears to produce the most secretions. Use gentle rotation and push the swab along the floor of nasal passage until resistance is met (about as far back as the ear). Rotate the swab a few times, and remove the swab. Place the swab into the transport medium.	MMRP tests for the following pathogens: • Adenovirus • Coronavirus HKU1, NL63, 229E, & OC43 and SARS-CoV2 • Human Metapneumovirus (HMPV) • Human Rhinovirus/Enterovirus • Influenza A, A/H1, A/H1-2009, A/H3 & Influenza B • Parainfluenza 1, 2, 3, and 4 • Respiratory Syncytial Virus (RSV) • Bordetella pertussis and parapertussis • Mycoplasma pneumoniae

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
Nucleic Acid Probe Tests (DNA Probes) for *Bordetella pertussis*	LAB590 BPER1	SWAB - mini tipped, flexible flocked swab (Blue Capped eSwab)			Insert the swab into the nostril which appears to produce the most secretions. Use gentle rotation and push the swab along the floor of nasal passage until resistance is met (about as far back as the ear). Rotate the swab a few times, and remove the swab. Place the swab into the transport medium.	
Nucleic Acid Probe Tests (DNA Probes) for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG)	LAB7336 APTCG combined LAB7337 APTCH or LAB7338 APTGC	Female Endocervical: Gen-Probe APTIMA **Unisex** Collection Device or ThinPrep PAP specimen* Male Urethral: Gen-Probe APTIMA **Unisex** Collection Device Female/Male Urine: GenProbe APTIMA **URINE** Collection Device		Swab/ Urine placed in special collection device according to instructions on packet.	See specific instructions on collection device packaging. (DNA PROBE COLLECTION AND TRANSPORT KITS (GEN-PROBE APTIMA)	These tests have been approved for the following specimens: CT = endocervical, urethral, urine, ThinPrep PAP* GC = endocervical, urethral, urine, ThinPrep PAP*. See Culture orders for other specimen types. *NOTE: If ThinPrep PAP is to be shared with cytology for PAP stain, Microbiology lab must receive the vial first. Once Cytology has processed the vial for the PAP stain, Microbiology cannot perform this test due to risk of cross-contamination/false positives occurring.
Nasal MRSA Detection by PCR	LAB3523 MMRSA	eSwab		Swab.	Insert swab about 1 inch into left nostril gently rotate and remove. Repeat with right nostril using same swab.	Looking for MRSA only, "MRSA DETECTION BY PCR."
Nasal MRSA/MSSA Detection by PCR	LAB7501 MSAUR	eSwab		Swab.	Insert swab about 1 inch into left nostril gently rotate and remove. Repeat with right nostril using same swab.	Looking for SA and MRSA, "MRSA/MSSA DETECTION BY PCR."
Infant Nasal MRSA Detection by PCR	LAB7513 IMRSA	Mini-tip eSwab		Swab.	Insert swab about 1 inch into left nostril gently rotate and remove. Repeat with right nostril using same swab.	Infants only. Looking for MRSA , "MRSA DETECTION BY PCR."

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
Occult Blood	LAB3362 HMCLT (Feces) LAB3901 GOCLT (Gastric)	Feces: Hemoccult slide or Sterile, screw-cap container Gastric: Sterile, screw-cap container.		Feces: 1 tablespoon Gastric: > 0.5 ml	Fecal specimens should not be contaminated with urine.	False positive HMCLT results may occur from ingestion of meat or dietary peroxidases (horseradish) or from iron therapy. False negative HMCLT results may be due to Vitamin C ingestion or sampling error during testing.
PARASITES						
OVA and PARASITES ***Cryptosporidium* and *Giardia lamblia* Antigen**	LAB7524 OAPA	1 Black-capped OAP vial		1 tablespoon Fill each vial to the red "fill line".	Fill stool collection vials so that level of fluid in the container rises to the line indicated on the labels. Do not overfill the containers. Proper preservation is accomplished when the correct ratio of specimen to preservative is attained.	If suspect ONLY Giardia, order LAB7522 AGGIA. If suspect ONLY Cryptosporidium, order LAB7523 AGCRY

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
OVA and PARASITES Stool, with documented TRAVEL HISTORY or immunocompromised	LAB3517 OAPTI	1 Black-capped vial Swabs are NOT acceptable.		1 tablespoon Fill each vial to the red "fill line".	Fill collection vial so that level of fluid in the container rises to the line indicated on the labels. Do not overfill the containers. Proper preservation is accomplished when the correct ratio of specimen to preservative is attained.	1 per day. 3 consecutive specimens recommended. Travel and food history. Note: This test will NOT detect Cryptosporidium, Cyclospora, Isospora or Microsporidia. See other OAP tests on this page for these organisms
OVA and PARASITES Body Fluid, Urine or Colonic Wash	LAB5963 or 68 OAPNS	1 Pink-capped OAP vial AND 1 Blue- capped stool collection vials- MUST HAVE BOTH		1 tablespoon Fill each vial to the red "fill line".	Fill collection vial so that level of fluid in the container rises to the line indicated on the labels. Do not overfill the containers. Proper preservation is accomplished when the correct ratio of specimen to preservative is attained.	
OVA and PARASITES *Cyclospora, Isospora* or *Microsporidium*	LAB3241 OAPCI LAB3546 OAPMS	1 Pink-capped OAP vial		1 tablespoon Fill each vial to the red "fill line".	Fill stool collection vials so that level of fluid in the container rises to the line indicated on the labels. Do not overfill the containers. Proper preservation is accomplished when the correct ratio of specimen to preservative is attained.	
OVA and PARASITES Bug or Worm Identification	LAB7144 OAPME	Clean cup or White-capped OAP vial				BEDBUGS are not acceptable for ID, call environmental services

SPECIMEN	Epic/SQ TEST CODES	CONTAINER	VOLUME	TECHNIQUE	COMMENT