

## Deep Wound Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Abscess/Pus- Needle Aspirate	C&S (Routine Culture)	Burkholderia pseudomallei (Meloidosis) Nocardia Quinsy (Tonsillar abscess)	<b>If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen as special laboratory precautions are required.</b> Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal. If specimen collected intraoperatively, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUABSCCESSD/Fluid/Aspirate C&amp;S- Abscess</b> Order includes Gram stain and culture including anaerobic investigation (unless received on a swab) <b>If Burkholderia pseudomallei is suspected, please contact microbiologist.</b>	
Abscess/Pus- Needle Aspirate	Anaerobic Culture	Actinomyces Fusobacterium (Lemierre Syndrome)	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal. If specimen collected intraoperatively, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUABSCCESSD/Fluid/Aspirate C&amp;S- Abscess</b> Order includes Gram stain and culture including anaerobic investigation (unless received on a swab)	
Abscess/Pus- Needle Aspirate	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: MYCABSCCESS/ Fungus- Abscess</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition

## Deep Wound Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Abscess/Pus- Needle Aspirate	Mycobacterium(TB) Culture	AFB Culture TB Culture	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>TBABSCESS/ TB/Mycobacteria-Abscess</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Biopsy	C&S (Routine Culture)	Bacillus(Anthrax) Granuloma inguinale Donovanosis Francisella (Tularemia) Gas gangrene Klebsiella granulomatis Necrotizing fasciitis Nocardia Rabies	<b>If Anthrax or Rabies is suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Surgically collected tissue/biopsy specimen If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container Label with source of biopsy, especially if multiple samples submitted.	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>CUBIOPSY/ Biopsy C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation <b>If Anthrax or Rabies is suspected, consult microbiologist before collecting specimen.</b>	
Biopsy	Anaerobic Culture	Actinomyces	Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container Label with source of biopsy, especially if multiple samples submitted.	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>CUBIOPSY/ Biopsy C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
Biopsy	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Biopsy	Mycobacterium(TB) Culture	AFB Culture TB Culture	Surgically collected tissue/biopsy specimen Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition

## Deep Wound Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Bone	C&S (Routine Culture)		Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended. Submit tissue/biopsy in small amount of sterile saline. If osteomyelitis or joint infection is suspected, concomitant blood cultures are indicated.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
Bone	Anaerobic Culture		Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended. Submit tissue/biopsy in small amount of sterile saline. If osteomyelitis or joint infection is suspected, concomitant blood cultures are indicated.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
Bone	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b> Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended. Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Bone	Mycobacterium (TB) Culture	AFB Culture TB Culture	Surgically collected intact bone, shavings, or excised necrotic material. Swab culture of sinus tracts are not recommended. Submit tissue/biopsy in small amount of sterile saline.	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name: TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition

## Deep Wound Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Cornea/Corneal Scrapings	C&S (Routine Culture)	Aspergillus	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen may be inoculated onto media by ophthalmologist. Obtain plates, slides from Microbiology lab	Sterile screw cap container or directly onto media/slide.	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>CUEYECOR/ Eye C&amp;S- Corneal Scrapings</b> Order includes Gram stain and culture including anaerobic investigation	
Cornea/Corneal Scrapings	Anaerobic Culture		Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen may be inoculated onto media by ophthalmologist. Obtain plates, slides from Microbiology lab	Sterile screw cap container or directly onto media/slide.	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>CUEYECOR/ Eye C&amp;S- Corneal Scrapings</b> Order includes Gram stain and culture including anaerobic investigation	
Cornea/Corneal Scrapings	Fungal Culture (Dimorphic/ Filamentous)	Fusarium Keratitis	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula. Specimen may be inoculated onto media by ophthalmologist. Obtain plates, slides from Microbiology lab	Sterile screw cap container or directly onto media/slide.	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>MYCTISSUE/ Fungus-Tissue/Biopsy</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Cornea/Corneal Scrapings	Virus Detection/ PCR (NAAT)	Adenovirus Herpes Virus (HSV) Varicella Virus (VSV)	Using conventional swab, gently sweep roll over conjunctiva. Place swab directly into viral transport medium.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>ADENOV/ Adenovirus</b> <b>HERP/ Herpes Virus</b> <b>VARZ/ Varicella Zoster Virus</b>	Complete PHSA Laboratories Virology Requisition
Cornea/Corneal Scrapings	Mycobacterium (TB) Culture	AFB Culture TB Culture	Surgically collected corneal scraping from ulcers or lesions using a sterile scapula.	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>TBTISSUE/ TB/Mycobactera-Tissue/Biopsy</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Cornea/Corneal Scrapings	Parasite Exam/Identification	Acanthamoeba	Microbiologist or Microbiology lab must be notified prior to specimen collection as special culture media needs to be ordered from BCCDC. Specimen is collected surgically and inoculated directly to culture media	Direct inoculation onto pre-lawned non-nutrient agar plates. Plates are shipped directly to BCCDC for processing. Room temperature storage is important	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>ACANTHAMOEBA/ Parasite-Acanthamoeba</b>	Complete PHSA Laboratories Parasitology Requisition

