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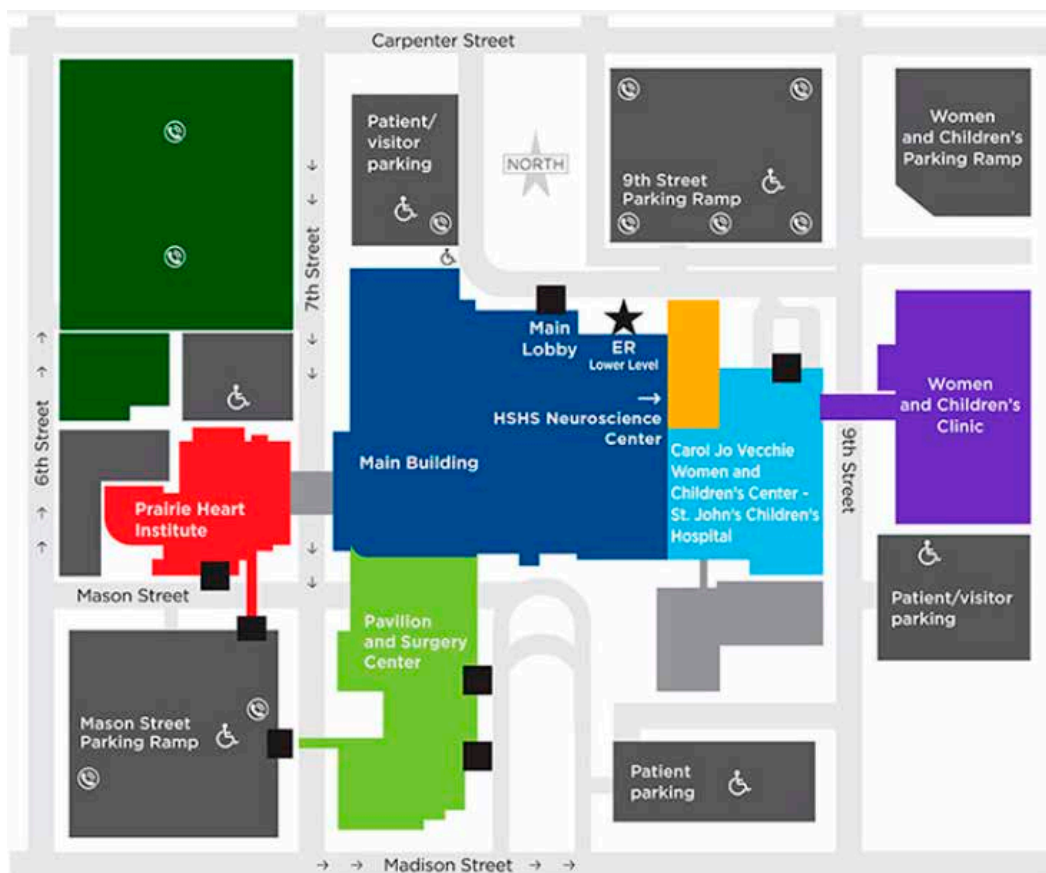
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LABORATORY SERVICES HOURS OF OPERATIONS

HSHS St. John's Hospital provides a full-service laboratory offering range of routine and specialty inpatient and outpatient services in the analysis of body fluids, cells, and tissue. Laboratory testing is performed 24 hours a day, every day, to fit the needs of inpatient and outpatients. Non-urgent testing may be performed only during certain hours or batched to specific days during the week.

Outpatient specimen collection hours are dependent on location and may have to close due to unforeseen circumstances, such as weather conditions, public safety, and other unexpected events. All patients must be registered before proceeding to the collection process. Newborn bilirubin orders outside of hours listed below will be accommodated by the Women's and Children's Center (Admitting and 3rd floor nursing staff).

Outpatient Lab Collection	Days	Hours	Closed
Prairie Heart Institute - 5 th Floor	Monday - Friday	0600 - 1600	Weekends and Holidays
Women and Children's Clinic - 1 st Floor	Monday - Friday	0700 - 1630	Weekends and Holidays
Cancer Center Pavilion - 1 st Floor	Monday - Friday	0800 - 1600	Weekends and Holidays
Main Laboratory- 1st floor	Saturday	0700 - 1200	
*For all patients	Monday - Friday	0700 - 1630	
*For patient with Radiology Procedures			



SPECIMEN LABELING

All specimens must have two unique legible identifiers on the primary specimen container. Best practice is to label in the patient's presence at the time of collection. Unique identifier is determined to be:

- Patient's first and last name
- Medical Record Number or Account Number
 - If unavailable, patient's date of birth (DOB) is acceptable

Specimen collection label should also include additional information such as:

- Date and time of collection
- Identification of person obtaining specimen (collector's name, initials, or unique ID)
- Specimen site or type (for any non-blood specimen)
- If sample poured off, sample type

If patient identity is unknown, certain designated identifiers are acceptable for use:

- Disaster Number
- Trauma Number
- Stroke Number
- Blood Bank ID Number (if applicable)

For any non-blood specimen, a transmittal or requisition, should accompany and match the specimen's information including:

- Patient's first and last name
- Medical Record Number or Account Number
 - If unavailable, patient's date of birth (DOB) is acceptable
- Specimen type and site(s) for testing ordered.

If the sample has not been collected in HIS, or a transmittal or requisition is not available, additional information should be documented on the specimen label including:

- Requested testing
- Specimen site (if applicable)
- Date and time of collection

SPECIMEN ACCEPTABILITY

Specimen integrity will be reviewed upon receipt to ensure samples are appropriate. Review may include but is not limited to proper collection/processing, transportation, specimen type, quality, and quantity.

Any additional information needed, the laboratory will contact the collector or collection location. Any unacceptable sample will be discarded, and the collector/collection location will be notified of the issue.

Mislabeled specimens will be handled as either retrievable or irretrievable:

- **Retrievable specimen(s)** which lack two unique patient identifiers and a Blood Bank ID Number (if applicable) will be rejected and discarded.

- **Irretrievable specimen(s)** which lack two unique patient identifiers will be accepted; however, a person from the collecting or ordering site is required to identify the specimen in the Laboratory and sign the Irretrievable Specimen Form (Laboratory only form).

Approved Irretrievable Specimen List	
Surgical:	Specimens such as tissue, biopsy, fluids, etc.
Fluids:	Cerebral Spinal Fluid, Ventricular fluid, Body Fluids (joint, pleural, pericardial, peritoneal, ascites, etc.), Tympanocentesis fluid, Amniotic fluid Aspirate from wound (syringe with pus/specimen), Trauma peritoneal lavages
Blood:	Fetal Blood (Cordocentesis), Cord Blood (only if testing cannot be performed on peripheral blood)
Urine:	Suprapubic urine aspirate, Cystoscopy urine
Stool:	Meconium
Respiratory:	Bronch washes, BALs, protected brushes, Transtracheal specimens, Sinus aspirate
Miscellaneous:	Ear tubes, Biopsies collected on floor or Regional Wound Clinic (usually punch biopsies), Specimens collected by GI, FNA (fine needle aspirate), Bone marrow (aspirate or biopsy), Sexual assault: oral, vaginal or rectal IUD (Intrauterine device), Parasite: worms & arthropods, Skin scrapings for parasites or fungal culture, Nails (finger or toe), Eye specimens- donor corneal rims, intraocular fluids, corneal scraping, contact lens/fluid,/container, etc.

SPECIMEN ERRORS

Specimen results that indicate or detect possible specimen errors will follow separate processes based on reason for error.

