



SPECIMENS FOR CLINICAL LABORATORIES

KEY POINTS

Ensure all specimens are labelled correctly

The quality of the specimen determines its usefulness, so get all specimens to the laboratory as soon as possible

All specimens are potentially dangerous so should be bagged and must be transferred to laboratories in proper rigid containers

Contaminated and unlabelled specimens will be discarded

Label specimens “**HIGH RISK**” when appropriate

Serum should be saved for those having major cardiac, cranial, or abdominal surgery

INTRODUCTION

The usefulness of a specimen collected for laboratory investigation depends on the appropriateness of the specimen and the time it takes to reach the laboratory. Staff in the laboratories are always happy to give advice about specimens required for investigations, and once taken, every effort must be made to ensure that the specimen reaches the appropriate laboratory as soon as possible. When problems with internal transport are encountered, please refer them to the Chief MLSO for your laboratory.

UNLABELLED SPECIMENS WILL NOT BE PROCESSED.

SPECIMENS SHOULD BE LABELLED WITH THE PATIENT’S NAME IMMEDIATELY AFTER THEY HAVE BEEN TAKEN.

Specimens must be sent in a plastic bag, preferably with the request form attached and should be transported in a rigid container. There are strict regulations about the packing of specimens for postage so this must be done in the laboratory. The request forms at UCLH carry an integral plastic bag designed to contain the specimen safely. Please use only these forms, and follow the

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sealing instructions carefully. Otherwise send all specimens in a plastic bag. Make sure that no request form is ever in contact with a specimen, and that only the specimens appropriate to that patient are placed into the bag. Do not use pins or staples to hold forms together. If a paperless system is used, it is even more important to label the specimen properly and to indicate the tests required on the specimen.

All the relevant information requested on the forms must be given to ensure specimens are correctly processed.



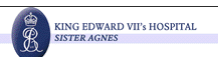








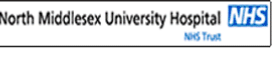
INFECTION HAZARDS

All samples in all laboratories are treated as containing virulent organisms.

Specimens from patients known to have blood borne virus infections must be labelled "High Risk" (Guidance in "HIV and the Practice of Pathology". Royal College of Pathologists, 1995). However, all specimens must be treated by portering and laboratory staff as a Danger of Infection. It is most important that specimens are transported safely. Lids should be firmly tightened. Ensure that forms are properly filled in and place the specimen in the plastic wallet attached to the form. Do not use paper-clips, pins or staples or attach anything to a request card. All leaking or contaminated or broken specimens will be discarded.

The greatest danger of infection to laboratory staff comes from the specimens. This danger stems largely from specimens which have had clinical material spilt on the outside of the container, which may have been wiped "socially" clean. This may remove evidence of contamination but does not remove the risk of infection. When clinical material contaminates the outside of a specimen container, the specimen should be discarded on the ward.

Inevitably occasional specimen containers will leak. They should not be sent to the laboratory because this may lead to contamination of the porter, of the environment and of other specimens. Leaking specimens which arrive in the laboratory, except in very exceptional circumstances, will always be without immediate consultation. Further specimens will be requested but there will be a delay for the patient. When a specimen is seen to be leaking in a ward or department, if you are unable to deal with it safely, please consult the laboratory.

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HAEMATOLOGY AND BIOCHEMISTRY

- Specimens for haematological and biochemical investigations will be almost exclusively blood specimens. The problem is choosing the correct blood collection tube.





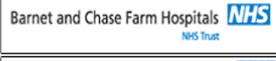


BACTERIOLOGY

- Guidance about Microbiology specimens are given in the next section.
- Specimens for bacteriological investigations must be adequate. Delays in reaching the laboratory may result in death of some organisms or multiplication of others so that the number found in the specimen is meaningless. This is particularly important for urine specimens.
- When aspirated pus, body fluids or faeces are available, do not use swabs. It is always better to send the original specimen in a sterile pot.
- Always place a swab in appropriate transport medium. The transport media for bacteria, viruses and *Chlamydia* are different. When in doubt about which to use, please consult the laboratory. Eye swabs (for ophthalmia neonatorum), nasal swabs (for pertussis) and screening swabs (for staphylococci, etc) are best seeded directly onto fresh culture medium and are best taken by an ICN or a microbiologist after consultation.

