

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>

BACTERIA * See the separate guidelines for collecting specimens to be cultured for **Viruses**.

SPECIMEN	Epic/SQ TEST CODES	CONTAINER	VOLUME	TECHNIQUE	COMMENT
Gram Stain	LAB3358 GRAM				If GRAM is not specified in the chart below, the culture order already includes the gram stain.
AEROBIC BACTERIA					
ABSCCESS	LAB3139 BFLD + 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	LAB3139 BFLD + LAB3054 ANER	See Abscess.		Aspirated pus or granules.	See Abscess.
Non Sterile Body Fluids, pus, or secretions	LAB3139 BFLD + LAB3054 ANER	Syringe with Luer Tip Cap or eSwab.		> 1 ml if possible	See Abscess.
Transtracheal or lung aspirate	LAB3667 SPTC + LAB3054 ANER	Syringe with Luer Tip Cap.		> 1 ml if possible	See Abscess. Collected by physician.
Debridement-type Tissue	LAB6018 TISC + LAB3054 ANER	Sterile container or eSwab.		> 1 cm3	Add < 1ml Culture Broth Medium (TSB) if delay in transport to lab is anticipated. Culture Broth Medium can be acquired from Laboratory in advance of procedure.
BLOOD (peripheral)	LAB3131 BLC (Adult) LAB3130 BLCN (Ped)	BacT/ALERT media: aerobic AND anaerobic		Adults: 20 ml Children: As much as possible (usually 1-5 ml)	Sterile venipuncture: Adults--10 ml into aerobic and 10 ml into anaerobic bottle. Peds--all into aerobic bottle. Collect 2-3 specimens/24 hours. Leave at room temperature until transported to lab. Clinical information very important. Minimum of two samples should be drawn unless emergency.
BONE MARROW	LAB6018 TISC	BacT/ALERT media bottle (direct inoculation) (use aerobic bottle) NOTE: For fungal, viral, and/or AFB cultures collect Bone Marrow according to instructions found in these specific sections of these tables.			See Blood. Sterile percutaneous aspiration by physician. Immediately inoculate vials. Entire sample into aerobic BacT/ALERT vial. See Blood. Direct smears should be made. List specific requests, e.g. fungal, AFB, viral, Brucella. Consult lab for tech assistance.

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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.	
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.
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 ophthalmologist. 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.

SPECIMEN	Epic/SQ TEST CODES	CONTAINER		VOLUME	TECHNIQUE	COMMENT
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 may 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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RESPIRATORY TRACT Epiglottis	LAB7172 WDC	eSwab		Swab.	Collected by physician.	DO NOT swab throat in cases of acute epiglottitis 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 place 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 staphylococcal 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.	<i>Group A beta-Streptococcus</i> sought routinely; OTHER ORGANISMS ON SPECIFIC REQUEST ONLY. If <i>N. gonorrhoeae</i> (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	LAB3139 BFLD + 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.	LAB3139 BFLD + LAB3054 ANER	Syringe with Luer Tip Cap.		1 ml if possible	Rinse mouth, 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.	LAB3139 BFLD + 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	LAB3139 BFLD + 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.		1-3 cm3	Add <1ml Culture Broth Medium (TSB) if delay in transport to lab is anticipated.	Culture Broth Medium can be obtained from the Laboratory in advance of procedure.
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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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		Can obtain a pediatric-sized tube in cases of difficult draws
Fungal Smear	LAB3827 FGSM	Sterile, screw-capped container, or slides (2) of the specimen, e.g. esophageal brush 			Fungal Smear order is not necessary if a gram stain has already been ordered. Fungal elements can be observed and will be reported when gram stains are performed.

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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			

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RESPIRATORY TRACT	LAB3638 RSVAG (RSV Respiratory Syncytial Virus Antigen)	Swab (Flocked type) INSERTED into VTM or UTM Nasal Wash (swabs by themselves or eSwabs are unacceptable)		<p>NASAL SWAB- 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.</p> <p>NASAL WASH (younger children)- Sit child facing forward on parent's lap. Parent should restrain the child. Instill up to 2.5 mL sterile normal saline into one nostril while head is tilted back. Aspirate the fluid and nasal secretions. Transfer aspirated fluid into a clean container (sputum collection cup). Repeat the procedure with other nostril, and place the fluid into the same container. Label the container with the patient's name, date, time, and "RAPID RSV TEST".</p>	
	LAB7162 RFLU (Influenza A/B Agn)	QuikVue sterile foam-tip swab, flocked swab in sterile tube or nasal wash		<p>Insert the swab into the nostril which is producing the most secretions. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than 1 inch into the nostril). Rotate the swab a few times, and remove the swab. Replace the swab into the swab tube.</p>	
	LAB4129 VRESP (All Viruses)	Sterile, screw cap container			<p>If C. pneumoniae is suspected, Contact the Laboratory.</p>
	LAB4132 VRSCM (CMV) Cytomegalovirus	Sterile, screw cap container			
	LAB4133 CHLAC (Chlamydia)	Sterile, screw cap container			
LAB4128 HSVC (HSV &/or VZV)	Sterile, screw cap container				

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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."
Occult Blood	LAB3362 HMCLT (Feces) LAB3901 GOCLT (Gastric)	Feces: Hemocult 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.