- Questionable results and retrievable: The collecting or ordering location will be contacted and a request for a new specimen and order will be made.
- Specimens which result in corrected reports:
 - The section technologist will call the ordering location and inform the appropriate person that an error has occurred and answer the test(s) with the correct or erroneous results.
 - A request will be made for a new specimen and the testing reordered for accurate results.

TRANSPORTATION OF SPECIMENS

All specimen containers transported to the laboratory, must be placed in a sealable secondary container (e.g. biohazard labeled specimen transport bag). The secondary container is used to prevent leakage and transmission of infectious disease if the specimen container breaks or leaks in transit. Multiple specimens from the same patient may be placed in one bag or container. Paperwork should be protected from contamination by placing the paperwork in an additional bag or in the pouch of a specimen transport bag.

Testing may be required within a certain timeframe from collection if the sample is unprocessed. If delay will occur, samples must be processed and stored at the correct temperature for stability.



Department of Laboratory Medicine: Services & Specimen Collection

If uncertain how to process, please reach out to the laboratory for additional information.

It is recommended that specimens which cannot be easily recollected (spinal fluid, joint fluids, pleural fluid, etc.) should not be sent via pneumatic tube system. Additionally, containers of alcohols or other flammable liquids, and stool specimens are not sent through the tube station due to clean-up issues should a spill occur. (*SJS Ellucid/St. John's Hospital/SJS Environment of Care/SJS Engineering and Construction/Tube System policy*). It is recommended that specimens transported via the tube system should be placed in thick plastic zip-n-fold transport pouch in addition to the specimen transport bag

To prevent needle stick injuries, needles must be removed from the syringe and the syringe capped prior to transportation to the laboratory. When the specimen is of a small quantity and found only in the needle, the syringe and capped needle should be hand-delivered to the Lab.

PRIORITIES AND TURNAROUND TIME

Many factors may impact the turnaround (TAT) of collection/testing requests. These factors may include but are not limited to specimen availability, collection, transportation and storage, staffing, equipment availability, quality control, length of testing procedure, etc. The following is how testing priorities are defined:

STAT = True medical emergencies and optimal patient care for select locations. Immediate specimen collection is expected, or within 15 minutes of the order. The resulting TAT varies by testing platform. See chart at end of this document.

Timed = Specimen collection ± 15 minutes of the time requested. Resulting TAT will depend on the method of each procedure.

Routine = Specimen collection, processing, and resulting are at the discretion of the Laboratory. Optimally, the collection will occur within 8 hours. Daily morning lab draws occur between 1 am and 7 am.

STAT collections are available for all testing; however, STAT tests are based on criteria that can significantly impact patient care. If a medical emergency is occurring and a non-STAT test is needed STAT, the requesting physician may contact the Laboratory Medical Director or Pathologist on duty or “on call” to clarify the situation and facilitate their authorization of the STAT test.

The tests highlighted yellow in the table below are commonly ordered as TIMED tests. Anti-Xa UFH & Vancomycin are used to monitor levels following a drug administration. Lactic Acid is to monitor the changes over a specific period of time during a sepsis protocol. Please refer to testing menu below.

Core Laboratory:		
Acetaminophen	Complete Blood Count (CBC)	Phenytoin
Alcohol, (Ethanol)	Comprehensive Metabolic Panel	Phosphorus
Ammonia	Creatinine	Platelet Count
Amylase	CSF - Glucose	Potassium (K)
Anti-Xa UFH	CSF - Protein	Urine Pregnancy, Qualitative
AST/ALT	D-Dimer	pro BNP

Basic Metabolic Panel	Digoxin	Prothrombin Time (PT/INR)
Beta hydroxybutyrate (Ketone)	Fetal Fibronectin	Rapid HIV for exposures
Beta, HCG, Quantitative	Fibrinogen Level	Salicylate
Bilirubin (Direct &/or Total)	Gentamicin	Sodium (Na)
Blood Gases	Glucose	Theophylline
BUN	Hepatic Panel	Tobramycin
Calcium	HGB & HCT	Toxicology Screen (urine)
Carbamazepine	Lactic Acid	High Sensitivity Troponin I
Carbon Dioxide	LDH	Uric Acid
Carbon Monoxide	Lipase	Urinalysis
Cell Count (CSF)	Lithium	Valproic Acid
Chloride, (Cl)	Magnesium	Vancomycin
CK	Partial Thromboplastin Time (PTT)	< 45 min receipt to result
CK-MB	Phenobarbital	
Microbiology/Immunology:		
Gram Stain reporting CSF	<45 min receipt to result	
RSV/FLU/COVID Antigen		
Rapid Strep Throat Screen		
Monospot (Emergency Dept. only)		
BD Affirm for Trichomonas (Emergency Dept & Birth Center)	<60 min receipt to result	
CSF PCR Encephalitis Profile	<120 mins receipt in lab to result	
Molecular Upper Respiratory Panel	<120 mins receipt in lab to result	
Transfusion Services:		
ABO & Rh Typing - on Cord Blood (only if mother has antibody or neonate requires transfusion)	<45 min receipt to result	
Antibody Screening - Indirect Coombs – on mother's specimen (only if infant or mother requires transfusion)		
Crossmatch - Compatibility test (only for emergency transfusion)		
Direct Coombs on Cord Blood (only if mother has positive Indirect Coombs)		
Investigate Transfusion Reaction		
Fetal Maternal Hemorrhage Quantitation (emergency situations only)	<90 min receipt to result	

NOTIFICATION OF CRITICAL VALUES

When a Critical Test or Critical Value is encountered, the technologist shall immediately notify either the ordering physician, attending physician, admitting physician, or licensed care giver involved in the patient's care with the results. If this is not possible, try one of the alternative licensed care givers, page the physician, or contact one of their partners or other physicians in the group by phone or by pager. In the event where none of the above are responsive, unwilling to accept, or excessive time has lapsed; the technologist shall escalate the situation to Lab Administration for further guidance. Furthermore, if the situation is still unresolved, the hospital's Administrator On Call (AOC) should be contacted by dialing 0 and asking the operator to connect you with the AOC.

Critical Point-of-Care Result

Follow POC policy 2-8 Critical Values

BLOOD COMPONENTS

Blood Components in Container System: All blood components may be kept in the container provided by the Transfusion Service for up to a set time which the container is validated for. This will be noted on the container and the container is to be returned by the stated time.

- Components should be kept in the container under the ice block or gel pack until ready to be infused. If the blood must be held longer than the stated container time, return the container to the Transfusion Service for replacement of ice block or gel pack
- Components issued in one of the approved containers may be returned to the Transfusion Service for reissuance later, provided the following conditions are satisfied:
 - The components have not warmed above the FDA required storage temperature.
 - The hermetic seal of the unit has not been broken by the cannula of the blood administration set.
 - If these conditions have not been met and the blood is not infused, return it to the Transfusion Service for disposition.
- Containers which still contain blood should be returned to the Transfusion Service as soon as the decision is made that the blood is not needed for the patient. Personnel from the Nursing Unit should bring the container to the Transfusion Service. Containers still containing blood should not be sent to the Transfusion Service on the laboratory dumbwaiter unless there is prior approval received from the Transfusion Service technologist.
- Empty containers should be returned to the Transfusion Service promptly via the laboratory dumbwaiter, courier, or runner.

Blood Components via Pneumatic Tube System:

- A unit may be sent through the pneumatic tube station provided the nurse is ready to infuse the unit as soon as it arrives at the nurse's station.
- The component is placed in a Zip-N-Fold pouch and sent to the requesting nursing unit using the "Secure Transaction" function on the pneumatic tube station.
- No more than two units may be sent at one time. Generally, only one unit is sent at a time unless there are two IV sites to infuse both units.
- Components returned must be sent in a Zip-N-Fold pouch to the Transfusion Service.

