Manchester Medical Microbiology Partnership

Department: Bacteriology
Date of issue: 10th July 2024
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> Authors: J Kwiatkowska Approved by: P Farrell

BACTERIOLOGY SAMPLE CONTAINER GUIDE

All precious samples, such as CSF and respiratory samples including sputum, BALs etc <u>MUST NOT</u> be sent via the pneumatic tube. <u>All other specimens, e.g., swabs, tips, blood cultures, faeces and urines can be sent via the pneumatic tube.</u>

All urgent samples need to be phoned to the laboratory prior to sending

Test	Container type	Comments	
MRSA Nose & Groin/perineum only	Double eSwab – pink cap, liquid media Manufacturer: COPAN Lid: Pink top Media: Liquid Amies Media appearance: Clear, colourless Swab: 1 x white, 1 x pink Only specimens received with white swab in the tube are accepted: ✓ Correct This swab will be processed. This swab will be rejected.	Liquid e-Swabs contain 1ml of liquid. No liquid should be discarded when collecting sample. Samples with insufficient liquid will be rejected. SEE: APPENDIX 1 for MRSA swab collection procedure	
Wounds/throat swab/genital swabs (Skin, superficial, not surgical), Abscess or swab, deep-seated pus swab, post op wound swab, wound exudates (all include MRSA) MRSA Screen – *for a rapid MRSA screening only result, please submit a separate swab	Single eSwab – pink cap, liquid media Manufacturer: COPAN Lid: Pink top Media: Liquid Amies Media appearance: Clear, colourless Swab: 1 x white	Collect the sample, insert the swak into the tube, snap off at the marked break point, discard the remaining shaft and recap the tube. Do not discard any liquid.	
Rapid/Routine Carbapenemase- Producing Enterobacteriaceae (CPE) Screen	Double-head (duo) swab – red cap, sponge with liquid media Manufacturer: COPAN Lid: Red top Media: Foam sponge soaked in liquid media	Double headed red topped swab Charcol swabs and wire samples are not suitable for this test and will be rejected. Faecal material must be visible on the cotton tip of the swab otherwise the specimen will be rejected.	

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	Swab: 1 x 1 x double-head white	Approvousy. Francis	
Urethral swab			
Non- swab samples: Fissues, pus, Line Tips, Aspirates, Sterile fluids, Respiratory samples (sputum, BALs, Pleural fluid)	Arrane Formula Form	Universal container (30ml) — whit top, sterile container Universal container (50ml) — white/silver/yellow top, sterile container Sterile fluids minimum volume: 1mL Tubes MUST be removed and replaced with a securely sealed	
Sterile fluids for culture: CAPD/ peritoneal fluids (Ascites), Joint Fluids (Prosthetic & Natural), Stem Cell		Sliver/blue top aerobic bottle Inoculate up to 10 mL to the bott	
Pleural Fluids (Not including pleural drains) are required to be sent in a set of blood bulture bottles AND a sterile universal		Adults: Sliver/blue top aerobic bottle	
	CONTRACTOR OF THE PARTY OF THE	Paediatrics: Pink top Peds aerobio bottle	
Bronchial washings and Bronchoalveolar lavage		Tubes MUST be removed and replaced with a securely sealed screw cap	
Urine Clean catch urine (CCU), Mid-stream urine (MSU), Supra pubic aspirate (SPA), Bladder & Catheter urine	Urine – Boric Acid Monovette tubes, Minimal volume: 10 mL	Urine samples must be collected a primary container and then drawn into the 10ml Monovette using the straw inside the packaging.	

