

Clinical Microbiology Specimen Collection Guidelines

- Specimens MUST be collected at the optimal time(s) in order to recover the pathogen(s) of interest.
- Prior to collection, see [Microbiology Specimen Collection Chart - Job Aid](#) for correct specimen collection container required for testing
- All specimens MUST have TWO identifiers present on collection container which includes
 - Patient's full name
 - Health service number (HSN) **or** Date of birth

Specimen Type	Collection Guideline Instructions
Abscess	
<ul style="list-style-type: none"> • Aspirates (Abscess) 	<ol style="list-style-type: none"> 1. Aspirate abscess wall material with needle and syringe. <ul style="list-style-type: none"> • Sampling of surface area can introduce colonizing bacterial not involved in infectious process. 2. Aseptically transfer all material into a sterile container. <ul style="list-style-type: none"> • Do NOT use blood collection tubes unless certain the tube contains any additives. 3. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Drainages (Abscess) <ul style="list-style-type: none"> ○ Biliary tube (T-tube) ○ Chest tube ○ Duval catheter tip ○ G-tube ○ Jackson-Pratt (JP) ○ Penrose Drain 	<ol style="list-style-type: none"> 1. Disinfect the collection tubing, and aseptically aspirate fresh fluid from the tubing. 2. Submit the drainage fluid in a sterile, leak proof container. <ul style="list-style-type: none"> • Do NOT collect specimen from the bag • Do not inoculate blood culture bottles with drainage fluids 3. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Blood Cultures	
See Blood Culture Collection Chart prior to collection	
<ul style="list-style-type: none"> • Adult (Blood Culture) <ul style="list-style-type: none"> ○ C&S ○ Yeast Culture (Candida/ Cryptococcus) 	<ol style="list-style-type: none"> 1. Don gloves. 2. Clean the puncture site with a chlorhexidine-alcohol swab in concentric circles. <ul style="list-style-type: none"> • If the site will need to be touched again before the venipuncture, the phlebotomist may clean their finger with a chlorhexidine-alcohol swab. 3. Allow the site to dry completely. 4. Remove cap of bottle(s) and disinfect the top(s) of the bottle(s) with an alcohol swab and allow to dry. <ul style="list-style-type: none"> • Do not touch or otherwise contaminate the top of the bottle before collection.

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	<ol style="list-style-type: none"> 5. Using a butterfly needle (recommended method) insert the needle into the vein and collect 10 mL into the aerobic bottle first, and then 7 mL into the anaerobic bottle. <ul style="list-style-type: none"> • If using a syringe, insert needle into the vein and collect 17 mL of blood. • Inoculate 10 mL into the aerobic bottle and then 7 mL into the anaerobic bottle. • Do not introduce air into the anaerobic bottle. • Do not change needles to fill bottles. 6. Swirl bottles to avoid clotting. 7. Place pressure on the collection site with cotton or gauze after removing needle and make sure bleeding has stopped before bandaging. 8. Safely discard collection needle. 9. Label container with two identifiers, source (site), date (time) of collection. <ul style="list-style-type: none"> • Do NOT cover bottle barcode. 10. Repeat steps above on a second site. <ul style="list-style-type: none"> • Collect 10 mL into an aerobic bottle. 11. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.4 <ul style="list-style-type: none"> • Do NOT cover bottle barcode.
<ul style="list-style-type: none"> • Fungal • Mycobacteria /Yeast (non-Candida) (Blood Culture) 	<ol style="list-style-type: none"> 1. All requests MUST be cleared by the Microbiologist-on-call at 306-655-1000 before collection. 2. Once cleared, two red Myco/F Lytic BACTEC culture bottles will be used for collection. <ul style="list-style-type: none"> • These bottles are available from the Clinical Microbiology Laboratory (Room 3744, 3rd floor, G Wing, Royal University Hospital) or Specimen Management at St. Paul’s Hospital. 3. Five (5) mL of blood should be collected into each of these bottles from a single site. <ul style="list-style-type: none"> • Alternatively, collect blood into a yellow (SPS anticoagulant) tube and send to the Clinical Microbiology Laboratory for inoculation into Myco/F Lytic bottles. 4. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Pediatric (Blood Culture) <ul style="list-style-type: none"> ○ C&S ○ Yeast Culture (Candida) 	<ol style="list-style-type: none"> 1. Don gloves. 2. Clean the puncture site with a chlorhexidine-alcohol swab in concentric circles. <ul style="list-style-type: none"> • If the site will need to be touched again before the venipuncture, clean finger with a chlorhexidine-alcohol swab. 3. Allow the site to dry completely.

