

COLLECTION OF SPECIMENS

1. Bacteriology

Before start of antibiotics in sterile containers

All specimens must be labelled with the patient's name, age, IP no., ward and unit. A properly filled and signed request form should accompany all specimens.

1. URINE -

- a. Midstream, clean-catch specimen (MSU)
- b. Catheter specimen – aspirate (*do not collect from the bag*). Allow the collected urine to flow into bag. Clamp the catheter proximally. Allow urine to fill and then aspirate proximal to the clamped area.

For AFB culture – Early morning whole sample on 3 consecutive days

1 BLOOD CULTURE – Skin decontamination with 70% alcohol and then Povidone Iodine. Take at least two samples (5 ml), taken at ½ hr. interval from two different sites, with strict aseptic precautions. Transferred into the bottles with media supplied. If there is delay in transport to lab, keep at room temperature. *Do not refrigerate. See details in blood culture*

2 IV Lines: Cut the distal end of the line with sterile scissors. Put into sterile container and send. Send only the part of the line inside the vein. For proper interpretation of result, send one sample of blood from another site free from IV lines. Only this can help to establish line-associated sepsis. Any growth reported from the line alone is only colonisation of the line. Do not treat the Line!!

3 PUS – a. The best specimen is an aspirate of pus in a sterile syringe, sent as such, or in a sterile container.

c. Pleural, peritoneal and other aspirates may be sent in the syringe itself. Specimens from long standing drains will only show the colonisers.

d. Pus swabs may be taken from ulcers and infected wounds as follows: Clean the wound surface thoroughly with sterile saline, so that surface colonisers are washed off. Now take a swab of pus from deep within the wound.

1 THROAT SWAB – Indicated only if there is inflammation of the pharynx. Use tongue depressor to avoid touching tongue or oral mucosa. Take from the point of maximum inflammation, pus or redness. Specimens obtained by any other means will yield only oropharyngeal colonisers.

2 NASAL SWAB -To detect staphylococcal carriers. Clean well to get rid of any mucous. Insert deep into nose and rub swab well on floor and walls of nasal cavity.

3 NASO-PHARYNGEAL SWAB : For meningococcal or Hemophilus carriers, Bordetella pertussis. Insert the swab along the floor of the nose gently till you meet with resistance. Swab up and down. Pull the swab back.

- 4 ENDO-TRACHEAL ASPIRATE: Collect by aspiration into the mucous extractor. Disconnect the tubings; close the mouth of the container quickly with the cap on the other end of container. Send container to lab, not the tubings.
- 5 SPUTUM – Thick purulent sputum expectorated out after steam inhalation in a wide – mouthed screw-capped container.
- 6 CSF – Collect 2-3 ml with all aseptic precautions in sterile disposable tubes (yellow capped.) If there is delay, keep at room temperature. *Do not refrigerate*
- 7 FAECES – Collect directly into a sterile screw-capped container. Do not fill to brim. Rectal swab: Moisten in sterile water and pass into anal canal while patient bears down.

Catheter: An ordinary rubber catheter can be passed into the anal canal if patient is too ill to give the sample himself.

SEROLOGY / Viral Serology

Collect 5 ml blood in sterile disposable tubes (red capped).

For TFT use green capped containers.

MYCOLOGY

Specimens include: Skin scrapings, hair clippings, pus aspirate etc.. Swabs will not be accepted

MYCOBACTERIOLOGY

Swabs will not be accepted. All other specimens as mentioned earlier. AFB staining will be done along with culture. Urine – Send request to the Department of Microbiology.

Sterile containers will be issued. Early morning, first voided whole urine. Samples to be taken on 3 consecutive days.

MOLECULAR BIOLOGY

TB PCR & RT-PCR – Specimens accepted for both are: CSF, all sterile body fluids. Collect in sterile disposable tubes provided by the department (yellow capped) At least 5ml will give better results

VIROLOGY For any Virus isolation contact the Microbiology department