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Eye-Deep/Surgical	C&S (Routine Culture)	Aspergillus	Surgically collected tissue. Submit tissue in small amount of sterile saline. If vitreous fluid, please refer to source "vitreous fluid"	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
Eye-Deep/Surgical	Anaerobic Culture		Surgically collected tissue. Submit tissue in small amount of sterile saline. If vitreous fluid, please refer to source "vitreous fluid"	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
Eye-Deep/Surgical	Fungal Culture (Dimorphic/ Filamentous)	Fusarium	Surgically collected tissue. Submit tissue in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>Tissue: MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>Fluid: MYCFLUID/ Fungus-Fluid/Aspirate</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Eye-Deep/Surgical	Mycobacterium (TB) Culture	AFB Culture TB Culture	Surgically collected tissue. Submit tissue in small amount of sterile saline. If vitreous fluid, please refer to "vitreous fluid"	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>Tissue: TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b> <b>Fluid: TBFLUID/ TB/Mycobacteria-Fluid/Aspirate</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Eye-Deep/Surgical	Parasite Exam/Identification	Acanthamoeba	Microbiologist or Microbiology lab must be notified prior to specimen collection as special culture media needs to be ordered from BCCDC. Specimen is collected surgically and inoculated directly to culture media	Direct inoculation onto pre-lawned non-nutrient agar plates. Plates are shipped directly to BCCDC for processing. Room temperature storage is important	Store at room temperature Transport to lab as soon as possible	<b><u>LAB Order Mnemonic/ OM Order Name:</u></b> <b>ACANTHAMOEBA/ Parasite-Acanthamoeba</b>	Complete PHSA Laboratories Parasitology Requisition

