

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Bronchial Wash/Lavage	C&S (Routine Culture)	Aspergillus Nocardia Streptomyces	Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: Bronchial Lavage: CUBRONLAVAGE/ Bronchial Lavage C&S Bronchial Wash: CUBRONWASH/ Bronchial Wash C&S Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Anaerobic cultures are NOT performed on bronchoscopy specimens. Polymicrobial respiratory infections are best diagnosed by Gram stain. If cell count requested, submit portion of sample to cytology	
Bronchial Wash/Lavage	Fungal Culture (Dimorphic/Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory safety precautions are required. Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: MYCRESP/ Fungus-Respiratory/Bronchial Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available. If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.	IH West/IH East sites: Complete PHSA Laboratories Bacteriology & Mycology Requisition
Bronchial Wash/Lavage	Mycobacterium (TB) Culture	AFB Culture TB Culture	Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/ TB Requisition

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Bronchial Wash/ Lavage	TB PCR	Mycobacterium tuberculosis PCR	<p>IH Microbiologist approval required.</p> <p>Testing performed on inpatients with radiological findings suggestive of pulmonary tuberculosis and epidemiological risk.</p> <p>Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested</p>	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.	<p>**Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP within 12 hours</p>	<p><u>LAB Order Mnemonic/:</u></p> <p>TBPCR – Mycobacterium tuberculosis PCR</p>	Complete PHSA Laboratories Mycobacteria/TB Requisition
Bronchial Wash/Lavage	Virus Detection/ PCR (NAAT)	Adenovirus Bocavirus Coronavirus Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) SARS	Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	<p>Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p> <p>If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen</p>	<p>**Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP</p> <p>Check performing site on label: depending on patient location and time of year, specimens may be tested in an IH site and/or sent to BCCDC</p>	<p><u>LAB Order Mnemonic/ OM Order Name:</u></p> <p>VIRRMAG/Virus Flu + Magpix-Bronc/Trach</p> <p>Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/ Bocavirus/ Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydophila/ Legionella/ Mycoplasma</p> <p>** If MERS-CoV or SARS suspected, contact a microbiologist immediately.</p>	Complete PHSA Laboratories Virology Requisition
Bronchial Wash/Lavage	Mycoplasma/ Chlamydophila /Legionella	Chlamydophila pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	<p>Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.</p> <p>If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen</p>	<p>**Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP</p>	<p><u>LAB Order Mnemonic/ OM Order Name:</u></p> <p>VIRRMAG/Virus Flu + Magpix-Bronc/Trach</p> <p>Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Coronavirus/ Bocavirus/ Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydophila/ Legionella/ Mycoplasma</p> <p>NOTE: In addition the following specimens/orders are recommended: Urine: Legionella Antigen</p>	Complete PHSA Laboratories Bacteriology & Mycology Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Bronchial Wash/Lavage	Pneumocystis (PJP/PCP)		Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: Submit specimen directly to cytology/Histology for fungal stains	
Bronchial Wash/Lavage	Pneumocystis (PJP/PCP) PCR		Collected during bronchoscopy Collect >1 mL especially if multiple tests are requested Requires IH Microbiologist approval. Will only be performed in specific circumstances: Immunocompromised patient with symptoms and radiological findings	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	St. Paul's Hospital **Refrigerate specimen (4°C)** Ship on ice to XSP (St.Paul's Hospital Microbiology)	LAB Order Mnemonic/ OM Order Name: PJPPCR/ Pneumocystis jirovecii – PJP PCR **Orderable by Lab only**	
Bronchoscopy Brush	C&S (Routine Culture)	Aspergillus Nocardia Streptomyces	Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: CUBRONBRUSH/ Bronchial Brush C&S Order includes culture including Yeast (Candida) and Aspergillus. Anaerobic cultures are NOT performed on bronchoscopy specimens.	

