



Timely Accurate Diagonostics for a TB-Free Africa

MGIT culture

Module 4: Sample reception and accessioning

Date:

Venue:

Name:

Content outline

- Specimen collection
- Materials used in sample collection
- Specimen receipt and accessioning
- Specimen rejection criteria





Specimen handling

• To obtain accurate results from TB culture procedures specimens must be:

- *Kept cool (2-8°C) and promptly transported to the laboratory
- Analyzed for quality before testing
- Processed as soon as possible upon arrival at the culture laboratory

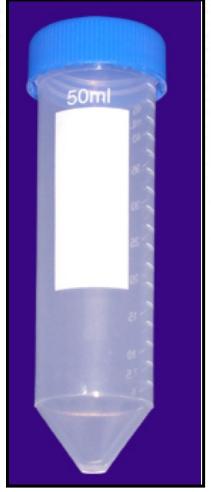


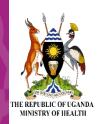
Containers for sputum collection

- •Sterile, strong & unbreakable
- Leak proof, screw-capped with a water-tight seal
- Translucent or clear material
- Single use
- Easily-labelled walls
- •Up to 50 ml capacity

50 ml conical tubes ideal since they can be used for processing









role play (five minutes)

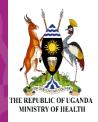
 Demonstrate proper sputum collection practices including all the precautions and instructions to follow





Requests form

Code: P010 F1 Version: 3.0 Effective date: 09-Aug-2017 Authorized by: Program Manager
National TB and Leprosy Programme FORM 03 CULTURE AND DST REQUEST FORM 03 TSRS IDENTIFICATE NUMBER
DATE:TC
1.0 PATIENT IDENTIFICATION Name: Sex. Age(years).
Patient NIN. Unit TB No. DR TB No.
Contact Tel No:
District of Residence: Next of Kin name. Next of Kin Contact:
2.0 HEALTY FACILITY DETAILS:
Name of requesting facility
Treatment facility District
3.0 CLINICAL INFORMATION PATIENT CATEGORY
MDR contact New Patient Presumptive XDR TB Return after LTFU Relapse Failure (1st line Rx) Previously Treated for TB Rx History unknown
Health worker Failure (2nd line Rx) Other (specify)
4.0 ANTI-TUBERCULOSIS DRUGS EVER USED
Isoniazid Rifampicin Streptomycin Ethambutol Pyrazinamide
Kanamycin Amikacin Capreomycin Levofloxacin Other
5.0 REASONS FOR EXAMINATION REQUESTED
Diagnostic follow up (Specify month of treatment when sample was collected below)
MDR –TB Patient monitoring / Follow up
GeneXpert
Other reason (specify)
6.0 SPECIMEN INFORMATION Type of Specimen: Date collected: Time:
Tick Month of treatment when specimen was collected 0
Other month (Specify)
Peripheral Results: Smear
Sample collected by: Phone number: Signature:
Name of Hub rider: Date picked:
7.0 EXAMINATION REQUESTED Microscopy Genexpert Culture
First line LPA Second line LPA Full profile Drug Susceptibility Test
Requested by: Name
For National TB Reference Laboratory Use: Date Received: Time:
Appearance: Volume: Received by (Name): Laboratory Number:
FOR ANY INOUIRIES: CALL NTRL TOLL FREE LINE 0800111133



Critical collection and transport issues

- +Containers should be clearly labeled on the side, not on the cap
- → Identification number on each specimen container corresponds to the identification number on the specimen log
- → Request forms must be separated from specimen container during packaging for transportation





Critical collection and transport issues cont'd

- +Specimen transport log should include the requested data for each patient/sample
- Number of specimen containers in the shipment box should correspond to the number of names on the specimen log
- → Date shipped and the name of the referring health center are included on the specimen log

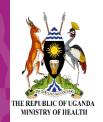




Reagents and Materials

- Pens; black/ blue and red
- Fine tip Markers
- Barcode label and scanner
- Gloves
- Sample racks
- Laboratory Request Form file

- LIMS
- Disinfectant (5% lysol, 70% ethanol)
- Rejectioncriteria and forms
- Biosafety cabinet level2
- Bioharzard bags.





Receipt of incoming specimens

- 1.Inspect the courier box for signs of leakage
- 2. Open the courier box inside a biosafety cabinet
- 3. Open carefully and check for cracked or broken specimen containers.
- 4.Check specimen labels with individual identifications on request forms and correspondence on the specimen log
- 5.Disinfect the inside of the delivery box before sending it back to referring facility.

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Reference Laboratory

Quality assessment of sputum specimens

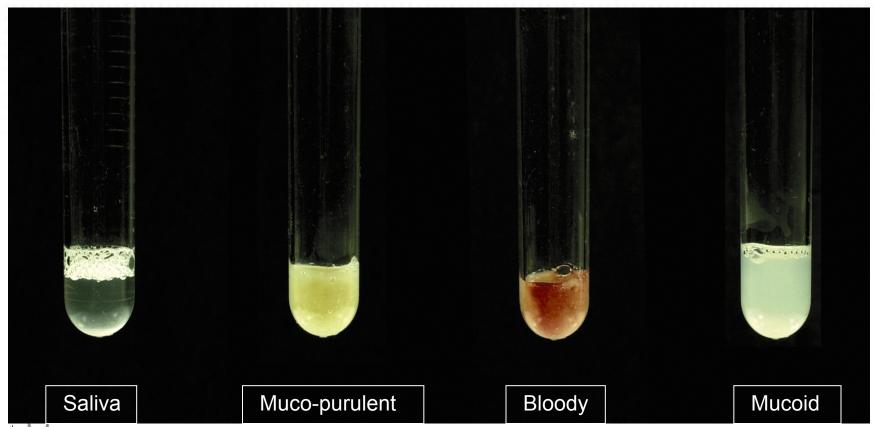
- Characteristics of a good sputum specimen
 - Mucoid or mucopurulent appearance
 - Minimum amounts of saliva
 - Optimal volume: 3-5 ml





Reference Laboratory

Assessing quality of sputum specimens





Reception procedure

- Check sample and make sure that the unique identifiers on the specimen containers matches those on the request form
- Record date & time received sample was received, initials of tech, sample appearance and sample volume on the requisition form





Sample accessioning

 Enter patient details into the laboratory's LIMS (electronic or paper based) and assign the sample a laboratory identification number

NOTE:

 Include a set of process controls whenever a new batch of samples are received





Sample Rejection Criteria (1)

1. Samples collected in an inappropriate container

2. Sample container is broken, damaged, or leaking.

3. Sample container is not labeled or there is Supranational® not enough information on the container to the

Sample Rejection Criteria (2)

- 4. Patient details on both request form and sample container not in agreement
- 5. Sample was not accompanied by a request form and cannot be traced to reconcile
- 6.Empty container
- 7. Wrong sample delivered for the test





Summary (1)

- Acceptable containers for sputum collection include those having up to 50ml capacity, are single use, sturdy, screw-cap and translucent
- At a minimum, specimens should be labeled with the patient name, identifier, and date collected





Summary (2)

- Good quality sputum specimens are those having a minimum volume of 3ml and purulent particles
- Specimens should be transported under coldchain conditions
- Unpack specimens in a certified BSC





Assessment

- 1. Identify 2 safety precautions taken during sample reception
- 2. Identify 3 materials required for sample reception and accessioning
- 3. Identify 4 conditions/ situations under which a specimen may be rejected





Acknowledgments













