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Subject:	COLLECTION AND TRANSPORT OF TISSUE AND SKIN SPECIMENS FOR CULTURE				
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COLLECTION AND TRANSPORT OF TISSUE AND SKIN SPECIMENS FOR CULTURE

Deep wounds, aspirates, and tissue specimens:

Bite wounds

Aspirate pus from wound, or obtain it at the time of incision, drainage, or debridement of infected wound. (Do not culture fresh bite wounds, as infectious agents will likely not be recovered.)

Bone

1. Obtain bone specimen at surgery.
2. Submit in sterile container without formalin. Specimen may be kept moist with less than 1 ml of sterile 0.85% NaCl.

Deep wounds or abscesses

1. Disinfect the surface with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Tincture of iodine must be removed with 70% alcohol to prevent burn.
2. Aspirate the deepest portion of the lesion, avoiding contamination by the wound surface. If collection is done at surgery, a portion of the abscess wall should also be sent for culture.

Punch skin biopsies

1. Disinfect the skin surface with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Tincture of iodine must be removed at completion of procedure to prevent burn.
2. Collect 3- to 4-mm sample with dermal punch.
3. Submit for microbiological analysis in sterile container without formalin.

Soft tissue aspirate

1. Disinfect the surface with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Remove tincture of iodine with alcohol after procedure to avoid burn.
2. Aspirate the deepest portion of the lesion or sinus tract. Be careful to avoid contamination by the wound surface.

* If anaerobic culture is desired, please request anaerobe culture and transport specimen in anaerobe transport media. Culturette swabs are inappropriate collection devices for detecting anaerobes.

Burn specimens

1. Disinfect the surface with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Allow the disinfectant to dry prior to collecting the specimen.

Collect a punch biopsy sample (3 to 4 mm) for quantitative culture.

Place in a sterile collection container for transport to the microbiology lab.

Superficial wound, bacterial

1. Syringe aspiration is preferable to swab collection.
2. Disinfect the surface with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Allow the disinfectant to dry prior to collecting the specimen.
3. Using a 3- to 5-ml syringe with a 22- to 23-gauge needle, a physician will aspirate the deepest portion of the lesion. If a vesicle is present, collect both fluid and cells from the base of the lesion.
4. If the initial aspiration fails to obtain material, inject sterile, nonbacteriostatic 0.85% NaCl subcutaneously.
5. Repeat the aspiration attempt.
6. If no material is obtained, rinse needle and syringe with sterile 0.85% saline by drawing through the needle into the syringe.
7. Remove needle, cap syringe to be transported to the microbiology lab.

Superficial lesion, fungal

1. Clean the surface with sterile water or saline.
2. Using a scalpel blade, scrape the periphery of the lesion border. Samples from scalp lesions should include hair that is selectively collected for examination. If there is nail involvement, obtain scrapings of debris or material beneath the nail plate. Transport in a sterile container or sterile petri dish to the microbiology lab.

Ulcers and nodules

1. Clean the area with 70% alcohol and then with an iodine solution (1 to 2% tincture of iodine or a 10% solution of povidone-iodine [1% free iodine]). Tincture of iodine must be removed with alcohol after the procedure to prevent burns.
2. Remove overlying debris.
3. Swab the base of the ulcer or nodule using a culturette transport system. Send to the microbiology lab.
4. If exudate is from ulcer or nodule, collect it with a syringe. Remove needle, cap syringe and transport to the microbiology lab.