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Date of issue: 10th July 2024 Page 3 of 6 **Document no: MMMP-BACT-INS626** Authors: J Kwiatkowska Approved by: P Farrell SEE: APPENDIX 2 for Urine Monovette User Guide Blood culture set is defined as one **Blood cultures BC Volume:** aerobic (sliver/blue top) and one Adults: Inoculate between Venous blood, arterial anaerobic bottle (purple top) 8- 10 mL to each bottle blood, peripheral blood, Children: Inoculate between sterile fluids, stem cells For neonates and infants a single Peds aerobic botle (pink top) is 1-3mL **Plastic bottles** required. Neonates: Inoculate 1-2 mL Underfilling blood culture bottles may give false negative results. Minimal volume of specimen for Faeces culture and C.diff: 2-3 mL or 1/8 of NB: One sample can be sent for all the the container. following tests if required: Minimal volume of specimen for Routine culture, C. diff, all tests: 5 mL or 1/4 of the H. pylori, Ova Cysts and container Parasites (OCP). **Faeces Parasitology** Minimal volume of specimen is 2-3 **Ova Cysts and Parasites** mL or 1/8 of the container. (OCP). Send 3 faecal samples over a period of 10 days, dated and labelled 1,2&3. Please record duration of diarrhoea, relevant foreign travel, presence of abdominal symptoms and evidence of malabsorption & blood eosinophil count. If amoebic dysentery is suspected and clinical advice needed tel 0161 276 6333. **Faeces Parasitology** SALINE SWAB Collection kit to be provided by **Enterobius vermicularis** the laboratory by calling 0161 276 (Pinworm) 6734 Urine for Any sterile container Schistosomiasis Collect the total urine produced between 10am and 2pm Perinasal swab Darcon with flexible wire shaft Bordetella pertussis (whooping cough)

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AFB including TB

Glass bottle

Blood culture bottle, white cap
Minimal volume: 5mL of BAL, 6mL
of CSF, 1-5 mL of bone marrow or
blood

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TO AVOID SAMPLE REJECTION - PLEASE FOLLOW THE INSTRUCTIONS BELOW:

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- * SEND THE SAMPLE IN A CORRECT CONTAINER AND WITH THE CORRECT SWAB IN (MRSA SCREEN) see instruction on the next page
- * Sample MUST be labelled with 4 identifiers (District number or NHS number, Surname, Forename, DOB)
- * Request form identifiers MUST match the identifiers on the sample
- * Each sample must be placed in a separate, sealed plastic bag, samples that require testing in multiple departments MUST be separated and transported in separate bags
- * One test should be requested per request form and one sample sent
- * Screw cap MUST be securely sealed to prevent sample's leakage.

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APPENDIX 1:

Double eSwab: MRSA screening for nose and groin/perineum only



1. Open the peel pouch and hold with swabs and tube accessible.

Alternatively, the tube can be placed on a flat surface.



Take out the pink swab holding only the top half of the shaft.

 Collect the first sample (groin/perineum).



 Unscrew tube cap, insert swab into the liquid and 'swirl' for 5 seconds.

Discard the pink swab as tiger waste. Re-cap tube if required.



Take out the white swab holding only the top half of the shaft.

7. Collect the second sample (nose).



 Unscrew tube cap, insert the swab into the tube and snap off at marked break point.

9. Discard the remaining plastic shaft.



Re-cap the tube with the white swab end and liquid inside.

Note: Swab can be dampened with one drop of sterile saline before use if required. Do not use the liquid from the e-swab as the whole amount is needed for the test.

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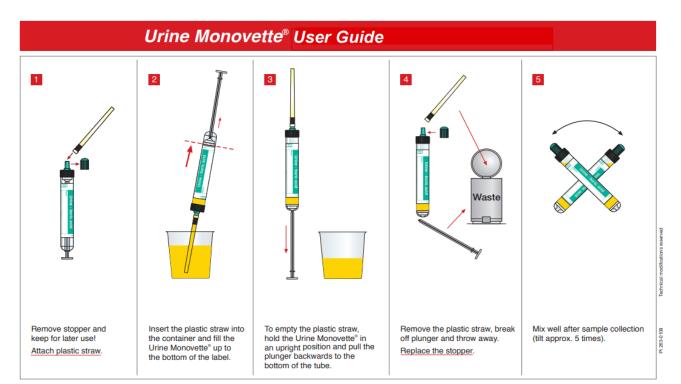
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APPENDIX 2:



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