## Deep Wound Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
OR (Intraoperative) specimens	C&S (Routine Culture)		Surgically collected tissue/biopsy, bone or fluid. Swabs are suboptimal specimens and are not recommended as organism recovery is compromised. Tissue/Biopsy/Bone- Submit small ( $\leq 1 \times 1 \text{cm}$ ) representative sample in a small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Biopsy: CUORBIOPSY/ OR Biopsy C&amp;S</b> <b>Tissue: CUORTISSUE/ OR Tissue C&amp;S</b> <b>Fluid: CUORFLUID/ OR Fluid C&amp;S</b> <b>Implant/Device: CUORIMPLANT/ OR Implant/Device C&amp;S</b> <b>Swab: CUORSWAB/ OR Swab C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation If bronchoscopy wash/lavage, please refer to source "Bronchial Wash/Lavage" If nasal sinus wash/lavage, please refer to source "Nasal Sinus Wash/Lavage"	
OR (Intraoperative) specimens	Anaerobic Culture		Surgically collected tissue/biopsy, bone or fluid. Swabs are suboptimal specimens and are not recommended as organism recovery is compromised. Tissue/Biopsy/Bone- Submit small ( $\leq 1 \times 1 \text{cm}$ ) representative sample in a small amount of sterile saline. If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Biopsy: CUORBIOPSY/ OR Biopsy C&amp;S</b> <b>Tissue: CUORTISSUE/ OR Tissue C&amp;S</b> <b>Fluid: CUORFLUID/ OR Fluid C&amp;S</b> <b>Implant/Device: CUORIMPLANT/ OR Implant/Device C&amp;S</b> <b>Swab: CUORSWAB/ OR Swab C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	
OR (Intraoperative) specimens	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Surgically collected tissue/biopsy, bone or fluid. Tissue/Biopsy/Bone- Submit small ( $\leq 1 \times 1 \text{cm}$ ) representative sample in a small amount of sterile saline. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container	Room temperature storage. Do NOT refrigerate. Transport to lab ASAP.	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>Fluid: MYCFLUID/ Fungus-Fluid/Aspirate</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> 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
OR (Intraoperative) specimens	Mycobacterium (TB) Culture	AFB Culture TB Culture	Surgically collected tissue/biopsy, bone or fluid. Tissue/Biopsy/Bone- Submit small ( $\leq 1 \times 1 \text{cm}$ ) representative sample in a small amount of sterile saline. Fluid: Submit 1-10 mL in sterile screw cap container.	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b> <b>Fluid: TBFLUID/ TB/Mycobacteria-Fluid/Aspirate</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
OR (Intraoperative) specimens	Virus Detection/ PCR (NAAT)		Surgically collected tissue/biopsy specimen Tiny samples which may be subject to drying should be submitted with a small amount of viral transport media or sterile saline	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Biopsy/Tissue: VIRTISSUE/ Virus-Tissue/Biopsy</b> <b>Fluid: VIRFLUID/ Virus- Fluid/Aspirate</b>	Complete PHSA Laboratories Virology Requisition
Tissue	C&S (Routine Culture)	Granuloma inguinale Donovanosis Francisella (Tularemia) Gas gangrene Klebsiella granulomatis Necrotizing fasciitis Nocardia	If Francisella (Tularemia) suspected, consult microbiologist before collecting specimen, as special laboratory precautions are required. Surgically collected tissue/biopsy specimen If tissue from prosthetic joint site, submit 3-6 tissue samples from adjacent to the joint. Submit tissue/biopsy ( $\leq 1 \times 1 \text{cm}$ ) in small amount of sterile saline.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation <b>If Whipple's disease is suspected, consult microbiologist</b> <b>If Francisella (Tularemia) is suspected, consult microbiologist</b>	
Tissue	Anaerobic Culture		Surgically collected tissue/biopsy specimen Submit tissue/biopsy ( $\leq 1 \times 1 \text{cm}$ ) in small amount of sterile saline.	Sterile screw cap container or swab in clear transport media If multiple samples submitted, label each sample to differentiate.	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>CUTISSUE/ Tissue C&amp;S</b> Order includes Gram stain and culture including anaerobic investigation	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Tissue	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Surgically collected tissue/biopsy specimen. Submit tissue (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Tissue	Virus Detection/ PCR (NAAT)		Surgically collected tissue/biopsy specimen Tiny samples with may be subject to drying should be submitted with a small amount of viral transport media or sterile saline	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name: VIRTISSUE/ Virus- Tissue/Biopsy</b>	Complete PHSA Laboratories Virology Requisition
Tissue	Mycobacterium (TB) Culture	AFB Culture TB Culture	Surgically collected tissue/biopsy specimen Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name: TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Tissue	Bacterial Antigen/ PCR (NAAT)	Tropheryma (Whipple's disease)	<b>Consult microbiologist before collecting specimen as specimen is tested at reference laboratory and requires pre-approval.</b> For Gastroenteritis: Collect duodenal, gastric or colonic biopsy. For Neurologic infection: Collect brain biopsy or CSF. Submit tissue/biopsy (≤1x1cm) in small amount of sterile saline.	Sterile screw cap container	Transport to lab as soon as possible <b>Tissue: Store and ship FROZEN</b> <b>Fluid: Store refrigerated (4°C)</b>	<b>LAB Order Mnemonic/ OM Order Name: Consult microbiologist before collecting specimen</b> <b>TROPHYRYMA/ Tropheryma (Whipple's Disease)</b>	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Wound- Abscess/Pus (Fluid)	C&S (Routine Culture)	Burkholderia pseudomallei (Meloidosis) Nocardia Quinsy (Tonsillar abscess)	<b>If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen, as special laboratory precautions are required.</b> Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUABCESSD/Fluid/Aspirate C&amp;S- Abscess</b> Order includes Gram stain and culture including anaerobic investigation (unless received on a swab) <b>If Burkholderia pseudomallei is suspected, please contact microbiologist.</b>	



