





Microbiology Specimen Collection

Investigation	Collection Container/kit	Tests
Genital specimens	Genital swab kit & Urine Jar 	See list for common diseases (See list bottom of page 2) <u>Females</u> <ul style="list-style-type: none"> High/Low vaginal swab protocol <ul style="list-style-type: none"> Prepare smear on slide; &/or Send orange-top wire swab and (for Ct/Ng PCR) white-top swabs Cervical/ Endocervical swab protocol <ul style="list-style-type: none"> Prepare smear on slide; Orange- top wire swab for culture and (the OPTIMAL tests for Ct/Ng in females is PCR via) white-top swab - First-stream urine as alternative/additional test for Ct/Ng PCR <ul style="list-style-type: none"> No voiding for at least 2 hours, Aim to send 20 ml to lab <u>Males</u> <ul style="list-style-type: none"> Urethral swab: <ul style="list-style-type: none"> Prepare smear on slide; & Orange-top and white-top swab & First-stream urine (after not voiding for at least 2 hours. Aim to send 20ml to lab. <p>* Ct/Ng PCR =C.trachomatis/N.gonorrhoea PCR</p>
HSV		(Stand-alone) White-top dry swab
Group B Screen	Blue Top swab 	Blue-top swab for low vaginal → Anal swab. See http://ehpolicies.eh.local:90/index.aspx?itemDetails=2546
General wound MCS	Wound Swab kit 	<u>Open wounds</u> <ul style="list-style-type: none"> Clean with a swab moistened with normal sterile saline until red granulation tissue is visible. <u>Closed wounds</u> <ul style="list-style-type: none"> Clean away excess debris and purulent material from the opening. <p>Use wound swab kit</p> <ul style="list-style-type: none"> Plain swab – use for smear Blue top swab – use for culture

General Instructions:

- Label all specimens with
 - Patient's surname and given name
 - UR no
 - Date of birth
 - Site of collection and
 - Date/time of collection
- Store the specimen's smears/ swabs for M&C at room temperature prior to transport to the laboratory.
- Chlamydia/ Gonorrhoea PCR (white-top) swabs **MUST** be received in an EHP laboratory **within 2 hours of collection**.
- First pass urines for Chlamydia/Gonorrhoea PCR **MUST** be received in the laboratory **within 2 hours of collection**.
- Specimen components not used to be discarded. Return unused components to laboratory for recycling.

Disease for testing	Common Aetiologies	Tests to be undertaken
Bacterial Vaginosis (BV)	Overgrowth vaginal flora with anaerobic bacteria	Smear on Slide +/- High/ Low vaginal swab (see vaginal discharge)
Balanitis	Candida, <i>S. aureus</i> , B-haemolytic Streptococcus	Wound swab kit
Cervicitis	Ct/Ng	Cervical Swab &/or First stream urine
<i>C.trachomatis</i> / <i>N. gonorrhoea</i> (Ct/Ng)	Ct/Ng	<u>Female</u> : Cervical Swab &/or First stream urine <u>Male</u> : Urethral Swab &/or First stream urine
Epididymitis, Epididymo-Orchitis	Non-STI (<i>Enterobacteriaceae</i> e.g. <i>E.coli</i> ; <i>P. aeruginosa</i> , Gram positive cocci) vs STI (<i>N.gonorrhoeae</i> , <i>C.trachomatis</i>)	Urethral Swab &/or First stream urine
Group B Streptococcus (GBS) screen	GBS	Blue-top swab
Pelvic Inflammatory Disease (PID) - Cervicitis - Endometritis - Oophoritis - Pelvic abscess - Pelvic peritonitis - Salpingitis - Tubo-ovarian Abscess	Non-STI (Termination of pregnancy, retained products of conception, etc. Usually polymicrobial in aetiology) vs STI (<i>N.gonorrhoeae</i> , <i>C.trachomatis</i> . Less common <i>M.genitalium</i>)	Cervical swab +/- First stream Urine
Post-partum wound infection	Polymicrobial	Wound swab kit
STI or STD	See Ct/Ng	See Ct/Ng
Termination of Pregnancy	See PID	See PID
Trichomoniasis	<i>Trichomonas vaginalis</i> . See vulvo-vaginitis	See vulvo-vaginitis
Ulcers/Genital Ulcers	Herpes Simplex Virus	Dry swab (Not within genital pack)
Urethritis (male)	Ct/Ng	Urethral Swab &/or First stream urine
Vaginal Discharge	BV vs vulvo-vaginitis – see appropriate	See BV vs vulvovaginitis
Vulvo-vaginitis	<i>N.gonorrhoeae</i> , <i>C.trachomatis</i> , <i>Candida albicans</i> , <i>Trichomoniasis</i> Also non-STI causes	High/low vaginal swab

* Please note the aetiologies listed for disease processes refer to the most common causes.

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Page 1 of 2