VIROLOGY

Specimens for Virology fall into three types:

- 1. Culture and isolation of viruses:** Special viral transport medium (VTM) is available. This preserves the viability of viruses but contains antibiotics to kill bacteria and fungi. VTM is useful for sensitive enveloped viruses (eg. herpes viruses) but not necessary for enteroviruses in stools, which can be sent untreated.
- 2. Antigenic and morphological identification of viruses:** Clotted blood samples, faecal samples, fluids from ulcers or vesicles are required. Please consult the laboratory.
- 3. Serology:** Serum samples (clotted blood) are required. Please use the correct request forms and send one form for each request. The serum sample will be divided in the laboratory.

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PARASITOLOGY

"Hot stools" for amoebae should arrive in the laboratory within one hour of being passed. After this time the chances of seeing amoebic trophozoites will diminish rapidly. (The stools do **not** have to be kept warm).



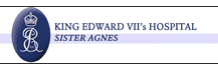








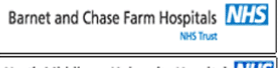

Delays beyond 48 hours can result in parasite eggs in faeces hatching and the larvae disappearing from the sample. Similarly, urine samples for schistosome eggs need to be delivered to the laboratory quickly or in formalin to prevent hatching.

Blood films for malaria parasites should be made within two hours of phlebotomy. Later on, the morphology of the parasites may change so that identification and speciation are more difficult.

SPECIAL INFECTION RISKS

Specimens from patients known to have blood borne virus infections must be labelled "High Risk" (Guidance in "HIV and the Practice of Pathology". Royal College of Pathologists, 1995). However, all specimens must be treated by portering and laboratory staff as a Danger of Infection.

Specimens from patients with suspected viral haemorrhagic fever must not be sent with the portering service. Transport must be agreed by Control of Infection Officers and specimens will be carried by Microbiologists/Virologists.

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IN SUMMARY

- Always get specimens to the laboratory as soon as possible after collection.
- When delay is unavoidable, urine and sputum specimens must be refrigerated at 4° C.
- Swabs for gonorrhoea must NOT be refrigerated.
- Always use the correct transport medium.
- Never use a swab when faeces, fluids or pus is available.
- Use only the correct request forms with an integral specimen bag or place the specimen in a separate plastic bag. Place only one specimen in each, and please complete the request form or computer entry fully.
- Never send leaking specimens anywhere. Discard them.
- Never wipe clinical material from the outside of a specimen container and then send it to the laboratory.
- Whenever you wish to collect an unusual specimen, or you have a query about safety or you need advice, please consult the laboratory staff.

SAVE SERUM POLICY

In view of the risks of patients acquiring blood borne viruses during surgery either from blood transfusion or from a member of the operative team, it is wise to save a sample of serum before such procedures. This should be saved at least for one year, preferably indefinitely, because of the long incubation of some of these infections. The serum would only be recovered and tested in the event of a possible acquisition incident.

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MANAGEMENT OF SPECIMENS MICROBIOLOGY

1. Objectives

- a. To collect an adequate amount of fluid un-contaminated from any other source. To preserve any organisms that are present.

- b. To ensure that the specimen is correctly labelled and despatched to laboratory with complete request information.

- c. To transport the specimen (and request form) to the laboratory safely with the minimum of delay.

Or

- d. To store specimen in suitable conditions if delivery is delayed.

GUIDELINES FOR APPROPRIATE SPECIMEN COLLECTION

- As a general rule, the more material sent for examination, the greater the chance of isolating significant bacteria. A few ml of pus is much better than a swab. If in doubt send the pus in a sterile universal plus a swab in transport medium.

- Use a syringe and needle to collect specimen and transfer into a sterile container eg Universal or plain sterile blood collection tube. Be very careful to avoid “Sharps” injury.

- Plain vacutainer tubes are good, as anaerobic conditions are maintained.

NB: SPECIMENS MUST BE TRANSPORTED TO THE LABORATORY WITHOUT DELAY!

- If there is likely to be a delay in transporting to the laboratory, a specimen in transport medium (eg Transwab) is preferred.

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Transport media advantages:

- Maintain viability of bacteria.
- Anaerobes preserved, even those that are killed on short exposure to air.
- Effective for 18 hours at room temperature.
- Delicate bacteria such as *Neisseria* spp. and *Haemophilus* spp. preserved.

Transport media disadvantages:

- Material is lost from swab into medium and fewer than a third of organisms can be recovered from a swab onto agar.
- Relative proportion of bacteria is altered when specimen transport to the laboratory is delayed.
- Coliforms and normal flora may increase.
- Numbers of pathogens may decrease.