PATIENT COLLECTION

Please see training materials for those units with colleagues trained and competency to perform venipuncture. Colleagues should not collect blood samples without having received the appropriate lab training.

The following chart shows the tube types (color and anticoagulant), sizes, and appropriate fill volumes and are listed in the order of draw as prescribed by CLSI standards. Specimen volumes indicated are general guidelines. The required blood volume for these tubes is dependent only upon the amount of specimen required for the test(s) ordered for that tube type.

Evaluate the physician's order to determine the appropriate collection containers that will be needed for the blood draw.

- a. Laboratory generated labels indicate the color of tube to draw for that test.

- b. If the tube color is VARIABLE or if you are unsure of specimen collection requirements (tube type, volume, or special transport) contact the Laboratory.

	Tube Cap Color/Additive	Size	Min*/Max
1	Arterial Blood Gas (heparinized syringe)	1.0 mL	0.2/1.0
2	Blood Culture (1 set = 2 bottles)	5.0 mL 10.0 mL	1.0/3.0 8.0/10.0
3	Yellow: ACD Solution A (glass tube)	8.5 mL	7.7/9.3
4	Royal Blue (red strip): Sterile (none)	6.0 mL	1.0/6.0
5	Blue: Sodium Citrate	4.5 mL 1.8 mL	4.1/5.0 1.7/2.0
6	Gold: Serum Separator Tube (SST) gel	5.0 mL	1.0/5.0
7	Red: Sterile No gel (none)	10.0 mL	1.0/10.0
8	Green: Sodium Heparin	4.0 mL	1.0/4.0
9	Mint Green: Lithium Heparin PST (gel)	3.5 mL	1.0/3.8
10	Purple: K2EDTA	4.0 mL 2.0 mL	2.0/4.4 1.0/2.2
11	Pink: K2EDTA Blood Bank ID #	6.0 mL	6.0 mL
12	Royal Blue (purple strip): Na2EDTA	7.0 mL	1.0/7.0
13	Gray: K+ Oxalate Na Fluoride	2.0 mL	1.0/2.2
14	QFTB: 4 special tubes	1.0 mL	0.8/1.2

VENOUS BLOOD COLLECTION

For inpatient/ED venous blood collection, medical staff should order the desired tests into the HIS. Phlebotomy staff will respond appropriately when the order crosses over to the LIS. Nursing units who perform venipuncture please see training materials for those units. Questions about blood collection should be directed to phlebotomy.

Accessing Indwelling Lines for Venous Blood Collection

Flushing of indwelling lines and the subsequent collection of blood specimen via line draw are the responsibility of nursing personnel and the procedure for these techniques will be found in nursing directives and procedure manuals. Nursing colleagues may call lab to obtain the needed supplies to perform the collection OR perform the tasks with a Lab phlebotomist at bedside to assist with supplies.

Note: Both the nurse and phlebotomist are involved in the specimen collection, labeling, and handling, and therefore, both bear responsibility for insuring proper identification and transport.

ARTERIAL BLOOD COLLECTION

Arterial collections should only be performed by Laboratory and Respiratory Therapy colleagues who have received proper training and competency assessment. The only exception is that a physician (MD) may also collect an arterial sample. The ED physician may put in a midline with phlebotomist present to assist in transferring and labelling the blood.

SPECIAL HANDLE BLOOD TESTS

AMMONIA

Ammonia must be placed on ice immediately after collection. If the specimen is transported ambient to the laboratory, it will be rejected, and a reorder will be requested.

PLATELET FUNCTION ANALYSIS (PFAS)

PFAS must be collected with a 21-gauge vacutainer needle or larger, 2 large blues preferred, and must be walked down to the laboratory. If the sample is sent through the pneumatic tube station, it will be rejected, and a reorder will be requested.

PRU/VERIFY NOW/P2Y12 (PTPRU)

PTPRU special collection kit should be requested from the Hematology department. The sample must be walked down to the laboratory. If the sample is sent through the pneumatic tube station, it will be rejected, and a reorder will be requested.

B12, FOLATE and BILIRUBIN

Protect from light using the amber colored microtainers or by placing collection tube in the amber colored bags (available from lab or Central Supply).

24 HOUR URINE COLLECTIONS

12-24 Hour Urine Collection procedure is available electronically in Elsevier. For patients taking the urine jug home to collect, they should be given the 24-Hour Urine Specimen Collection Instructions Form A8177NCR.

The Laboratory will prepare the 24-hour urine jug appropriately once receipt of the order is received via transmittal.

A patient information label is attached to the urine jug when prepared. It is essential that the highlighted information be filled out on the label prior to transport back to the laboratory for testing. This information must include start date and time and end date and time. Timing of the urine collection is critical to ensuring accurate results.

- The start time is recorded when patient voids and this **first specimen is discarded**. All future urine is collected into the urine jug until the end time.

RANDOM URINE COLLECTIONS

URINALYSIS

For any single specimen, a first morning specimen is preferred.

CULTURE AND SENSITIVITY

If culture and/or sensitivity are ordered, the specimen must be collected in a sterile container. If the same specimen is to be examined for culture and/or sensitivity plus a routine urinalysis, send two separate specimens, if possible.

URINE PREGNANCY

A first morning specimen is preferred but not required

EOSINOPHIL COUNT, URINE

Preferred specimen is 10mL, clean catch, in sterile container. Send specimen immediately to the lab.

CYTOLOGY

The second morning specimen is preferred.

FECAL OCCULT BLOOD - Hemocult I Single Slide (LAB402)

To enable the examining physician to conveniently screen the patient for occult fecal blood at the same time a rectal exam is performed, Hemocult single slides are available in the Emergency Department (ED) ONLY. Hemocult cards and a bottle of the chemical color development are provided to ED by Central Supply Department. These supplies should be kept in a secure location, temperature controlled and monitored and away from UV and/or natural light sources. Please keep out of reach of patients and children.

After the card is inoculated you must wait at least 2 minutes prior to adding the developer drops. Application of the developer solution creates a reaction which turns the test paper of the slide blue or a bluish green within 30 seconds if occult blood is present. When a physician performs the test, he/she is to enter the test result and internal QC results into the EMR.

All non-Emergency Room nursing areas should forward the stool specimen in a stool collection container and lab will process and result the testing.