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	<ol style="list-style-type: none"> 4. Remove cap of Pink Peds Plus blood culture bottle and disinfect the top of the bottle with an alcohol swab; allow drying. <ul style="list-style-type: none"> • Do not touch or otherwise contaminate the top of the bottle before collection. 5. Using a butterfly needle (recommended), insert the needle into the vein and collect the appropriate volume <ul style="list-style-type: none"> • If using a syringe, insert the needle into the vein and collect the appropriate volume and inoculate the bottle. • Do not change needles to fill bottle. 6. Swirl bottle to avoid clotting. 7. Place pressure on the collection site with cotton or gauze after removing needle and make sure bleeding has stopped before bandaging. 8. Safely discard collection needle. 9. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory. <ul style="list-style-type: none"> • Do NOT cover bottle barcode
Body Fluid	
<ul style="list-style-type: none"> • Sterile (excluding blood, bone marrow, CSF or urine) 	<ol style="list-style-type: none"> 1. Disinfect overlying skin with 2% iodine tincture. 2. Obtain specimen via percutaneous needle aspiration or surgery. <ul style="list-style-type: none"> • Always submit as much fluid as possible • Never submit swab dipped in fluid 3. Do NOT use blood collection tubes unless certain the tube contains no additives. 4. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Bone	
<ul style="list-style-type: none"> • Bone chips 	<ol style="list-style-type: none"> 1. Collect using sterile technique and place small piece(s) into sterile screw-cap container. 2. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Cerebrospinal Fluid See CSF Collection Guidelines Chart prior to collection	
<ul style="list-style-type: none"> • Lumbar puncture 	<ol style="list-style-type: none"> 1. Disinfect site with 2% iodine tincture. 2. Insert a needle with astyilet at L3-L4, L4-L5, or L5-S1 interspace. 3. On reaching the subarachnoid space, remove the stylet and collect CSF fluid sequentially into four calibrated sterile tubes labelled 1-4 in CSF collection kit. 4. If only one tube of CSF is collected, it should be submitted to microbiology first; otherwise submit tube #2. 5. Label container with two identifiers, source (site), date (time) of collection and hand deliver with requisition to laboratory.

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<ul style="list-style-type: none"> Extraventricular drain/Indwelling shunt 	<ol style="list-style-type: none"> Clean the reservoir site with antiseptic solution and alcohol prior to removal of fluid to prevent introduction of infection. Remove fluid by aspiration of CSF from the Ommaya reservoir or by collection from the ventricular drain or shunt. Collect CSF into a minimum of three sterile calibrated tubes. Label container with two identifiers, source (site), date (time) of collection and hand deliver with requisition to laboratory.
<p>Dermatophytes Swabs of hair, nails or skin are NOT appropriate specimens for dermatophytes and will NOT be processed</p>	
<ul style="list-style-type: none"> Hair 	<ol style="list-style-type: none"> No cleaning of scalp required. Select infected areas and with forceps, pull out the roots of 10-15 hairs. For hairs broken off at scalp level use a scalpel. Scraping the infected area of the scalp with a sterile toothbrush or small hairbrush works well for culture. Place in a FOLDED piece of dark paper. Label with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Nails 	<ol style="list-style-type: none"> Clean nail with 70% alcohol. Scrape outer surface of dorsal plate and discard scraping. Scrape deeper portion or remove debris from under the nail using a scalpel. Fine nail clipping may also be sent (large pieces of nails will not be processed). Place in a FOLDED piece of dark paper. Label with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Skin scrapings 	<ol style="list-style-type: none"> Clean with 70% alcohol. Scrape active borders of lesion onto paper. Place in a FOLDED piece of dark paper. Label with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<p>Ear</p>	
<ul style="list-style-type: none"> Inner 	<ol style="list-style-type: none"> Routine external ear canal swabs are NOT processed. Tympanocentesis is reserved for complicated, recurrent or chronic persistent otitis media. <ul style="list-style-type: none"> For intact ear drum, clean ear canal with soap solution and collect fluid via syringe aspiration technique For ruptured ear drum, collect fluid on flexible-shaft swab via auditory speculum Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.

