

Division of Laboratory Medicine

Bacteriology

Genital Specimens for Culture

General information

Collection container (including preservatives): CE marked leak proof container

Specimen type: High vaginal swab (HVS), vaginal discharge, vulval swab, labial swab, cervical swab, endocervical swab, penile swab, urethral swab, genital ulcer swab, semen, screening swabs for *N. gonorrhoeae*, aspirates from Bartholin's gland, fallopian tube, tubo-ovarian abscess, pouch of Douglas fluid, intra-uterine contraceptive device (IUCD), products of conception.

Wire swabs are permitted for use with Utheral samples where required and they should be transported to the laboratory as soon as possible to prevent specimen degeneration.

High Vaginal swabs (HVS) are not suitable for the isolation of *N. gonorrhoeae*, Endocervical swabs should be submitted.

Aspirates



Genital/throat eSwab



Urethral Swab



Charcoal swab for Trichomonas



Collection: Use aseptic technique. Collect specimens in appropriate CE marked leak proof containers and transport in sealed plastic bags. Collect swabs into appropriate transport medium and transport in sealed plastic bags.

Genital tract swabs Cervical and high vaginal swabs should be taken with the aid of a speculum. It is important to avoid vulval contamination of the swab. For Trichomonas only, the posterior fornix, including any obvious candidal plaques should be swabbed using a charcoal swab. If pelvic infection, including gonorrhoea, is suspected, the cervix should be swabbed. Separate samples should be collected into appropriate transport media for detection of viruses or *C. trachomatis*.

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High vaginal swabs After the introduction of the speculum, the eSwab should be rolled firmly over the surface of the vaginal vault. Please use an eSwab and ensure the liquid remains in the tube.

Cervical swabs After introduction of the speculum to the vagina, the swab should be rotated inside the endocervix. Please use an eSwab and ensure the liquid remains in the tube.

Urethral swabs Contamination with micro-organisms from the vulva or the foreskin should be avoided. Thin swabs are available for collection of specimens. The patient should not have passed urine for at least one hour. For males, if a discharge is not apparent, attempts should be made to "milk" exudate from the penis. The swab is gently passed through the urethral meatus and rotated. Place the thin swab in Amies transport medium with charcoal.

Intrauterine contraceptive devices (IUCDs) The entire device should be sent.

Rectal swabs Rectal swabs are taken via a proctoscope.

Throat swabs Throat swabs should be taken from the tonsillar area and/or posterior pharynx avoiding the tongue and uvula.

Fluids and pus These are taken from the fallopian tubes, tubo-ovarian and Bartholin's abscesses, etc... during surgery

Liquid eSwabs contain 1ml of liquid. No liquid should be discarded when collecting sample. Samples with insufficient liquid will be discarded.

Specimen transport: Specimens should be transported and processed as soon as possible.

Minimum volume of sample: Fluids and pus – preferably a minimum volume of 1mL.

Liquid eSwabs contain 1ml of liquid. No liquid should be discarded when collecting sample. Samples with insufficient liquid will be discarded

Special precautions: Endocervical swabs for gonorrhoea investigation should not be refrigerated

Laboratory information

Measurement units: Not applicable

Biological reference units: Not applicable

Turnaround time for provisional result (working days): 30-60 mins for microscopy
1 day for culture

Turnaround time to final result (working days): 2-3 days

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Clinical information

Clinical decision points: Not applicable

Factors known to significantly affect the results: HVS swabs for gonorrhoea investigation should not be refrigerated as this significantly reduces the recovery rate

(Last updated September 2019)