Respiratory Source Collections

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Bronchoscopy Brush	Fungal Culture (Dimorphic/Filamentous)	Blastomyces Coccidioides Cryptococcus Dimorphic fungi Histoplasma Paracoccidoides	If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen as special laboratory safety precautions are required.. Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: MYCRESP/ Fungus-Respiratory/Bronchial Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available. If Blastomyces, Coccidioides, Histoplasma or Paracoccidoides suspected, consult microbiologist before collecting specimen.	IH West/IH East sites: Complete PHSA Laboratories Bacteriology & Mycology Requisition
Bronchoscopy Brush	Mycobacterium (TB) Culture	AFB Culture TB Culture	Collected during bronchoscopy using protective sheath brush. Remove from sheath from brush and put into 1mL of sterile saline.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Endobronchial biopsy/aspirate	C&S (Routine Culture)		Routine culture is rarely performed. Contact medical microbiologist if required.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: CUENDOBRB/ Bronchial/EBUS Biopsy C&S	
Endobronchial biopsy/aspirate	Mycobacterium (TB) Culture	AFB Culture TB Culture	Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/ TB Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Endobronchial biopsy/aspirate	Fungal culture (filamentous)	Mycology Fungus	Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	MYCRESP/ Fungus-Respiratory/Bronchial Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available. If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Ear - Canal Drainage	C&S (Routine Culture)	Aspergillus Swimmer's Ear Otitis Media Otitis Externa	Otitis Media: (Middle Ear) Cleanse external ear canal with mild antiseptic. Collect fluid/drainage from middle ear onto swab. Avoid touching contaminating skin with swab. If fluid to be collected by tympanocentesis, please see source "Tympanic Fluid" Otitis Externa: (Outer Canal /Swimmer's Ear) Swab of external ear canal/drainage.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUEAR/ Ear C&S -Canal/Drainage Fluid Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Please note pertinent information such as otitis media, ruptured ear drum, otitis externa, swimmers ear, chronic draining ear or necrotizing malignant otitis externa. If fluid has been collected by tympanocentesis, please see source "Tympanic Fluid" If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Ear - Canal Drainage	Candida/Yeast Culture		<p>Otitis Media: (Middle Ear) Cleanse external ear canal with mild antiseptic. Collect fluid/drainage from middle ear onto swab. Avoid touching contaminating skin with swab. If fluid to be collected by tympanocentesis, please see source "Tympanic Fluid"</p> <p>Otitis Externa: (Outer Canal /Swimmer's Ear) Swab of external ear canal/drainage.</p>	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: CUEAR/ Ear C&S -Canal/Drainage Fluid Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Please note pertinent information such as otitis media, ruptured ear drum, otitis externa, swimmers ear, chronic draining ear or necrotizing malignant otitis externa. If fluid has been collected by tympanocentesis, please see source "Tympanic Fluid" If tissue or fluid has been surgically collected, please see source " OR (Intraoperative) specimens"</p>	
Esophagus Brush/Biopsy	Virus Detection/ PCR (NAAT)	Herpes Virus (HSV)	Surgically collected biopsy during endoscopy procedure. Submit tissue/biopsy in small amount of sterile saline or viral transport medium	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: HERPES PCR/ Herpes PCR-Biopsy/Fld/Bronch</p>	Complete PHSA Laboratories Virology Requisition
Esophagus Brush/Biopsy	Candida/Yeast Culture		Biopsy or brushing specimen collected during endoscopy procedure. Remove protective sheath from brush. Submit specimen in small amount of sterile saline.	Sterile screw cap container	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: CUESOPHA/ Esophagus Brushing C&S Order includes Yeast (Candida) culture</p>	
Eye- Conjunctiva	C&S (Routine Culture)		Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: CUEYE/ Eye C&S- Conjunctiva/Lacrimal Also includes sources of lacrimal duct Order includes Gram stain and culture If eyelid or cellulitis or , please refer to " Skin - Intact Skin Surface" For surgically collected specimens, please refer to " Eye- Deep/Surgical"</p>	