FULL CHEMISTRY TEST LIST

BLOOD/SERUM		BLOOD GASES
ACETAMINOPHEN	hsCRP	ARTERIAL PH
Alanine Aminotransferase ALT (SGPT)	IgA	ARTERIAL CO2
Albumin - BCG	IgG	ARTERIAL O2
Alk Phos	IgM	ARTERIAL HCO3
Ammonia	INSULIN	ARTERIAL TOTAL CO2
Amylase	Intact PTH STAT	ARTERIAL BASE EXCESS
Apolipoprotein B	IRON	ARTERIAL BASE DEFICIT
AST (SGOT)	Lactate Dehydrogenase	%O2 SATURATION, ARTERIAL
BETA HYDROXYBUTYRATE	Lactic Acid	VENOUS PH
B-HCG	Lactic Acid -CSF	VENOUS CO2
BLOOD/SERUM		BLOOD GASES
Bilirubin, direct	LDL - Direct	VENOUS O2
BILirubin, Total	LH	VENOUS HCO3
BUN	Lipase	VENOUS TOTAL CO2
C3	Lithium	VENOUS BASE EXCESS
C4	Magnesium - serum	VENOUS BASE DEFICIT
CA 125 II	MICROALBIMIN 24h	% O2 SATURATION, VENOUS
Calcium	MICROALBUMIN	IONIZED CA
CARBAMAZEPINE	Myoglobin - STAT	CO
CEA	NT proBNP	METHEMOGLOBIN
Chloride - Serum	OSMO - SERUM	OXYHEMOGLOBIN

CHOLESTEROL - TOTAL	OSMO - URINE	URINALYSIS
CK-MB - STAT	Phenobarbital	Color
CO2	Phenytoin	Clarity
Cortisol	Phosphorus - serum	Specific gravity
Creatine Kinase	Potassium - serum	Urine pH
Creatinine - serum	PREALBUMIN	Protein
CRP	Progesterone	Glucose
Digoxin	Prolactin	Ketones
eGFR	Protien - CSF	Bilirubin
Estradiol	Rheumatoid Factor	Blood
Ethanol (Alcohol)	SALICYLATE	Urine Nitrite
Ferritin	Sodium -serum	Urobilinogen
Folate	TESTOSERONE	Leukocyte Esterase
Free T3	Theophylline	RBC
Free T4	TIBC+ Iron% Sat	WBC
FSH	Tobramycin - peak	Urine Toxicology Screen
Gamma GlutamylTransferase	tobramycin - trough	Urine Phencyclidine
Gentamicin - trough	Total Protein	Urine Benzodiazepines
Gentamicin -peak	Total PSA	Urine Cocaine
Glucose -	Total T3	Urine Amphetamine
Glucose - 1 hour	Total T4	Urine Cannabinoids
Glucose - 2 HOUR	TRANSFERRIN	Urine Opiates
Glucose - 2 Hr PP	TRIGLYCERIDE	Urine Barbiturates
Glucose - 3 Hour	Troponin-I, High Sensitivity	URINE CHEMISTRIES
Glucose - CSF	TSH	BUN
Glucose - Fasting	Uric Acid	CA
Glycosylated Hemoglobin	Valproic Acid	CREAT
HAPTOGLOBIN	Vancomycin - trough	GLUCOSE
HDL	Vancomycin -peak	MG
Homocysteine	Vitamin B12	NA
	VITAMIN D	POTASSIUM
		PHOS
		Uric Acid
		TOTAL PROTEIN
		Creatinine Clearance

CYTOLOGY

Cytology is the study of cells, usually those cells normally exfoliated (shed) in the body. These cells degenerate rapidly, so prompt and appropriate handling of each type of specimen is essential.

Non-Gyn Cytology (LAB401)

- Specimens for cytology may include urine, sputum, body fluids, GI brushes, cyst fluids, fine needle aspiration and bronchial specimens
- Specimen cups do not need to be sterile for cytology specimens. For bronchial or GI brushings, place the brush, unsheathed, in a 10 ml test tube containing a Cytology fixative (DLS). This fixative is available by calling Cytology.

- Any specimen that is collected for Microbiology or Flow Cytometry must be collected in sterile saline not Cytology fixative. For proper collection techniques please call Cytology.
- Pleural fluid obtained by thoracentesis and ascitic fluid (peritoneal, abdominal fluid) obtained by paracentesis should be collected in heparinized vacuum container. The whole volume of fluid removed from the patient should be sent to lab.
- Enter a LAB401 Generic Cytology order into Epic or complete a Cytology requisition A6429. Place a patient label (name and MRN number) on a clean, dry container. Do NOT affix label to lid. Write the source of the specimen on the patient label that is affixed to the specimen container.
- Bronchoscopy specimens should also have the Post Bronchoscopy Lab form A7841.
- Immediately following collection of the specimen, the specimen and Cytology requisition, must be delivered directly to the Cytology Lab to be refrigerated. If delivery cannot be made immediately, refrigerate the specimen until such time as it can be delivered.
- Upon request, cytology personnel are available to assist in EBUS, EUS and Radiologically Guided Fine Needle Biopsies (FNA) or tissue cores (FNC). Please contact Cytology at x47296 or x44148 to schedule.

GYN Cytology (88142)

- A Cytology requisition #9181 is to be used for “Pap smears” only
- Liquid based PAP (ThinPrep) smear kits are available from the Cytology Department (ext 44148)
- All Pap Tests are sent to HSHS St. Mary’s Hospital, Decatur for processing and sign-out.

PATHOLOGY

Specimens sent to pathology include all tissues, devices, and foreign objects not deemed exempt from pathologic examination by the hospital Medical Executive Committee.

Surgical Pathology Samples (LAB400)

- Handling of specimens submitted by Surgery directly to the Surgical Pathology Lab is outlined on *Ellucid/SJS Provision of Care/Handling of Specimens in Surgery*.
- All pathology specimens require a hard copy of the order to accompany the specimen. Enter a LAB400 Pathology order in Epic or use form A5287NCR.
- All pathology specimens must be labeled with the specimen site/source.
- Specimens must be placed into 10% neutral buffered formalin ASAP for best results. Exceptions that should not have formalin added are listed below:
 - Specimens for frozen section analysis or immediate gross consult
 - Tissue with a diagnosis of lymphoma or to “rule out lymphoma”
 - Tissues for chromosome analysis/cytogenetics
 - Nerve or Muscle biopsies
 - Cases of Hirschsprung’s Disease
- Bring specimens directly to the histology section of the lab room 1D13 or surgical pathology 3K26

Products of Conception

Products of conception are handled based on gestation age; <21 weeks or >21 weeks. Cases >21 weeks do not qualify for Shared Burial and are not required to have a pathology examination. For handling of stillbirths, please see *Ellucid/ SJS Provision of Care/ Autopsy Services* and *Ellucid/ SJS Provision of Care/ Perinatal Loss/Bereavement*

Products of conception or possible products of conception of 20 weeks and 6 days or less gestation are handled according to the instructions above with the following differences:

- If cytogenetics/chromosome analysis has been ordered by the physician, do not add formalin. Otherwise, formalin should be added to the specimen.
- Order set “Fetal Loss less than 21 weeks Panel” should be utilized to ensure all documentation and paperwork is completed.
- In addition to the normal required paperwork, the specimen must be accompanied by a completed Fetal Death Disposition/Notification (Form VR111). This form must be signed by the mother and the physician.
- All specimens should be brought directly to the histology section of the lab room 1D13 or surgical pathology 3K26. Specimens for cytogenetics analysis may be placed in the refrigerator, and the paperwork should be placed on the countertop.

Any questions should be directed to the Histology Section by calling x44150 or x72377 during normal business hours. After hours, please contact the Main Laboratory Office at x48201.

Autopsy (LAB801)

For specific instructions on ordering autopsies please see *Ellucid/SJS Provision of Care/ Autopsy Services*

MICROBIOLOGY

The hospital telephone extension for Microbiology section is x44135.

It is best to collect specimens for culture prior to administration of antibiotics. It is a general rule that all specimens for microbiological examination should be collected in sterile containers, except for stool which may be collected in a clean container for certain tests. See Micro Table 3 for details regarding individual collection devices. Also, please transport all specimens to the microbiology lab within an hour of collection. Specimen quality may be compromised if there is a delay in transport to the lab.

Site of infection and suspected infectious agent should be considered when choosing what specimen and how it should be collected. Swabs may be appropriate if the organism load is suspected to be high, or when even 1 colony of a suspected organism will be considered clinically significant such as with streptococcal screening. However, for broader culturing, fluid or tissue from the infected site will yield more accurate results.