Notes:

- Specimens are readily contaminated by poor technique (eg allowing urine to flow over the vulva before collection into the container. or collecting specimens from stagnant bags rather than drainage tubes).
- Samples should be collected before the commencement of antibiotic treatment or just before a dose is given.
- If antiseptic is used for cleaning or packing a wound, the specimen should be collected before the antiseptic is applied.

Labelling:

- Minimum information required on **specimen label**:
 - Name, Patient Identification number.
 - Location of the patient
 - Site / type of specimen,
 - Date and time of collection,
 - Test required (if a paperless system)

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Information required on request form or computer request:

- As per specimen label,
 - Age, Sex.
 - Provisional diagnosis.
 - Pyrexia, wound infection.
 - Surgical, traumatic, dirty.
 - Chemotherapy.
 - Consultant and requesting doctor with contact number.
- and
- Legible, please.

Other information to be considered that may be relevant and enable the laboratory to consider further tests:

- Recent travel abroad, (where?).
- Immunosuppressed:
- HIV, Radiotherapy, Cytotoxics.
- Occupation:
- Farming, Animals, Industry.
- Sports:
- Caving, Watersports, Hiking, Camping.

All these factors influence the way in which we process specimens.

Failing to produce a completed request form or a delay putting request on to the computer delays laboratory processing, even if the specimen has been delivered to the laboratory. Unlabelled specimens will not be processed.

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SPECIMEN TRANSPORT TO THE LABORATORY

URGENT

Send to the laboratory without delay:

- Blood cultures, to 37°C incubator. (ARD Bottles to technician if used)
- Cerebro-spinal fluid.
- Aspirates and tissue from normally sterile sites.
- Specimens where delicate bacteria such as *Neisseria*, *Haemophilus* are sought

ROUTINE SPECIMENS

- Within 1-2 hours.
- Urines kept at room temperature for more than two hours have been shown to be useless. After two hours, contaminants have increased to significant numbers. This is the single most common reason for the report "Mixed growth of doubtful significance".


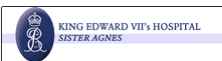


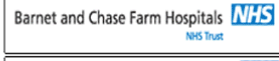




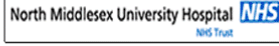

Or

- Missed infection due to overgrowth by contaminants.
- If delay is unavoidable, store routine specimens at 4°C (refrigerator).
- Specimens in transport medium should be kept at room temperature.

HEALTH AND SAFETY

- Do not overfill containers
- Throw out contaminated containers.
- Transport in plastic bags
- NO NEEDLES OR SYRINGES PLEASE

ENSURE "HIGH RISK SPECIMENS" ARE LABELLED AS SUCH

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SPECIMEN COLLECTION

Swabs general:

- From dry areas moisten swab with sterile transport medium.
- Rotate swab. No dabbing.
- Do not break swabs unless designed for this purpose.

Nose swab:

- If purulent discharge the area at the back of the nose should be sampled.
- For carriers, (MRSA screening), the moistened swab should be directed away from the turbinates just within the anterior nares. The swab should be rotated five times (clockwise for R and counter-clockwise for L nostril) to obtain sufficient material. A single swab may be used for both nostrils.

Throat swab:

- Avoid mouth and tongue. Sample any lesion, exudate, areas of inflammation.

Ear swab:

- Fine wire swab is required under direct vision, a normal swab will only sample the external ear.

Eye swab:

- Transport swabs should not be used, (lysozyme present). Direct culture onto culture medium preferred. Discuss with Medical Laboratory Scientists.
- Chlamydia/trachoma: Special swabs required.

Genital tract:

- To take an HVS or Cervical swab, a speculum must be used, as faecal contamination must be avoided.
- Transport medium is essential. Charcoal transport medium for gonorrhoea.

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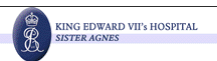

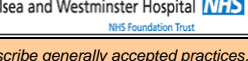
- The laboratory should be specifically requested to rule out gonorrhoea, *Chlamydia*, or herpes. Special swabs are required for the latter two. Best to do a cervical swab as these organisms not reliably obtained from HVS. HVS only useful for *Candida*, *Trichomonas* and *Mycoplasma hominis*.

Wound swabs:

- Pus preferred.
- Take swab before cleaning local area.
- Take from affected site, **NOT** surrounding tissue.
- The swab should be rotated gently to collect as much pus or exudate as possible.
- Transfer without delay into transport medium. Anaerobic bacteria may die in minutes.
- Preferably send 1-2 ml of pus in a sterile container (Universal or plain vacutainer) dispatch to laboratory without delay.

