

## BUCCAL SWAB COLLECTION PROCEDURE

**Precaution:** The patient should not eat, drink, smoke, chew gum, or brush teeth for at least 30 minutes prior to sample collection.

1. Obtain four sterile cotton-tipped applicators.
2. Ask the patient **to perform a mouth rinse with clean water** prior to sample collection.
3. As the collector, **wash hands and wear gloves** throughout the collection procedure.
4. Carefully **remove one applicator from the sterile pack. Do NOT allow the cotton tip to come into contact with any object or surface.** If the cotton tip becomes contaminated through touch or contact with an unclean surface, discard it and use a new applicator.
5. **Insert the applicator between the inside of the cheek and the upper gum,** being careful not to touch the cotton tip against teeth, lips, or other surfaces.
6. **Press firmly but GENTLY** (so as NOT to induce bleeding) **and twirl the applicator against the inside of the inner cheek** using an **up and down motion from front to back and back to front.** Continue this motion for **at least 30 seconds.**

**Note:** It is important that there be **no visible blood contamination on the cotton tip.** If this occurs, stop the procedure. Ask the patient to repeat the mouth rinse. Wait at least 10 minutes and attempt the procedure again on the other side. **If there is visible blood contamination on the second attempt, please stop collection and discard the sample.**

7. **Remove swab** from the patient's mouth and allow it to **air dry on a sterile surface for at least ten minutes. Label the stick portion of the applicator** with patient's name, VUMC MRN # (or your facility's patient number), and date of birth (MM/DD/YYYY).
8. Repeat steps #3-5, collecting a **total of 4 swabs** and sampling both sides of the patient's mouth.
9. Place each **air-dried swab back into its respective wrapper.**
10. Place **all wrapped swabs corresponding to a single patient into a specimen bag. Label the bag** with patient's name, VUMC MRN #, date of birth, and specimen collection date (MM/DD/YYYY).
11. Arrange for the **sample to be sent to Vanderbilt Medical Laboratories at MetroCenter** (VML Specimen Receiving) **via routine courier service or FedEx.** Samples should be shipped at room temperature.

If you have questions, please call VML Customer Service or email [moleculardiagnosticlab@vumc.org](mailto:moleculardiagnosticlab@vumc.org).