

GML Best FLUID Practices: Microbiology Specimen Collection Guide (NON-CSF Fluids)

REMEMBER, MORE IS MORE. HELP US HELP YOUR PATIENTS BY SENDING MORE FLUID TO IMPROVE RECOVERY. CALL 570-271-6504 WITH QUESTIONS.

Routine Aerobic Culture/Smear; Anaerobic Culture/Smear (will include aerobic); Mycobacteria (AFB)/Smear; and Fungus/Smear

Virus or Mycoplasma Culture (GHS testing) or Molecular Testing (by Referred Testing only)

To optimize microbial recovery - Please say NO to swabs.

No combinations. DON'T combine Microbiology samples with any other testing.



Sterile cup or tube

Collect fluid aseptically. If large volume (> 5 mL), that will reach the laboratory within 1 hr., send fluid in sterile container or sterile tube.

OPTIONS/NOTES:

- a) **Large VOL:** Fluid in large volumes (pleural, abscess, etc.) may remain in the evacuation bottle for transport.
- b) **Small VOL:** Flush small volume fluid in syringes/needles with 0.5 ml of eSwab liquid to submit. Do NOT send needle or swab to laboratory.



For Anaerobes: Place fluid in Anaerobic Transport Medium (ATM).



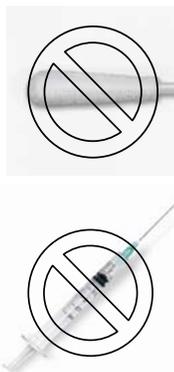
UTM

Collect fluid aseptically.

Place fluid in Universal viral Transport Media (UTM) at a 1:1 ratio.

For Low Volume Specimens: Flush small volume fluid in syringes/needles with 0.5ml of UTM liquid to submit. Do NOT send needle or swab to laboratory.

Do NOT submit swab or needle for fluid specimens.



Swabs don't do the job.



A Swab is NOT an acceptable transport device for fluid sources.

If you "fix" it, that will nix it.



If Cytology assessment is required, submit SEPARATE specimen in a sterile cup or tube with a SEPARATE Cytology request form.



Other separate specimens and STAT Laboratory Procedures Form:

Cell count and differential (CBCD): EDTA or sodium heparin (lavender or green);

Chemistry tests: Glucose, protein, etc); Plain sterile red-top tube;

Crystal detection (write in form's Misc. section): EDTA, plain sterile, or sodium heparin (lavender, red, or green);

Lavender Red Green



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