**Manchester Medical Microbiology Partnership** 

**Department: Bacteriology** Date of issue: 06th March 2024 **Document no: MMMP-BACT-INS626**  Copy no: Edition no: 5 Page 1 of 6

Authors: J Kwiatkowska Approved by: K Mather

### **BACTERIOLOGY SAMPLE CONTAINER GUIDE**

All precious samples, such as CSF and respiratory samples including sputum, BALs etc <u>MUST NOT</u> be sent via the pneumatic tube. All other specimens, e.g., swabs, tips, blood cultures, faeces and urines can be sent via the pneumatic tube.

Test	Container type	Comments
MRSA Nose & Groin/perineum only	Double eSwab − pink cap, liquid media  Manufacturer: COPAN  Lid: Pink top  Media: Liquid Amies  Media appearance: Clear, colourless  Swab: 1 x white, 1 x pink  Only specimens received with white swab in the tube are accepted:	Liquid eSwabs contain 1ml of liquid. No liquid should be discarded when collecting sample. Samples with insufficient liquid will be rejected.  SEE: APPENDIX 1 for MRSA swab collection procedure
Wounds/throat swab/genital swabs (Skin, superficial, not surgical), Abscess or swab, deep-seated pus swab, post op wound swab, wound exudates (all include MRSA) MRSA Screen – *for a rapid MRSA screening only result, please	Single eSwab — pink cap, liquid media  Manufacturer: COPAN  Lid: Pink top  Media: Liquid Amies  Media appearance: Clear, colourless  Swab: 1 x white	Collect the sample, insert the swal into the tube, snap off at the marked break point, discard the remaining shaft and recap the tube. Do not discard any liquid.
Rapid/Routine Carbapenemase- Producing Enterobacteriaceae (CPE) Screen	Double-head (duo) swab – red cap, sponge with liquid media  Manufacturer: COPAN Lid: Red top Media: Foam sponge soaked in liquid media	Double headed red topped swab Charcol swabs and wire samples are not suitable for this test and will be rejected. Faecal material must be visible on the cotton tip of the swab otherwise the specimen will be rejected.

Date of issue: 06th March 2024 Page 2 of 6 Document no: MMMP-BACT-INS626 Authors: J Kwiatkowska Approved by: K Mather Media appearance: Off-white sponge at base of container **Swab:** 1 x 1 x double-head white **Urethral** swab Non- swab samples: Universal container (30ml) – white Tissues, pus, Line Tips, top, sterile container Aspirates, Sterile fluids, Universal container (50ml) -**Respiratory samples** white/silver/yellow top, sterile (sputum, BALs, Pleural container Sterile fluids minimum volume: fluid) 1mL Tubes **MUST** be removed and replaced with a securely sealed screw cap Sterile fluids for Sliver/blue top aerobic bottle culture: CAPD/ peritoneal fluids Inoculate up to 10 mL to the bottle (Ascites), Joint Fluids (Prosthetic & Natural), Stem Cell **Pleural Fluids (Not** Adults: Sliver/blue top aerobic including pleural bottle drains) are required to be sent in a set of blood culture bottles AND a sterile universal Paediatrics: Pink top Peds aerobic bottle Bronchial washings and Tubes **MUST** be removed and Bronchoalveolar lavage replaced with a securely sealed screw cap

Copy no:

