



Penn Medicine

Lancaster General Health

Microbiology Specimen Collection

The collection of specimens for culture (other than blood) cannot be done in the Lab Testing areas of LGH, the Suburban Pavilion, or other satellite areas. Please refer to individual tests in the directory for specimen requirements. Collect the specimens in the office for submission to the Laboratory for testing.

Specimen Labeling/Information Requirements

The patient's full name and date of birth required on all specimen containers. Label the side of the specimen container – **not the lid**.

The following information is required on all requests; use the Clinical Laboratory Requisition form:

- 1) Patient's full name – first, middle initial, last.
- 2) Patient's address, date of birth, Social Security number.
- 3) Patient's insurance information.
- 4) Actual date and time of collection.
- 5) Type of culture requested with specific body site and/or specimen noted.
- 6) Antibiotics in use.
- 7) Type of infection suspected.
- 8) Pertinent information relating to diagnosis or relevant history (i.e. "dog bite").

General Notes

- 1) ALWAYS check collection requirements prior to collection of specimens.
- 2) ALWAYS check culture materials for the expiration date prior to use.
- 3) Whenever possible, materials for culture should be collected before beginning antibiotic therapy, unless specified by the attending physician. The antibiotic in use should be noted on the Clinical Laboratory Requisition form accompanying the specimen.
- 4) Contamination of specimen material by normal skin, oral or intestinal flora should be avoided whenever possible.
- 5) Deterioration of any biological material begins as soon as it is removed from the patient; hence, proper stabilization or preservation and rapid delivery to the Laboratory is essential for accurate results. No more than 2 hours should elapse between collection and plating in the Laboratory when the appropriate transport kits are not available.
- 6) If anaerobic cultures are desired, anaerobic collection/transport units are available from the Microbiology Laboratory.
- 7) MOST specimens for Microbiological examinations should be refrigerated when prompt delivery is not possible, **but** specific instructions for each examination should be checked for exceptions.
- 8) Check all caps and lids after collection, making sure caps are tightly screwed.
- 9) If syringes are submitted, the needle must be removed and discarded at the collection site, and the hub or cap put back onto the open end of the syringe.



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Highly Perishable Specimens

Some of the test listings for examinations require special handling and/or immediate processing. They may require pre-warming of collection plates and/or preliminary incubation prior to pick up.

Special requirements will be indicated under each test in the directory. Other tests may be restricted by the requirement that they cannot be held overnight. The office should, in these cases, arrange for immediate transport to the Laboratory by office staff, patient, or family members. Delivery should be made to the Specimen Receiving area on the third floor, with a completed Clinical Laboratory Requisition to facilitate billing of the patient or patient's insurance.



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Anaerobic Cultures – Specimen Suitability

Site/Source	Suitable	Not Suitable
Abscess	Needle/syringe aspirate of closed abscesses, after surface decontamination	Swab from surface of abscess, burn, cyst, or ulcer
Blood	All blood cultures are routinely cultured aerobically and anaerobically (unless extremely limited by volume of blood)	
Body Fluids	Ascites, pericardial, thoracentesis, bile, pleural, CSF, synovial, peritoneal, and bone marrow	
Gastrointestinal	See Abscess	Gastric contents, small or large bowel contents, ileostomy or colostomy effluents, feces, rectal swabs
Genital	Prostatic fluid, seminal fluid, placenta, Bartholin's gland, culdocentesis, endometrial, fallopian tube, septic abortion specimens, uterine specimens	Vaginal, cervical, urethral, and postpartum and post abortal uterine specimens (may contain large numbers of anaerobes with or without endometrial infection)
Lesions	See Abscesses and Wound Drainage/Sinus Tract	Burns, cysts, or ulcers
Pulmonary	Percutaneous transtracheal aspiration, direct lung puncture, quantitative bronchial brush (use of telescoping, plugged, double catheter)	Bronchial washings, tracheostomy or endotrach tube specimens, tracheal secretions, Lukens aspirates, throat, nasopharyngeal, nose, mouth, or gingival swabs
Surgical Specimens	Appendix, gallbladder, peritoneal cavity, any specimen from normally sterile body sites	
Urinary Tract	Suprapubic percutaneous bladder aspiration	Voided urine and catheterized specimens
Wound Drainage/ Sinus Tract	Syringe aspirate via catheter introduced deeply into wound/sinus through decontaminated skin orifice, "sulfur granules", curettings, biopsies	Swabs from external portion of wound/sinus tract, drainage material at external orifice, burns, cysts, or ulcers