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<ul style="list-style-type: none"> Outer 	<ol style="list-style-type: none"> Use moistened swab to remove any debris or crust from ear canal. Obtain sample by firmly rotating culture swab in outer canal. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Eye	
<ul style="list-style-type: none"> Aqueous Vitreous 	<ol style="list-style-type: none"> Collected by physician. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Conjunctiva swab 	<ol style="list-style-type: none"> Prior to collection, please note the following: <ul style="list-style-type: none"> All specimens received labelled “Eye” are assumed to be routine conjunctival swabs and are NOT processed except from swabs from patients <90 days old. Please contact the Microbiologist-on-call at 306-655-1000 for clearance if there are special circumstances (i.e. persistent infection or treatment failure). Once sample is cleared, pre-moisten two (2) separate swabs with sterile saline. Sample both eyes by rolling swab over each conjunctiva. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Corneal scrapings 	<ol style="list-style-type: none"> Instill 2 drops of local anesthetic. Using sterile spatula, scrape ulcers or lesions and inoculate scraping directly onto media. Label with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Feces	
<ul style="list-style-type: none"> Bacterial Culture for Enteric Pathogens 	<ol style="list-style-type: none"> Recommend two samples on consecutive days (first three days post admission). Do NOT take any laxatives, enemas, or antibiotics for one week before the stool collection unless permitted by physician. See Bacterial Culture for Enteric Pathogens, Feces for additional ordering recommendations, specimen requirements, testing information and forms required prior to collection. Empty bladder. Collect stool in a dry, clean, empty disposable plastic container. <ul style="list-style-type: none"> Do NOT let urine or water mix with the stool specimen Do NOT use toilet paper to collect stool Attain Cary-Blair transport container. Using the plastic paddle attached to the lid, collect small portions from each end and middle of the stool, especially sampling

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	<p>from areas of the stool which contain mucus or blood.</p> <ol style="list-style-type: none"> 8. Place solid stool (about the size of a walnut) into the vial or fill liquid stool to the fill indicator line on the container label. <ul style="list-style-type: none"> • Do NOT fill past this mark 9. Mix thoroughly. 10. Replace the cap on the container securely. 11. Ensure the outside of the container is not contaminated with stool. 12. Wash hands with soap and water. 13. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • <i>Clostridioides difficile</i> (Cdiff) 	<ol style="list-style-type: none"> 1. Do NOT take any laxatives, enemas, or antibiotics for one week before the stool collection unless permitted by physician. 2. See Clostridioides difficile (Cdiff) PCR, Feces for additional ordering recommendations, specimen requirements, testing information and forms required prior to collection. 3. Empty bladder. 4. Collect stool into a dry, clean, empty disposable plastic container. <ul style="list-style-type: none"> • Do NOT let urine or water mix with stool specimen 5. Transfer into collection container. <ul style="list-style-type: none"> • Do NOT fill more than half full 6. Ensure specimen takes the shape of the container (solid stools are NOT processed). 7. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Leukocytes (WBC) 	<ol style="list-style-type: none"> 1. Empty bladder. 2. Collect stool into a dry, clean, empty disposable plastic container. <ul style="list-style-type: none"> • Do NOT let urine or water mix with stool specimen 3. Transfer into collection container. <ul style="list-style-type: none"> • Do NOT fill more than half full 4. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Ova & Parasites (O&P) 	<ol style="list-style-type: none"> 1. Do NOT take any laxatives, enemas, or antibiotics for one week before the stool collection unless permitted by physician. 2. See Ova and Parasites (O&P), Feces for additional ordering recommendations, specimen requirements, testing information and forms required prior to collection. 3. Attain SAF Fixative for Ova & Parasites collection container. <ul style="list-style-type: none"> • Fluid in the vial is POISONOUS; keep out of reach of children.