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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Wound- Abscess/Pus (Fluid)	Anaerobic Culture	Actinomyces Fusobacterium (Lemierre Syndrome)	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUABCESSD/Fluid/Aspirate C&amp;S- Abscess</b> Order includes Gram stain and culture including anaerobic investigation (unless received on a swab)	
Wound- Abscess/Pus (Fluid)	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: MYCABCESS/ Fungus- Abscess</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Wound- Abscess/Pus (Fluid)	Mycobacterium (TB) Culture	AFB Culture TB Culture	Aseptically aspirated pus using needle and syringe. Submit as much specimen as possible. Fluid/pus collected onto a swab is suboptimal.	Sterile screw cap container Do NOT submit specimen in a syringe	Store refrigerated (4°C) Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: TBABCESS/ TB/Mycobacteria-Abscess</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Wound- Surgical Site (SSI)	C&S (Routine Culture)		Swab of post op surgical incision site Includes sources such as post op wound, purulent drainage from surgical incision, episiotomy site etc. Site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab. If tissue collected, please see "Tissue"	Swab in clear transport media	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name: CUPOINCIS/ Wound C&amp;S- PO Surgical Site</b> Order includes Gram stain and culture. Anaerobic investigation will be performed if wound dehiscence has been indicated.	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information /Transport	Additional Information	Additional Requisitions
Wound-Deep Tissue/Trauma	C&S (Routine Culture)		Includes sources such as amputation, animal or human bite, extensive burns, fasciitis, fistula/sinus, gangrene, necrotizing cellulitis., puncture or stab, trauma. Tissue or aspirated specimens are optimal. If swab collection, then site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.	Sterile screw cap container or swab in clear transport media	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: CUTISSUE/ Tissue C&amp;S</b> <b>Aspirate: CUABSCSSD/Fluid/Aspirate C&amp;S- Abscess</b> <b>Swab: CUWOUND/ Wound C&amp;S- Deep Tissue/Trauma</b> Order includes Gram stain and culture Anaerobic investigation will be performed if appropriate specimen/site If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"	
Wound-Deep Tissue/Trauma	Anaerobic Culture	Propionibacterium	Includes sources such as amputation, animal or human bite, extensive burns, fasciitis, fistula/sinus ,gangrene, necrotizing cellulitis., puncture or stab, trauma. Tissue (≤1x1cm) or aspirated specimens are optimal. If swab collection, then site preparation is critical to proper culture interpretation. Cleanse site, wiping away any surface exudate with sterile saline. Swab the deepest portion or active margin of wound. Avoid touching contaminating skin with swab.	Sterile screw cap container or swab in clear transport media	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: CUTISSUE/ Tissue C&amp;S</b> <b>Aspirate: CUABSCSSD/Fluid/Aspirate C&amp;S- Abscess</b> <b>Swab: CUWOUND/ Wound C&amp;S- Deep Tissue/Trauma</b> Order includes Gram stain and culture Anaerobic investigation will be performed if appropriate specimen/site If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"	
Wound-Deep Tissue/Trauma	Fungal Culture (Dimorphic/ Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidioides	<b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen as special laboratory precautions are required.</b> Tissue or aspirated specimens	Sterile screw cap container	Store at room temperature Transport to lab as soon as possible	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: MYCTISSUE/ Fungus-Tissue/Biopsy</b> <b>Fluid: MYCFLUID/ Fungus-Fluid/Aspirate</b> <b>If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen.</b>	<b>IH West/IH East sites:</b> Complete PHSA Laboratories Bacteriology & Mycology Requisition
Wound-Deep Tissue/Trauma	Mycobacterium(TB) Culture	AFB Culture TB Culture	Tissue or aspirated specimens	Sterile screw cap container	<b>** Refrigerate specimen (4°C)**</b> Transport to lab within 12 hrs	<b>LAB Order Mnemonic/ OM Order Name:</b> <b>Tissue: TBTISSUE/ TB/Mycobacteria-Tissue/Biopsy</b> <b>Fluid: TBFLUID/ TB/Mycobacteria-Fluid/Aspirate</b>	Complete PHSA Laboratories Mycobacteria/ TB Requisition