Edition no: 5

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Date of issue: 06th March 2024 Page 3 of 6 **Document no: MMMP-BACT-INS626** Authors: J Kwiatkowska Approved by: K Mather Urine Clean catch urine (CCU), Urine samples must be collected in Mid stream urine a primary container and then drawn into the 10ml Monovette (MSU), Supra pubic aspirate (SPA), Bladder using the straw inside the & Catheter urine packaging. SEE: APPENDIX 2 for Urine Monovette User Guide 10 ml Sarsted urine Monovette tubes, Minimal volume: 1mL Blood culture set is defined as one **Blood cultures BC Volume:** aerobic (sliver/blue top) and one **Adults**: Inoculate between Venous blood, arterial anaerobic bottle (purple top) 8- 10 mL to each bottle blood, peripheral blood, Children: Inoculate between sterile fluids, stem cells For neonates and infants a single 1-3mL Peds aerobic botle (pink top) is Neonates: Inoculate 1-2 mL **Plastic bottles** required. Minimal volume of specimen for Faeces culture and C.diff: 2-3 mL or 1/8 of NB: One sample can be sent for all the the container. following tests if required: Minimal volume of specimen for all tests: 5 mL or 1/4 of the Routine culture, C. diff, H. pylori, Ova Cysts and container Parasites (OCP). **Faeces Parasitology** Minimal volume of specimen is 2-3 mL or 1/8 of the container. **Ova Cysts and Parasites** (OCP). Send 3 faecal samples over a period of 10 days, dated and labelled 1,2&3. Please record duration of diarrhoea, relevant foreign travel, presence of abdominal symptoms and evidence of malabsorption & blood eosinophil count. If amoebic dysentery is suspected and clinical advice needed tel 0161 276 6333. **Faeces Parasitology** SALINE SWAB Collection kit to be provided by **Enterobius vermicularis** the laboratory by calling 0161 276 (Pinworm) 6734 Urine for Any sterile container Schistosomiasis Collect the total urine produced between 10am and 2pm Darcon with flexible wire shaft Perinasal swab Bordetella pertussis (whooping cough)

Copy no: Edition no: 5

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AFB including TB

Glass bottle

Blood culture bottle, white cap
Minimal volume: 5mL of BAL, 6mL
of CSF, 1-5 mL of bone marrow or
blood

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### TO AVOID SAMPLE REJECTION - PLEASE FOLLOW THE INSTRUCTIONS BELOW:

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- \* SEND THE SAMPLE IN A CORRECT CONTAINER AND WITH THE CORRECT SWAB IN ( MRSA SCREEN) see instruction on the next page
- \* Sample MUST be labelled with 4 identifiers (District number or NHS number, Surname, Forename, DOB)
- \* Request form identifiers MUST match the identifiers on the sample
- \* Each sample must be placed in a separate, sealed plastic bag, samples that require testing in multiple departments MUST be separated and transported in separate bags
- \* One test should be requested per request form and one sample sent
- \* Screw cap MUST be securely sealed to prevent sample's leakage.

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Copy no: Edition no: 5 Page 5 of 6

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#### **APPENDIX 1:**

# Double eSwab: MRSA screening for nose and groin/perineum only



1. Open the peel pouch and hold with swabs and tube accessible.

Alternatively, the tube can be placed on a flat surface.



2. Take out the pink swab holding **only** the top half of the shaft.

 Collect the first sample (groin/perineum).



 Unscrew tube cap, insert swab into the liquid and 'swirl' for 5 seconds.

Discard the pink swab as tiger waste. Re-cap tube if required.



Take out the white swab holding only the top half of the shaft.

7. Collect the second sample (nose).



 Unscrew tube cap, insert the swab into the tube and snap off at marked break point.

9. Discard the remaining plastic shaft.



Re-cap the tube with the white swab end and liquid inside.

Note: Swab can be dampened with one drop of sterile saline before use if required.

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**Document no: MMMP-BACT-INS626** 

Copy no: Edition no: 5 Page 6 of 6

Urine Monovette® User Guide

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Do not use the liquid from the e-swab as the whole amount is needed for the test.

### **APPENDIX 2:**

## Urine Monovette® User Guide





Remove the stopper and keep for later use!

Attach plastic straw.





To empty the plastic straw, hold the Urine Monovette in an upright position and pull the plunger backwards to the bottom of the tube.



To avoid overfilling,

insert the plastic straw into the container and fill the Urine Monovette up to the black line.



Remove the plastic straw, break off the plunger and throw away.

Replace the stopper.