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	<ul style="list-style-type: none"> • If swallowed by accident, drink large amounts of milk or water and call Poison Control at 1-866-454-1212 4. Empty bladder. 5. Collect stool in a dry, clean, empty disposable plastic container. <ul style="list-style-type: none"> • Do NOT let urine or water mix with the stool specimen • Do NOT use toilet paper to collect stool 6. Using the plastic paddle attached to the lid, collect small portions from each end and middle of the stool, especially sampling from areas of the stool which contain mucus or blood. 7. Place stool (about the size of a walnut) into the vial or fill liquid stool to the line on the vial label. 8. Do NOT fill past this mark 9. Mix thoroughly and replace the cap on the container securely. 10. Ensure the outside of the container is not contaminated with stool. 11. Wash hands with soap and water. 12. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Foreign Body	
<ul style="list-style-type: none"> • Various 	<ol style="list-style-type: none"> 1. Collect using sterile technique and place into sterile screw-cap container. 2. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Genital (Female)	
<ul style="list-style-type: none"> • Amniotic 	<ol style="list-style-type: none"> 1. Aspirate via amniocentesis, Caesarean section, or intrauterine catheter. 2. Transfer fluid to sterile container. 3. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Bartholin 	<ol style="list-style-type: none"> 1. Disinfect skin with an iodine preparation. 2. Aspirate fluid from ducts. 3. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Cervix 	<ol style="list-style-type: none"> 1. Visualize cervix with speculum without lubricant. 2. Remove mucus and/or secretions from cervix with first swab and discard. 3. Firmly yet gently, sample endocervical canal with a newly obtained sterile swab. 4. Do not touch the sides of the vaginal canal with the swab. 5. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.

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<ul style="list-style-type: none"> Cul-de-sac 	<ol style="list-style-type: none"> Submit aspirate or fluid in sterile collection container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Endometrium 	<ol style="list-style-type: none"> Collect transcervical aspirate via telescoping catheter. Transfer entire amount to sterile collection container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Urethra 	<ol style="list-style-type: none"> Collect one hour after patient has urinated. Remove exudate from urethral orifice. Collect discharge material on swab by massaging urethra against pubic symphysis through vagina. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Vagina 	<ol style="list-style-type: none"> Wipe away an excessive amount of secretion or discharge. Obtain secretions from mucosal membrane of vaginal vault with a sterile swab. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Vaginal/Rectal 	<ol style="list-style-type: none"> Used to screen for Group B streptococcus (<i>Streptococcus agalactiae</i>) between 35-37 weeks gestation. Collect swab specimen of the vaginal introitus and anorectum.
Genital (Female or Male)	
<ul style="list-style-type: none"> Lesion 	<ol style="list-style-type: none"> Clean lesion with sterile saline, and remove the surface of the lesion with sterile scalpel blade. Allow transudate to accumulate. While pressing base of lesion, firmly sample exudate with a sterile swab. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Genital (Male)	
<ul style="list-style-type: none"> Prostate 	<ol style="list-style-type: none"> Clean glans with soap and water. Massage prostate through rectum. Collect fluid on sterile swab or in sterile tube. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.

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<ul style="list-style-type: none"> Urethra 	<ol style="list-style-type: none"> Insert urethrogenital swab 2-4 cm into urethral lumen, rotate swab, and leave it in place for at least 2 seconds. Replace swab into appropriate transport media. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Lower Respiratory	
<ul style="list-style-type: none"> Bronchial washing Bronchoalveolar lavage Tracheal aspirate 	<ol style="list-style-type: none"> Specimen collected by physician. Place aspirate or washing in sputum trap. Ensure tubing is removed and lid placed on container prior to transport. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Bronchial brushing 	<ol style="list-style-type: none"> Specimen collected by physician. Place brush in sterile container with saline. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Sputum (expectorated) 	<ol style="list-style-type: none"> Collect specimen under direct supervision of nurse or physician. Have patient rinse or gargle with water. Instruct patient to cough deeply to produce lower respiratory specimen (not postnasal fluid). Collect into sterile container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Sputum (Induced) 	<ol style="list-style-type: none"> Have patient rinse mouth with water after brushing gums and tongue. With aid of nebulizer, have patient inhale 25 ml of 3-10% sterile saline. Collect induced sputum into sterile container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Nose/Groin	
<ul style="list-style-type: none"> MRSA 	<ol style="list-style-type: none"> See Policies and Procedures: Infection Prevention and Control Screening for Antibiotic Resistant Organism (ARO) Medical Directives #60-30 for collection procedure.
Parasite Identification	
<ul style="list-style-type: none"> Ectoparasite 	<ol style="list-style-type: none"> Collect suspected parasite (tick, worm etc.) into a clean, tightly sealed wide-mouth container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.