The **specimen source** must be written on the specimen container along with date and time of collection and employee ID number of collector.

If any of the organisms in Micro Table 1 are suspected, please contact the microbiology department at ext. 44135 and please include a warning on the “Order Requisition” or “Order Report”. These organisms require special media or handling for successful isolation.

Micro Table 1	
Alert Laboratory of the Following Suspected Infections	
Bacterial Agents	Notes
<i>Brucella spp.*</i>	AKA Malta fever, Bang’s disease, Mediterranean fever
<i>Kingella kingae</i>	
<i>Neisseria gonorrhoeae</i>	
<i>Nocardia, Streptomyces, or Actinomyces sp.</i>	
<i>Burkholderia cepacia</i>	Cystic Fibrosis patient’s respiratory specimens are automatically cultured for <i>B. cepacia</i> as long as the diagnosis is clearly stated in the orders.

*Potential Agent of Bioterrorism

Please be advised, the organisms listed in Micro Table 2 are either extremely Hazardous to culture or are not cultured in-house (not an all-inclusive list).

Micro Table 2		
Alert Laboratory of the Following Suspected Infections		
Bacterial Agents	Viral Agents	Fungal Agents
<i>Afipia spp.</i>	Ebola	<i>Paracoccidioides brasiliensis</i>
<i>Anaplasma spp.</i>	Severe Acute Respiratory Syndrome associated coronavirus (SARS-CoV)	
<i>Bacillus anthracis*</i>	Middle East Respiratory Syndrome associated coronavirus (MERS-CoV)	
<i>Bartonella spp.</i>	Avian flu	
<i>Bordetella pertussis</i>		
<i>Borrelia spp.</i>		
<i>Burkholderia pseudomallei*</i>		
<i>Chlamydia spp.</i>		
<i>Corynebacterium diphtheriae</i>		
<i>Coxiella spp.</i>		
<i>Ehrlichia spp.</i>		
<i>Francisella tularensis*</i>		
<i>Legionella spp.</i>		
<i>Leptospira spp.</i>		
<i>Mycoplasma spp.</i>		
<i>Streptobacillus spp.</i>		
<i>Ureaplasma spp.</i>		

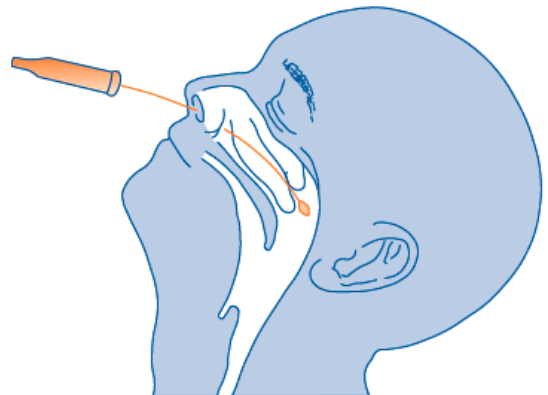
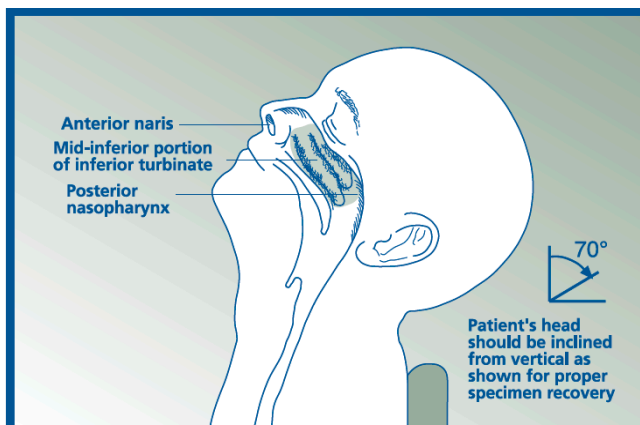
<i>Yersinia pestis</i> *		
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* Potential Agent of Bioterrorism

COLLECTION METHODS

Nasopharyngeal flocked swab collection

- Do not bend the swab prior to specimen collection.
- If possible, have patient sit with head against a wall as patients tend to pull away during this procedure.
- Insert the swab into one nostril straight back (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (resistance will be met). The distance from the nose to the ear gives an estimate of the distance the swab should be inserted. Do not force the swab, if obstruction is encountered before reaching the nasopharynx, remove the swab and try the other side.
- Rotate the swab gently (for 10 seconds) to loosen and obtain infected epithelial cells.
- For an optimal sample, repeat procedure using the other nostril.
- Immediately insert and break the swab off into the clean dry transport tube. Most flocked mini-tip swabs have a score line where the shaft will break. Press the shaft against the vial wall evenly and bend at the pre-scored line and it should break.
- Replace the cap securely to prevent leakage during transport.



Stool collection:

- Stool specimen for INPATIENTS can be transported in a clean dry cup or preserved in an orange topped Culture and Sensitivity Stool Transport Vial containing Cary-Blair media. The fresh stool needs to be placed in the Cary-Blair media within one hour of collection to ensure the highest quality results. Inpatient nursing units may call Microbiology at X44135 to obtain the transport vial in lieu of walking down a fresh stool specimen. (See Micro Table 3)
- OUTPATIENT specimens must be submitted in an orange topped Culture and Sensitivity Stool Transport Vial containing Cary-Blair media. (See Micro Table 3)
- Formed stools are not appropriate for testing and will be rejected. Only liquid or unformed stools that take the shape of their container will be accepted.

Hair, nails, skin scrapings collection:

- a) Hair, nails or skin scrapings can be transported in a sterile container. (See Micro Table 3)
- b) To help with smaller scraping material, specimen can be sent pressed between 2 slides, taped together, inside of a sterile container.
- c) Vaginal swabs are accepted.

CLOtest device collection:

- a) CLOtest test devices are available from Microbiology. (See Micro Table 3)
- b) Antrum biopsy specimens are retrieved surgically.
- c) Care needs to be taken to ensure that tissue specimen is completely embedded within the media in the test device.
- d) The label that comes on the device needs to be replaced over the media once it is inoculated with the biopsy. The device label is not permeable to air. Chart labels are air permeable and will allow the media to dry out if they are used instead of the device label. If the media dries out, the test will be invalid.

Throat swab collection:

- a) Throat swabs are the required specimen.
- b) Puritan brand Sterile Polyester Tipped Applicators and Cardinal Health brand Polyester Fiber-Tipped Applicators (both brands are sterile swabs inside of paper sleeves) are the only acceptable swabs for the rapid strep A screening kit used in the lab. Other types of swabs may cause testing errors. (See Micro Table 3)

Tissue and fluid collection:

- a) Tissue and fluid must be collected in a sterile container with a secure lid.
- b) Do not push tissues down into a swab sleeve.
- c) Fluid may also be transported in a syringe
 - i. When fluid is sent to the lab in a syringe, the needle must be removed, the excess air expressed (best for anaerobic cultures), and the syringe recapped with an IV/syringe cap before transporting. (See Micro Table 3)
 - ii. If the fluid collected with a syringe is such a small volume that it mostly remains in the needle, the needle may be recapped, specimen placed in a biohazard bag, and hand delivered to Microbiology, OR the Microbiology department can be contacted to provide hard plastic puncture proof transport containers that the capped needle and syringe can be placed in for transport to the lab. (See Micro Table 3)
- d) Body fluid specimens in any container should NEVER be tubed.
- e) Body fluid specimens that have already been inoculated into blood culture bottles will be accepted but must also be accompanied by un-inoculated specimen. If body fluid is inoculated into blood culture bottles at the bedside, Microbiology must also receive additional specimen to plate to traditional agar plates since the blood culture instrument is not FDA approved for body fluid cultures.
- f) EDTA may inhibit the growth and isolation of bacteria so specimens should NOT be placed in containers with EDTA. Some blood collection tubes contain EDTA.

