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<b>Subject:</b>	COLLECTION AND TRANSPORT OF GENITAL SPECIMENS FOR CULTURE				
<b>Approved by:</b> Laboratory Executive Director, Ed Hughes (electronic signature)					
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## COLLECTION AND TRANSPORT OF GENITAL SPECIMENS FOR CULTURE

### Female

#### **Amniotic fluid**

Aspirate fluid by catheter, at cesarean section, or at amniocentesis. Collect specimen into sterile screw cap container and transport to the microbiology immediately.

#### **Bartholin gland**

Decontaminate the skin with povidone-iodine, and aspirate material from the duct(s). Transfer specimen to a port-a-cul tube or sterile transport device suitable to support aerobic and anaerobic organisms.

#### **Cervix**

Use a culturette swab with a transport medium soaked pellet.

1. Do not use lubricant during procedure.
2. Wipe the cervix clean of vaginal secretion and mucus.
3. Rotate the first sterile swab to cleanse external mucous from the genital area. Then with a second sterile swab obtain exudates from endocervical glands.
4. Place swab in culturette transport tube capped tightly and transport to microbiology laboratory.
5. If no exudates is seen, with a second sterile swab firmly but gently sample the endocervical canal.

Note: For collection and transport of specimens for *C. trachomatis* and *N. gonorrhoeae* detection by PCR, refer to the Molecular Diagnostics section.

#### **Cul-de-sac fluid**

1. Submit aspirate or fluid in port-a-cul tube or sterile container suitable to support both aerobic and anaerobic organisms.

#### **Endometrium**

1. Collect endometrium specimens by transcervical aspiration through a telescoping catheter. Transfer specimen to Port-A-Cul tube.

## Products of Conception

1. Submit a portion of tissue in a sterile container.

## Urethra

1. Collect specimens 1 h or more after patient has urinated.
2. Stimulate discharge by gently massaging the urethra against the pubic symphysis through the vagina.
3. Collect the discharge with a sterile swab.
4. If discharge cannot be obtained, wash external urethra with betadine soap and rinse with water. Insert a urethrogonal swab 2 to 4 cm into the endourethra, gently rotate the swab, and leave it in place for 1 to 2 s. Withdraw the swab, and submit it in the appropriate transport system for culture.

## Vagina

1. Collect secretions from the mucosa high in the vaginal canal with sterile pipette or swab.
2. Use a speculum without lubricant
3. Swab specimens for rapid detection of yeast, clue cells, and *Trichomonas vaginalis* should be sent immediately to the microbiology laboratory with less than 1 ml of sterile saline in a tube.

## Female or Male

### Lesion

1. Clean the surface of the lesion with 0.85% NaCl. If there is a crust on the lesion, remove it with a sterile scalpel
2. Wipe away fluid and debris with sterile gauze. Try to avoid bleeding.
3. Press the base of lesion until clear fluid is expressed.
4. Firmly rub base with sterile swab to collect fluid.
5. Place in transport tube capped tightly and transport to microbiology laboratory.
6. For dark-field examination to detect *T. pallidum*, touch glass slide to the transudate, add coverslip, and transport immediately to the laboratory in a humidified chamber (petri dish with moist gauze). *T. pallidum* cannot be cultured on artificial media.

## Male

### Epididymis

Used primarily to diagnose nonspecific bacterial epididymitis and sexually transmitted epididymitis. Bacterial epididymitis is most commonly due to members of the family *Enterobacteriaceae* or pseudomonads and generally occurs in men over 35 years of age. *M. tuberculosis* infections generally occur after involvement of the prostate or seminal vesicles. Sexually transmitted epididymitis is most commonly due to *C. trachomatis* and *N. gonorrhoeae*. Indicate specific request for organism(s) suspected. Use a needle and syringe to aspirate material from the epididymis.

### Prostatic massage

Use primarily to diagnose acute or chronic prostatitis. For both diseases, gram-negative enteric organisms are the most frequently isolated pathogens. *N. gonorrhoeae* is found infrequently but is sometimes implicated in acute prostatitis.

1. Perform a digital rectal massage.
2. Collect the specimen in a sterile tube or on a sterile swab.

### Urethra

1. Collect specimens at least 2 h after the patient has urinated to detect *N. gonorrhoeae*.
2. Insert a thin urethrogenital swab 2 to 4 cm into the endourethra, gently rotate it, leave it in place for 1 to 2 s, and withdraw it.

Note: For collection and transport of specimens for *C. trachomatis* and *N. gonorrhoeae* detection by PCR, refer to the Molecular Diagnostics section.

### Culture of *Mycoplasma hominis* and *Ureaplasma urealyticum*

**Urine:** 2.0 ml for adult (pediatric 0.5 ml) Send specimen in a sterile screw cap tube refrigerated.

(Keep specimen cool with frozen coolant. SPECIMEN SHOULD NOT BE FROZEN).

### Swab Specimens of Cervix, Urethra, Vagina, and Other Genital Sites:

Collect specimen using Culturette swab that has a transport medium soaked pellet. Send specimen refrigerated, keep specimen cool with frozen coolant. If specimen will be stored or in transit greater than 24 hours place specimen in **2SP transport media** and send frozen.

**Collection of Specimens and Techniques for Diagnosis of Virus Infections, see Collection Guidelines for Laboratory Diagnosis of Common Viral Infections. Request collection materials from Microbiology Lab.**

Reference: Murray, Patrick R. (Editor in Chief), editors Baron, Ellen Jo, Jorgenson, James H., Landry, Marie Louise, Pfaller, Michael A., 2007. Manual of Clinical Microbiology, American Society for Microbiology, Washington, D.C.