

Laboratory Medicine Care Division

Mycology

Fungal culture – oral specimens

Oral swabs, including mouth and throat swabs, saline mouth rinses and saliva samples

General information

Turnaround time:

Culture result (species detected or negative) available by 5 days.

Susceptibility test turnaround times depend on when the culture is available for testing. Typically, this is an additional 2-3 days.

Sample type/container:

Swabs:



Collect with liquid eSwab and transport in sealed plastic bags.

Specimens other than swabs:



Collect into appropriate UKCA/CE-marked sterile leakproof containers and transport in sealed plastic bags.

Transportation

- Samples should be placed into a plastic Ziploc bag, sealed, and then placed into another sealed plastic Ziploc bag (preferably with a biohazard label on the outside), as shown below.

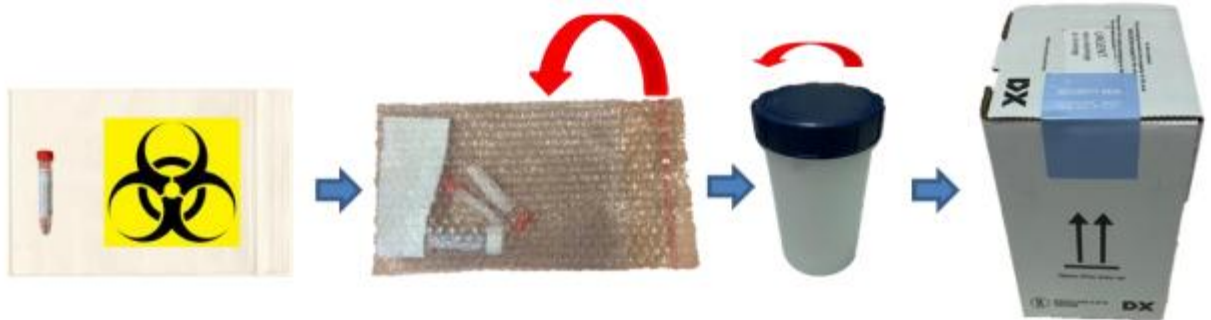


- Category B transport boxes or an appropriate transport bag (i.e., one which adheres to regulations governing the transportation of diagnostic specimens) must be used for transport by road or between Manchester University Foundation Trust sites (but are not necessary within Wythenshawe hospital grounds).

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- Please see below for packaging requirements.



For more information - <https://mrcm.org.uk/sample-collection/>

Laboratory Information

Biological interval/clinical decision values: N/A

Clinical Information

Collect specimens before antifungal therapy is started, where possible. Provide details about any ongoing or recent antifungal therapy.

Use aseptic technique.

Mouth swabs:

To ensure that preconditions of sampling for oral infections are comparable, it is advised that patients should not:

1. Eat or drink within 2 hours
2. Brush their teeth within 2 hours
3. Use any mouth rinse or disinfectant within 2 hours prior to sampling

If possible, samples should be taken in the morning under fasting conditions.

Collect the sample from lesions suggestive of oral candidiasis including inflamed areas with exudates or pus. A tongue depressor or spatula may be helpful to aid vision and avoid contamination from other parts of the mouth. Swab also any foreign materials such as intubation tube or dentures, when present.

Colonisation samples should be collected from the dorsum of the tongue and buccal sulci (rubbing against molar teeth and cheek mucosa)

Throat swabs:

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

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Mouth rinses and saliva samples:

Use 10-20 mL of sterile saline and ask patient to swish it for 1 minute before spitting into the collection pot. Saliva samples are best collected by using paraffin chewing tablets to stimulate saliva production.

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

Specimens should be transported and processed as soon as possible. If processing is delayed, refrigeration is preferable to storage at ambient temperature. Delays of over 48 hours may result in overgrowth of some fungi inhibiting the growth or masking the presence of others.

(Last updated May 2026)