Blood collection:

- a) Specimens should only be collected by personnel trained in phlebotomy and proper blood culture collection techniques. Blood culture bottles (See Micro Table 3)
- b) Adult patients: Both aerobic and anaerobic bottles should be collected. 8-10 ml of blood placed should be placed into each bottle. Lower volumes of blood will be accepted, but it will decrease the sensitivity of the test and increase the chance of a false negative result.

- c) Pediatric: A pediatric low-volume aerobic blood culture bottle should be filled with 1-3 ml of blood.

Urine collection:

- a) First morning void is the best specimen for routine urine cultures.
- b) It is best to collect specimens for culture prior to administration of antibiotics.
- c) Use sterile cups or tubes to transport urine.
- d) Transport specimen to laboratory within 2 hours of collection. If it cannot be transported within 2 hours of collection, the urine specimen should be refrigerated. (Bacterial counts remain stable for at least 24 hours at 4°C.) *Do not freeze.*
- e) Never collect urine from a bedpan or urinal.
- f) Thoroughly clean the urethral opening (and vaginal vestibule in females) prior to collection procedures to ensure that the specimen obtained is not contaminated with colonizing microorganisms from this area.
- g) Soap rather than disinfectants is recommended for cleaning the urethral area. If disinfectants are introduced into the urine during collection, they may be inhibitory to the growth of microorganisms.
- h) Any urine collection procedure involving catheterization must be done with scrupulous aseptic technique to avoid introducing microorganisms.
- i) When collecting specimens free flowing from the end of catheter tubes, such as with straight catheter specimens, the first few milliliters should be discarded, and the urine collected for culture should be from the mid to later flow.
- j) It is important to indicate the method of collection on all urine specimens. Different methods of collection may be treated with different culture techniques.
- k) Do not submit 24-hour urine collections for culture.

TEST CODES, DESCRIPTIONS, AND ACCEPTABLE SPECIMENS

Antigen & Molecular Tests (“rapid tests”-not cultures)

EPIC code: LAB528	EPIC name: BIOFIRE PCR UPPER RESPIRATORY PROFILE (RESPIRATORY PCR PANEL 2)
Sunquest code: RESPCR	Sunquest name: RESPIRATORY PCR PANEL

Acceptable specimen:

Nasopharyngeal mini-tip flocced swab placed in Universal Viral Transport media for Viruses, Chlamydiae, Mycoplasmas and Ureaplasmas. (See Micro Table 3)

EPIC code: 87493.1	EPIC name: CLOSTRIDIUM DIFFICILE
Sunquest code: CDAGT	Sunquest name: C DIFFICILE AG & TOXIN

Acceptable specimen:

Stool

EPIC code: LAB669	EPIC name: CORONAVIRUS (COVID-19) ANTIGEN (aka SARS)
Sunquest code: COVIAG	Sunquest name: CORONAVIRUS (COVID 19) ANTIGEN

Acceptable specimen:

Nasopharyngeal flocced swab placed in a clean dry tube

EPIC code: LAB2199	EPIC name: CSF PANEL PCR (BIOFIRE MENINGITIS PANEL)
Sunquest code: MEPCR	Sunquest name: MENINGITIS/ENCEPHALITIS PANEL

Acceptable specimen:

CSF – The PCR test can be performed on lumbar CSF only. It cannot be performed on ventricular shunt fluid and the request will be rejected. CSF should be collected into sterile containers. All CSF specimens should be transported to Microbiology to be distributed to the other laboratory departments.

EPIC code: LAB999	EPIC name: H PYLORI UREASE
Sunquest code: HPYU	Sunquest name: H. PYLORI - RAPID UREA

Acceptable specimen:

CLOtest device

EPIC code: 300371	EPIC name: INFLUENZA A & B (aka RAPID)
Sunquest code: INFLAG	Sunquest name: INFLUENZA A/B AG

Acceptable specimen:

Nasopharyngeal swab placed in clean dry tube or nasopharyngeal wash/aspirate

EPIC code: LAB60	EPIC name: KOH PREP
Sunquest code: KOHP	Sunquest name: KOH PREPARATION

Acceptable specimens:

Hair, nails, skin scrapings or vaginal swabs

EPIC code: 87880.1	EPIC name: RAPID STREP A
Sunquest code: THSC	Sunquest name: RAPID STREP (A) TEST

Acceptable specimen:

Throat swab

EPIC code: 87280	EPIC name: RESP SYNCYTIAL (RSV) AG (aka RSV)
Sunquest code: RSVRAG	Sunquest name: RSV ANTIGEN

Acceptable specimens:

Nasopharyngeal swab placed in clean dry tube or nasopharyngeal wash/aspirate

EPIC code: 89055.1	EPIC name: STOOL FOR WBC
Sunquest code: SWBC	Sunquest name: STOOL FOR WBC

Acceptable specimens:

Stool

EPIC code: LAB2499	EPIC name: VAGINITIS SCREEN
Sunquest code: VAGSN	Sunquest name: VAGINITIS SCREEN

Acceptable specimen:

Vaginal swabs collected with the BD Affirm VPIII Ambient Temperature Transport System – Specimens must be collected using the BD Affirm VPIII Ambient Temperature Transport System available from Microbiology. Incorrect swabs will be rejected. (See Micro Table 3)

Cultures

EPIC code: 87075	EPIC name: CULTURE, ANAEROBIC
Sunquest code: ANER	Sunquest name: ANAEROBIC CULTURE

Acceptable specimens:

Various specimens such as swabs, fluids, tissues.

- a) Tissue or fluid are preferred for anaerobic culture.
- b) Swabs will be accepted for anaerobic culture but they must be in an anaerobic transport media. The anaerobic swab collection kit available through Central Supply and Microbiology is the A.C.T. II Collection and Transport System (See Micro Table 3). Do not place fluid or pieces of tissue in these swab collection systems.
- c) Suprapubic aspirations are the only urine specimens accepted for anaerobic cultures. Specimens for anaerobic culture need to be transported in an anaerobic transport system or syringe without needle attached.
- d) Unacceptable: The only acceptable respiratory specimens for anaerobic culture are a transtracheal aspiration, sinus contents or protected brush bronchial specimen. The only acceptable urine for anaerobic culture is a suprapubic needle aspiration.

EPIC code: 87040	EPIC name: CULTURE, BACERIA BLOOD or CULTURE, BACTERIA BLOOD X 2
Sunquest code: BLC	Sunquest name: BLOOD CULTURE

Acceptable specimen:

Blood collected in blood culture bottles.

EPIC code: LAB2202	EPIC name: CULTURE, BLOOD LINE DRAW
Sunquest code: BLCLI	Sunquest name: BLOOD CULT, LINE DRAW

Acceptable specimen:

Blood collected in blood culture bottles.

EPIC code: 87070.1	EPIC name: CULTURE, BODY FLUID W/ GRAM STAIN
Sunquest code: BFC	Sunquest name: BODY FLUID CULTURE

Acceptable specimen:

Body fluids from sterile internal body spaces – Specimens considered body fluids in the context for this culture order include sterile fluid from internal body cavities such as pleural fluid, joint fluid, pericardial fluid, vitreous eye fluid, etc., but do not include wound, cyst, or abscess fluid, urine, swab specimens (including from the eye), or any other fluid like productions of the body that have a high chance for contamination by skin flora.

