



The Best Care Comes from the Heart

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General Guidelines for Specimen Collection

Swab specimens, although popular as a method of collection for microbiologic specimens, are not the best method as the amount of specimen contained in a swab, and recovered from it, is minimal. This leads to culture results which can often be misleading and a lack of credibility when a culture result is negative. **Therefore a policy of strongly discouraging swab collection of specimens has been instituted.** A swab should not be used in place of tissue or fluid when it is available. Exceptions include throat, nasopharyngeal, and cervical/vaginal swabs.

The recovery of microorganisms; especially mycobacteria, fungi, and anaerobes; from tissue is often directly related to the size or amount of the specimen collected at surgery and processed in the microbiology laboratory. As generous a portion of tissue as possible should therefore, be submitted for culture. If there are multiple lesions present, portions of several lesions should be obtained. If an abscess is present, a portion of its wall, as well as a syringe full of the pus should be collected for culture. If the amount of pus is minimal, the area or abscess cavity can be irrigated with bacteriostat-free saline or lactated Ringer's and the fluid aspirated with a syringe. The needle should be removed and a sterile Luer lock cap used to seal the syringe. As with all culture specimens, label it with patient name, medical record number, source (e.g. abscess, pleural fluid, synovial fluid, incision) and site (e.g. liver, left lung, right knee) of specimen, date, time, and initials of collector. It should be placed in a sealed plastic biohazard bag and transported immediately to the microbiology laboratory.

If the patient has a sinus tract or wound, swabbing of the surface rarely predicts the infecting organisms at the base of the tract or in underlying bone since surface colonization with indigenous flora occurs rapidly. Specimens of tissue or bone from the base of the tract or wound (after debridement) will provide more reliable results.

When tissue or fluid is sent for culture, please request the appropriate test or tests such as routine (includes aerobic & anaerobic), mycobacterial, or fungal cultures. Any leftover tissue or fluid specimen will be saved for at least seven days. If additional work up is required, please call the microbiology laboratory at 354-4578.

REFERENCES:

Miller JM, A Guide to Specimen Management in Clinical Microbiology 2nd ed., ASM Press, 1999.

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