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<ul style="list-style-type: none"> Pinworm (Scotch Tape Test) 	<ol style="list-style-type: none"> Collect specimen from the skin of the perianal area first thing in the morning before the patient has bathed or has used the toilet. Holding the cap, remove paddle from the container. Separate the buttocks and press the sticky surface firmly against the perianal area. <ul style="list-style-type: none"> Do not inset paddle into the rectum Replace the paddle in the tube and secure tightly. Wash hands thoroughly with soap. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Schistosoma (Urine) 	<ol style="list-style-type: none"> Collect 10 to 50 mL midday urine (noon to 1500 hours is best) into a sterile container. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Rectal	
<ul style="list-style-type: none"> Rectal swab 	<ol style="list-style-type: none"> Carefully insert swab ~1 inch (2.54 cm) beyond anal sphincter. Gently rotate swab to sample anal crypts. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Tissue	
<ul style="list-style-type: none"> Autopsy Biopsy Surgical 	<ol style="list-style-type: none"> Samples should be collected from areas within and adjacent to the area of infection. Samples should be large enough to perform all of the tests required (3-4 mm biopsy samples) Place into sterile container For small samples, add several drops of sterile saline to keep moist. Do not allow tissue to dry out. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Upper Respiratory	
<ul style="list-style-type: none"> Oral 	<ol style="list-style-type: none"> Remove oral secretions or debris from surface of lesion with swab and discard swab. Using second swab, vigorously sample the infected area avoiding any areas of normal tissue. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Nasal 	<ol style="list-style-type: none"> Use swab premoistened with sterile saline. Insert swab approximately 2 cm into nares. Rotate swab against nasal mucosa.

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	4. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Nasopharynx 	<ol style="list-style-type: none"> Gently insert calcium alginate swab into posterior nasopharynx via nose. Rotate swab slowly for 5 seconds to absorb secretions. Remove swab and place swab in transport medium. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Throat 	<ol style="list-style-type: none"> Depress tongue with tongue depressor. Sample posterior pharynx, tonsils, and inflamed areas with a sterile swab. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Urine	
<ul style="list-style-type: none"> Indwelling Catheter 	<ol style="list-style-type: none"> Disinfect catheter collection port with 70% alcohol. Use needle and syringe to aseptically collect 5-10 mL of urine. Transfer specimen into wide-mouth, sterile container. Transfer urine into another collection container appropriate for testing. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Midstream (Female & Male) 	<ol style="list-style-type: none"> Thoroughly clean urethral area (female) and glans (male) with soap and water. Rinse area with wet gauze pads. Hold labia apart (female) or retract foreskin (male), begin voiding. After several milliliters have passed, collect midstream portion without stopping flow of urine. Transfer urine into another collection container appropriate for testing. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> Straight Catheter 	<ol style="list-style-type: none"> Thoroughly clean urethral area with mild soap and water. Rinse area with gauze pads. Aseptically insert catheter into bladder. Allow approximately 15 mL to pass. Collect 5 to 10 mL of urine into wide-mouth, sterile container. Transfer urine into another collection container appropriate for testing.

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	7. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Suprapubic aspirate 	<ol style="list-style-type: none"> 1. Specimen collected by physician. 2. Transfer specimen into sterile collection container. 3. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
<ul style="list-style-type: none"> • Surgically Collected 	<ol style="list-style-type: none"> 1. Collect 5-10 mL of urine using aseptic technique. 2. Transfer specimen into sterile, wide-mouth container. <ul style="list-style-type: none"> • If < 5 mL, leave specimen in wide-mouth container • If > 5 mL, transfer urine into transport media appropriate for testing 4. Label container with two identifiers, source (site), date (time) of collection and transport with requisition to laboratory.
Wound	
<ul style="list-style-type: none"> • Superficial • Open • Deep 	<ol style="list-style-type: none"> 1. Preferably collect specimen prior to initiation of therapy. 2. Avoid swab collection if aspirates or biopsy samples can be obtained 3. Cleanse skin or mucosal surfaces. 4. For closed wounds and aspirates, disinfect as for a blood culture collection with chlorhexidine-alcohol or 70% alcohol followed by an iodine solution. Remove iodine with alcohol prior to specimen collection. 5. For open wounds, debride if appropriate, and thoroughly rinse with sterile saline prior to collection. 6. Swab viable infected tissue, rather than the superficial debris. 7. Gently roll the swab over the surface of the wound approximately five times, focusing on the area where there is evidence of pus or inflamed tissue. <p>Note:</p> <ul style="list-style-type: none"> ▪ Limit swab sampling to wounds that are clinically infected or those that are chronic and not healing. ▪ Superficial or deep wounds, including bites, should be cultured only if there is purulence, chronic drainage or non-healing. ▪ Burn wounds may not have organisms distributed evenly; sampling different areas of the burn is recommended. Blood cultures should be used to monitor patient status.