EPIC code: LAB2203	EPIC name: CULTURE, BONE MARROW
Sunquest code: BMCUL	Sunquest name: BONE MARROW CULTURE

Acceptable specimen:

Bone marrow – Collected during bone marrow aspiration procedure and placed into a Pediatric low-volume aerobic blood culture bottle. Blood culture bottles (See Micro Table 3).

EPIC code: 87081.1	EPIC name: CULTURE, BRUCELLA
Sunquest code: BRCUL	Sunquest name: BRUCELLA CULTURE

Acceptable specimen:

Blood collected in blood culture bottles

EPIC code: LAB2674	EPIC name: CULTURE, CSF W/ GRAM STAIN
Sunquest code: CSFC	Sunquest name: CSF CULTURE

Acceptable specimen:

CSF – CSF should be collected into sterile containers. All CSF specimens should be transported to Microbiology to be distributed to the other laboratory departments.

EPIC code: LAB967	EPIC name: CULTURE, CATH TIP
Sunquest code: CTC	Sunquest name: CATHETER TIP CULTURE

Acceptable specimen:

Tips from venous or arterial indwelling catheter lines

- a) This test is intended as a diagnostic tool for use when catheter-related bloodstream infections are suspected.
- b) Using sterile technique, the terminal 5-6 cm of the catheter being removed should be cut off and placed in a sterile container with a secure lid.
- c) Foley catheter tips are NOT acceptable for culture and will be rejected.
- d) Chest tube tips, abdominal drainage tips, pacemaker pocket leads and other such devices should not be ordered as *Culture, Cath Tip*, but rather as *Culture, Routine w/gram stain*.

EPIC code: 87070.2	EPIC name: CULTURE, GC
Sunquest code: GCCUL	Sunquest name: GC CULTURE

Acceptable specimen:

Any source is acceptable

Neisseria gonorrhoea (GC) is a fragile organism that can die in transport to the laboratory. If GC is suspected, it is best to inoculate the specimen to a Thayer Martin agar/plate at the bedside. If possible and depending on the specimen source, additional specimen should be sent to Microbiology. After inoculation of medium, the Thayer Martin plate must be transported promptly to the Microbiology department. Thayer Martin agar/plate. (See Micro Table 3)

EPIC code: LAB2677	EPIC name: CULTURE, GENITAL W/ GRAM STAIN
Sunquest code: GENC	Sunquest name: GENITAL CULTURES

Acceptable specimens:

Swabs, aspirates, fluids or tissues from the genital area.

Culture Swabs containing Stuarts or Amies transport media will be accepted as well as tissue and abscess drainages. (See Micro Table 3)

EPIC code: 87205.1	EPIC name: GRAM STAIN
Sunquest code: GRAM	Sunquest name: GRAM SMEAR

Acceptable specimens:

Swabs, aspirates, body fluids or tissues from any source.

A gram stain is already included with most bacterial culture orders. Gram stains are not routinely performed on urine, nose, nasopharyngeal or throat specimens. The orderable Gram Stain Test is for those unique situations when a gram stain is requested outside of

normal culture procedures. A gram stain without culture provides limited information to the physician. The most common time it is acceptable to order the gram stain is to order it along with a urine culture (since a gram stain is not automatically included with a urine culture).

EPIC code: LAB2209	EPIC name: CULTURE, GROUP A BETA STREP (RECTAL,STOOL,THROAT)
Sunquest code: ACUL	Sunquest name: STREP A CULTURE

Acceptable specimen:

Throat or rectal swab

Culture swabs containing Stuarts or Amies transport media will be accepted. "Dry swabs" containing no transport media are acceptable for throat cultures for Group A Streptococcus. Rectal swabs are accepted but must be collected with a swab containing Stuarts or Amies transport media. **Stool is not acceptable (even though stool is in the test name).**

EPIC code: 87081.7	EPIC name: CULTURE, METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)
Sunquest code: MRSA	Sunquest name: MRSA CULTURE

Acceptable specimen:

Swabs, aspirates, body fluids or tissues from any source.

Culture Swabs containing Stuarts or Amies transport media will be accepted as well as tissue and abscess drainages. (See Micro Table 3)

EPIC code: LAB2678	EPIC name: CULTURE, QUANTITATIVE W/ GRAM STAIN
Sunquest code: QUANTC	Sunquest name: QUANTITATIVE CULTURE

Acceptable specimen:

Bronchoalveolar Lavage (BAL)

This test code is for quantitative culturing of routine organisms from bronchial alveolar lavages. Specimens need to be in sterile leak proof containers.

EPIC code: LAB2679	EPIC name: CULTURE, RESPIRATORY W/ GRAM STAIN
Sunquest code: RESP	Sunquest name: RESPIRATORY CULTURE

Acceptable specimen:

Various respiratory sources such a sputum, tracheal aspirates, bronchial washes and lavages and sinus drainage.

- a) Sputum specimens. First morning expectorated specimens are preferred. Patients should be instructed how to take care that excessive amounts of saliva don't contaminate sputum specimens. Sputum may be induced by Respiratory Therapy procedures. Must be transported in sterile leak proof containers.
- b) Tracheal aspirates and bronchial washings must be transported in sterile leak proof containers.
- c) Bronchial alveolar lavages and fine needle biopsies of respiratory tissue also need be transported in sterile leak proof containers but should be ordered as *Culture, Quantitative* specimens.

EPIC code: LAB2680	EPIC name: CULTURE, ROUTINE W/ GRAM STAIN (AEROBIC)
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Sunquest code: RCUL	Sunquest name: ROUTINE CULTURE
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Acceptable specimen:

Various specimen types: Swabs, aspirates, fluids, hardware, etc.

- a. Culture Swabs containing Stuarts or Amies transport media will be accepted as well as tissue and abscess drainages. (See Micro Table 3)
- b. Body fluids from sterile body cavities such as joints and peritoneum should be ordered as *CULTURE, BODY FLUID W/ GRAM STAIN*

EPIC code: 87070.15	EPIC name: CULTURE, THROAT/NOSE/NASOPHARYNX ALL ORG
Sunquest code: THRC	Sunquest name: THROAT/NOSE CULTURE

Acceptable specimen:

Nose, Throat or Nasopharyngeal swab

- a. Nose or Throat: Standard size Culture Swab containing Stuarts or Amies transport media will be accepted. (See Micro Table 3)
- b. Nasopharynx swab: Flexible shaft mini-tip Culture Swab containing Stuarts or Amies transport media will be accepted. (See Micro Table 3)

EPIC code: LAB413	EPIC name: CULTURE, TISSUE W/ GRAM STAIN
Sunquest code: TISC	Sunquest name: TISSUE CULTURE

Acceptable specimen:

Tissue or biopsies

- a. Tissue and fluid specimens are preferred to swab specimens and yield more reliable and accurate cultures when collected and transported correctly.
- b. All transport containers must be sterile.

EPIC code: 87088	EPIC name: CULTURE, URINE
Sunquest code: URNC	Sunquest name: URINE CULTURE

OR

EPIC code: LAB873	EPIC name: CULTURE, URINE (OUTPATIENTS)
Sunquest code: OUTUR	Sunquest name: URINE CULTURE (OUTPATIENTS)

The OUTPATIENT urine culture is the same test as a URINE culture but ordering it generates a collection label for convenience in the outpatient setting.

Acceptable specimen:

Urine

EPIC code: 87081.8	EPIC name: CULTURE, VRE
Sunquest code: VRES	Sunquest name: VRE SCREEN

Acceptable specimen:

Various specimen types: Swabs, aspirates, fluids, hardware, etc.

