

Division of Laboratory Medicine

Bacteriology

Wounds: Skin, Superficial, Non-surgical

Infections of the skin and subcutaneous tissues are caused by a wide range of organisms. Organisms isolated from a clinically infected wound may be clinically significant but this decision needs to be made in conjunction with clinical details. Examination of biopsies might be more effective for diagnosis than swabs (See Tissue & Biopsy Section)

General information

Specimen container: Unless otherwise stated, swabs for bacterial and fungal culture should then be taken using a liquid eSwab. Samples of pus/exudate, if present, are preferred to swabs

Specimen type:





Collection: Sample a representative part of the lesion. Swabbing dry crusted areas is unlikely to yield the causative pathogen. If specimens are taken from ulcers, the debris on the ulcer should be removed and the ulcer should be cleaned with saline.

Specimen transport: If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48hr are undesirable

Minimum volume of sample: 1ml. The liquid in the eSwab should NOT be discarded. The laboratory cannot process samples with <1ml of liquid remaining in the swab and these samples will be discarded.

Special precautions: If only a minute amount of pus or exudate is available it is preferable to send a pus/exudate swab in transport medium to minimise the risk of desiccation during transport.

Laboratory information

Measurement units: Not applicable

Biological reference units: Not applicable

Turnaround time for provisional result (working days): 1 day 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: Collect specimens before antimicrobial therapy where possible.

Specimens should be transported and processed as soon as possible to prevent deterioration.

(Last updated August 2019)