Sputum:

- Send sputum, not saliva.
- Early morning specimens preferred as this is the most productive time.
- Quality not quantity. 2 ml is ample.
- Physiotherapy may be required.
- Avoid mouth contamination. (A mouth full of bacteria that may confuse culture interpretation).

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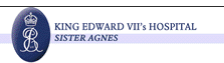





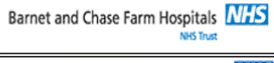

- In the case of pneumonia the laboratory will report significant numbers.
- Delay in transport to the laboratory may increase the number of bacteria present and reduce the numbers of some relevant pathogens.

Urine:

- Wash genital area with soap and water and dry thoroughly. (Some studies have shown that this is not necessary provided the urine is collected using good technique and processed immediately).
- The use of antiseptic may contaminate the specimen and confound the findings.
- **Male:** Retract foreskin.
- **Female:** Outer and inner labia cleaned in a front to back direction. (Reduces perineal contamination).
- Patient micturates with labia separated.
- The urine collected from the middle portion of the urine stream (MSU) is least contaminated.
- Container should be 4/5 full. This gives the laboratory ample urine for testing and allows the MLSO to remove the lid without spillage.
- If the container has a paper funnel, please remove it completely before putting lid on container, pushing the funnel into the container makes testing virtually impossible, and also makes the urine leak in transit.

Catheter specimens of urine:



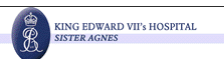







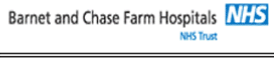
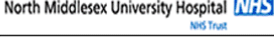
- NOT from bag (Contains stagnant, almost certainly contaminated, urine).

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- NOT from catheter drainage bag junction (High risk of contaminating system).
- Collect from self sealing sleeve of the drainage tubing using a fine bore needle and syringe (take care and do not place a finger behind the catheter!).
- Urinary catheter tips are inappropriate specimens and will not be processed.
- Urine samples should be transported to the laboratory within one hour of collection or held at 4°C and then transported to the laboratory without delay.

Faeces:

- May be examined for enteropathogenic bacteria, viruses, ova, cysts, parasites and toxins.
- May be collected into bedpan, or clean plastic bag draped over toilet (do not flush the plastic down the toilet).
- 5-10 ml of faeces is ample Over filled containers have been known to explode on warm days.
- Take sample with a spatula or "tongue depressor" from mucoid and blood stained areas if present.
- If normally formed, samples from middle and both ends of the formed stool are very important for ova, cysts and parasites.
- "Hot" stools not necessary, but all stool samples should be reasonably fresh, and very fresh to see amoebic trophozoites.
- Solid faeces will not be processed unless justified (eg looking for continuing carriage of *Salmonella* sp.)

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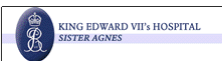






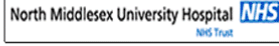



SUMMARY OF SPECIMEN COLLECTION GUIDELINES

- Always get specimens to the laboratory as soon as possible after collection. Refrigerate urine and sputum specimens if delay is unavoidable.
- Do not refrigerate CSF or specimens for gonorrhoea.
- Always use the appropriate transport medium.
- Do not use a swab if faeces, fluid, or pus is available.

Complete request form.

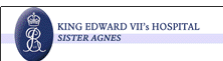


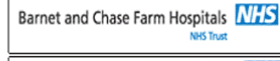





- **Ensure laboratory request form has been completed or entered onto the computer system. (Specimens will not be processed through the laboratory without a request form or unless they have been numbered and entered onto the laboratory computer system.)**
- Label specimen, patient identification details, site, time.
- Do not send leaking specimens.
- Use a plastic specimen bag, put request form in the section of the bag that separates it from the specimen, **do not use staples.**
- If in doubt, consult the laboratory staff.

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AVAILABILITY OF MICROBIOLOGY RESULTS:

- **Day of receipt:** Microscopy results and some antigen or antibody tests.
- **After overnight incubation and reading time:** First day culture results, printed and sent to requesting departments. Telephoned results normally available after 10.30am.
- **Second day:** Identification of organisms and antibiotic sensitivities from first day isolates. Anaerobic culture results, first reading.
- **Third to tenth day:** further reports may follow especially for anaerobes and fungi.
- Mycobacterial cultures are continued for 8 or sometimes 12 weeks. Positive results are always telephoned.
- The following results will be telephoned directly to the requesting doctor (and if not available, the ward/floor):
 - Virulent organisms (eg *Streptococcus pyogenes*)
 - Any positive culture from a normally sterile site (Blood, CSF, etc)

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