Culture Swabs containing Stuarts or Amies transport media will be accepted as well as tissue and abscess drainages. (See Micro Table 3)

EPIC code: LAB466	EPIC name: CULTURE, WOUND W/ GRAM STAIN
Sunquest code: WNDC	Sunquest name: WOUND CULTURE



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Acceptable specimen:

Various specimen types: Swabs, aspirates, fluids, hardware, etc.




Culture Swabs containing Stuarts or Amies transport media will be accepted as well as tissue and abscess drainages. (See Micro Table 3)

COLLECTION DEVICES






Micro Table 3 outlines the collection devices and their appropriateness for items on our test menu. Please see test descriptions above for the specifics of collection for each individual test.

General description	Acceptable for these tests	Notes & unacceptable uses for these swabs, containers, and devices	Pictures (wrapping or swab cap color may vary depending on current inventory)
<p>Sterile routine culture swabs, with Rayon or polyester tip, in liquid Stuart or Amies media in a sterile plastic transport sleeve.</p>	<p><i>Culture, Strep A Beta Strep</i> <i>Culture, Throat/Nose</i> <i>Culture, Fungus w/stain</i> <i>Culture, Genital w/gram stain</i> <i>Culture, Methicillin-Resistant Staph aureus</i> <i>Culture, VRE</i> <i>Culture, Routine w/gram stain</i> <i>Culture, Wound w/gram stain</i></p>	<p>Unacceptable for: Nasopharyngeal or urethra collection <i>Rapid Strep A</i> <i>Culture, Anaerobic</i> <i>Culture, Body Fluid w/gram stain</i> <i>Influenza A&B</i> <i>RSV</i> <i>COVID</i> <i>BioFire Resp Panel</i> <i>Culture, Tissue w/gram stain</i> <i>Vaginitis Screen</i></p>	
<p>Sterile mini-tip rayon or polyester tipped swabs with a flexible shaft in liquid Stuart or Amies media sterile plastic transport sleeve.</p>	<p>Nasopharyngeal cultures Eye cultures Penile cultures Any other cultures from small volumes of specimen or from small spaces.</p>	<p>Due to the small volume of specimen collected, it is not advised to perform multiple cultures from this swab type.</p>	





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<p>Sterile mini-tip flocked swab and clean dry transport tube.</p>	<p><i>Coronavirus (COVID-19) Antigen</i> <i>Influenza A & B AG</i> <i>Resp Syncytial (RSV) AG</i></p>	<p>Unacceptable for any test other than those listed to the left.</p>	
<p>Universal Viral Transport media for Viruses, Chlamydiae, Mycoplasmas & Ureaplasmas.</p> <p>Kit includes mini-tip flocked swab.</p>	<p><i>BioFire PCR Upper Respiratory Profile</i> <i>HSV, 1&2 DNA, AMP Probe (swab only) (Reference send out)</i></p>	<p>Unacceptable for: Specimens for bacterial culture, fungal culture, AFB culture, or viral culture from sterile sites including Urine.</p>	
<p>Sterile polyester tipped applicator swabs in paper sleeves.</p> <p>(Puritan brand Sterile Polyester Tipped Applicators or Cardinal Health brand Polyester Fiber-Tipped Applicators)</p>	<p><i>Rapid Strep A</i></p>	<p>Unacceptable for any test other than the one listed to the left.</p>	





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<p>Anaerobic swab specimen collection kit</p> <p>(A.C.T. II Brand Collection and Transport System)</p>	<p><i>Culture, Anaerobic</i></p>	<p>Due to the small volume of specimen collected on a single swab, it is preferred that this swab only be used for the anaerobic culture and not used for any additional testing. Collect additional swabs for other tests. Do not put fluid or tissues in these tubes.</p>	
<p>BD Affirm VPIII Ambient Temperature Transport System</p>	<p><i>Vaginitis Screen</i></p>	<p>Unacceptable for any test other than the test listed to the left.</p>	
<p>Sterile leak proof containers. Various containers are available at St. John's</p>	<p>Any non-blood body fluid specimens. Drainages and aspirates. Tissues Urine Respiratory specimens. Devices such as indwelling catheter tips and leads. Slides with scrapings b/w them. <i>KOH Prep</i> Parasites</p>	<p>Not advised for use with swabs.</p>	
<p>Sterile leak proof containers used to collect respiratory specimens. Various containers are available at St. John's</p>	<p>Mainly used for Respiratory specimens. Aspirates and non-blood body fluids.</p>		
<p>Syringes with IV syringe caps. Various syringes and caps are available at St. John's</p> <p>There must be a syringe cap attached BUT NO NEEDLE!</p>	<p>Aspirates and non-blood body fluids. Drainages Urine</p>	<p>Blood culture specimens should not be transported in syringes. Blood must be inoculated into the bottles at collection.</p>	

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<p>Sterile screw-cap container or urine specimen collection devices such as BD Vacutainer Culture Tube.</p> <p>Urine tubes with boric acid are acceptable for culture but are not acceptable for a Urinalysis test.</p>	<p>Urine</p>	<p>Urine tubes with boric acid (these are often a grey top) are acceptable for culture but are not acceptable for a routine urinalysis test or most other Laboratory tests.</p>	
<p>Blood culture bottles for routine bacteria (BD BACTEC brand bottles)</p>	<p><i>Culture, Bacteria Blood</i> <i>Blood Culture x 2</i> <i>Culture, Blood Line Draw</i> <i>Culture, Brucella</i> <i>Culture Bone Marrow</i> Blood culture should only be collected by personnel trained in phlebotomy & special blood culture techniques. Body fluids may be inoculated into blood culture bottles, but additional specimen MUST be sent as well.</p>	<p>Unacceptable for any test other than those listed to the left.</p> <p>Not acceptable for blood cultures for virus, fungus or TB (AFB)</p>	
<p>CLOtest Rapid Urease test device</p>	<p><i>H pylori Urease</i></p>	<p>Unacceptable for any test other than the test listed to the left.</p>	
<p>Clean leak proof specimen container</p>	<p><i>Clostridium difficile</i> <i>Stool for WBC</i> <i>Helicobacter pylori, Stool EIA</i> <i>Occult Blood Guaiac Diagnostic</i> <i>Occult Blood, Feces, Screening</i></p>	<p><i>GI Panel PCR-Stool</i> Not acceptable for any non-stool specimens because these cups are not sterile.</p>	

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<p>Cary-Blair transport media which is non-nutritive stool transport solution for enteric pathogens</p>	<p><i>Clostridium difficile</i> Stool for WBC GI Panel PCR-Stool</p>	<p>Not acceptable for any non-stool specimens</p>	
<p>For Pediatric collections (if needed) a rectal swab in Cary-Blair transport media can be used (COPAN brand FecalSwab)</p>	<p>GI Panel PCR-Stool</p>	<p>Unacceptable for any test other than the test listed to the left. Due to small volume, no other testing can be performed from this specimen container.</p>	
<p>Thayer Martin media</p>	<p><i>Culture, GC</i> This is for inoculation at bedside. If possible and depending on the specimen source, additional specimen should be sent to Microbiology.</p>	<p>Unacceptable for any test other than the test listed to the left.</p>	 <p>Thayer-Martin Medium Neisseria Only</p>
<p>Puncture proof biohazard containers available from Microbiology for the transport of syringes with attached needles when very small volumes of specimen are collected and is trapped in the needle.</p>	<p>Syringes that must be sent with needle attached.</p>	<p>This is just a transport container for safety in special situations.</p>	



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