

Blood Culture Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information / Transport	Additional Information	Additional Requisitions
Blood	Blood Culture	Bacillus (Anthrax) Brucella (Brucellosis) Burkholderia pseudomallei (Meloidosis) Endocarditis Epiglottitis Francisella (Tularemia) HACEK bacteria Listeria (Listeriosis) Neisseria meningitidis (Meningococcal) Salmonella (Typhoid Fever) Streptobacillus (Rat Bite Fever)	<p>If Anthrax, Brucella, Burkholderia pseudomallei or Francisella (tularemia) is suspected, please contact microbiologist before collecting specimen as special laboratory precautions are required.</p> <p>Lab Staff: Please refer to CS 0029 "Collecting a Blood Sample for Blood Culture Procedure" in SoftTech</p> <p>Adults: Collect 2 sets concurrently from 2 different venipuncture sites each set consisting of one AEROBIC and one ANAEROBIC bottle. If one set of cultures is drawn from an indwelling vascular line, then this MUST be paired with an additional set drawn peripherally (venipuncture). Optimal volume per bottle is 8-10ml. If less than 3 ml blood obtained, put entire collection into "pediatric" bottle. Collection of more than 2 sets (4 bottles) from an adult patient in a 24 hour period (including endovascular infections / endocarditis) is not recommended and requires approval of microbiologist / pathologist.</p> <p>Pediatric (<20kg): Collect one pediatric bottle.</p>	<p>Aerobic Bottle: BacT/ALERT FA (green) Anaerobic Bottle: BacT/ALERT FN (orange) Pediatric Bottle: BacT/ALERT PF (yellow)</p>	<p>***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP</p>	<p><u>LAB Order Mnemonic/ OM Order Name:</u> Adult: CUBLOOD/ Blood C&S - Venipuncture !!IMPORTANT ** Order count defaults to 2** !!Edit count to 1 if only one set <u>or</u> one bottle was collected Adult line collection: CUBLOODLINE/ Blood C&S - Line Collection Pediatric (<20kg): CUBLOODP/ Blood C&S -Pediatric <35kg Routine blood culture includes culture for yeast (no need for separate order) Please specify specific bacterial pathogens that may be suspected. Please indicate if patient has prosthetic device, valve implant. If Anthrax, Brucella, Burkholderia pseudomallei or Francisella is suspected, please contact microbiologist before collecting specimen Blood cultures are continuously monitored and all positive results are phoned</p>	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information / Transport	Additional Information	Additional Requisitions
Blood	Candida/Yeast Culture		<p>Lab Staff: Please refer to CS 0029 "Collecting a Blood Sample for Blood Culture Procedure" in SoftTech</p> <p>Adults: Collect 2 sets concurrently from 2 different venipuncture sites each set consisting of one AEROBIC and one ANAEROBIC bottle. If one set of cultures is drawn from an indwelling vascular line, then this MUST be paired with an additional set drawn peripherally (venipuncture). Optimal volume per bottle is 8-10ml. If less than 3 ml blood obtained, put entire collection into "pediatric" bottle. Collection of more than 2 sets (4 bottles) from an adult patient in a 24 hour period (including endovascular infections / endocarditis) is not recommended and requires approval of microbiologist / pathologist.</p> <p>Pediatric (<20kg): Collect one pediatric bottle.</p>	<p>Aerobic Bottle: BacT/ALERT FA (green) Anaerobic Bottle:BacT/ALERT FN (orange) Pediatric Bottle:BacT/ALERT PF (yellow)</p>	<p>***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP</p>	<p>LAB Order Mnemonic/ OM Order Name: Adult: CUBLOOD/ Blood C&S - Venipuncture !!IMPORTANT ** Order count defaults to 2** !!Edit count to 1 if only one set <u>or</u> one bottle was collected Adult line collection: CUBLOODLINE/ Blood C&S - Line Collection Pediatric (<20kg): CUBLOODP/ Blood C&S -Pediatric <35kg Routine blood culture includes culture for yeast (No need for separate order) Please indicate if patient has prosthetic device, valve implant. Blood cultures are continuously monitored and all positive results are phoned</p>	
Blood	Fungal Culture (Dimorphic/Filamentous)	<p>Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides</p>	<p>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required. Minimum 5 ml of blood collected into SPS tube. SPS is preferred anticoagulant but citrate or heparin are acceptable Clotted blood is unacceptable for fungal examination</p>	SPS or heparin tube	<p>***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP</p>	<p>LAB Order Mnemonic/ OM Order Name: MYCBLOOD/ Fungus- Blood/Bone Marrow If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</p>	Complete PHSA Laboratories Bacteriology & Mycology Requisition

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information / Transport	Additional Information	Additional Requisitions
Blood	Mycobacterium (TB) Culture	AFB Culture TB Culture	Minimum 5 ml of blood collected into SPS tube. SPS is preferred anticoagulant but citrate or heparin are acceptable	SPS or heparin tube	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	<u>LAB Order Mnemonic/ OM Order Name:</u> TBBLOOD/ TB/Mycobacteria-Blood/Bone Mar	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Blood	Bacterial Antigen/PCR (NAAT)	Meningococcal Neisseria meningitidis	Consult with microbiologist prior to specimen collection.	EDTA tube- 2ml whole blood	Store refrigerated (4°C) or at room temperature. Ship to BC Children's and Women's Hospital microbiology laboratory Routine testing is offered Mon-Fri. Urgent testing requires C&W microbiologist approval.	<u>LAB Order Mnemonic/ OM Order Name:</u> ***Only orderable by LAB MENINGOC/ Meningococcus PCR	Complete IH outpatient requisition with contact information for MRP and patient symptoms/ antibiotics.
Bone Marrow	C&S (Routine Culture)		Prepare site as if for surgical incision before collection. - If greater than 1 mL fluid collected, aseptically inoculate 1 mL into pediatric blood culture bottle and transfer remainder of specimen in a sterile screw cap container - If less than 1 mL obtained, aseptically inoculate entire specimen into pediatric blood culture bottle. - If less than 0.5mL direct inoculation to culture media is recommended	Pediatric blood culture bottle or sterile screw cap container	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	<u>LAB Order Mnemonic/ OM Order Name:</u> CUBONEMAR/ Bone Marrow C&S Order includes culture and anaerobic investigation if sufficient sample submitted. Please specify any specific bacterial pathogens that may be suspected.	
Bone Marrow	Fungal Culture (Dimorphic/Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides	If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen. Aspirate 3-5ml bone marrow and transfer into SPS tube. SPS is preferred anticoagulant but heparin is acceptable.	SPS or heparin tube	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	<u>LAB Order Mnemonic/ OM Order Name:</u> MYCBLOOD/ Fungus- Blood/Bone Marrow If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen.	Complete PHSA Laboratories Bacteriology & Mycology Requisition

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information / Transport	Additional Information	Additional Requisitions
Bone Marrow	Mycobacterium (TB) Culture	AFB Culture TB Culture	Aspirate 3-5ml bone marrow and transfer into SPS tube. SPS is preferred anticoagulant but heparin is acceptable. Do NOT use EDTA	SPS or heparin tube	***CRITICAL SPECIMEN*** ROOM TEMPERATURE STORAGE ***Do NOT refrigerate** Transport to lab ASAP	<u>LAB Order Mnemonic/ OM Order Name:</u> TBBLOOD/ TB/Mycobacteria-Blood/Bone Mar	Complete PHSA Laboratories Mycobacteria/ TB Requisition