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Eye- Conjunctiva	Neisseria gonorrhoeae (GC)		Collect specimen prior to initiating treatment with topical antibiotics or anesthetics. Cleanse skin around eye with mild antiseptic. Use swab pre-moistened with sterile saline and roll over conjunctiva.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUESYEGC/ Eye- GC(Gonorrhoea) Culture Order includes Gram stain and culture including culture for Neisseria gonorrhoeae (GC)	
Eye- Conjunctiva	Chlamydia trachomatis		If discharge is present, use a sterile swab to clean area. Do not scrape the conjunctiva while cleaning the eye(s). Discard the cleaning swab. Thoroughly swab the inner surface or the lower and upper eyelids. If samples are taken from both eyes, use the swab on the less affected eye first to avoid further contamination of that eye.	Aptima multitest (orange label) swab kit	Store refrigerated (4°C) or at room temperature	LAB Order Mnemonic/ OM Order Name: CHLEYE/ Eye- Chlamydia NAAT Testing for Chlamydia trachomatis performed by molecular assay (NAAT/PCR) method.	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Eye- Conjunctiva	Virus Detection/ PCR (NAAT)	Adenovirus Herpes Virus (HSV) Varicella Virus (VSV) Pink Eye (Adenovirus)	Using swab from viral transport kit, 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	LAB Order Mnemonic/ OM Order Name: VIRSKIN/ Virus- Skin/Lesion/Wound	Complete PHSA Laboratories Virology Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Mouth	C&S (Routine Culture)	Vincent's Organisms	Also includes sources of tongue or gums. Have patient rinse mouth with water prior to collection. Swab mucosal surface of gums.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: CUMOUTH/ Mouth/Tongue C&S - Candida/Yeast If Vincent's angina requested: CUMOUTHVO/ Mouth/Tongue C&S- Vincent's Order includes culture for Yeast (Candida) (Thrush) Gram stain for Vincent's organisms will be performed if specifically requested. Please indicate any pertinent clinical information such as failed therapy, immunocompromised, oncology or cancer patient. If dental or tooth abscess swab, please refer to "Wound - Abscess (Pus) Swab"</p>	
Mouth	Candida/ Yeast Culture	Thrush	Also includes sources of tongue or gums. Have patient rinse mouth with water prior to collection. Swab mucosal surface of gums.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<p>LAB Order Mnemonic/ OM Order Name: CUMOUTH/ Mouth C&S - Candida/Yeast Order includes culture for Yeast (Candida) (Thrush) Please indicate any pertinent clinical information such as failed therapy, immunocompromised, oncology or cancer patient. If dental or tooth abscess swab, please refer to "Wound - Abscess (Pus) Swab"</p>	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Mouth	Virus Detection/ PCR (NAAT)	Herpes Virus (HSV) Varicella Virus (VSV)	Includes vesicular lesions on lips (cold sore) lesion, mouth or skin around mouth or nose. Unroof the lesion with a tuberculin syringe or broken edge of a sterile swab shaft. Swab the broken blister and place swab into transport media. Alternately, the contents of the lesion may be aspirated with the syringe and transferred directly to the vile of transport medium.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: VIRSKIN/ Virus- Skin/Lesion/Wound	Complete PHSA Laboratories Virology Requisition
Nasal Sinus- Aspirate/Lavage	C&S (Routine Culture)	Aspergillus	Antral aspirate or lavage. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container.	Store refrigerated (4°C) or at room temperature Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: CUNASALSIN/ Nasal Sinus C&S-Swab/Lavage Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Anaerobic culture only performed on fluid/aspirated specimens. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"	
Nasal Sinus- Aspirate/Lavage	Fungal Culture (Dimorphic/ Filamentous)		Antral aspirate or lavage. If surgically collected tissue or fluid, please refer to source "OR (Intraoperative) specimens"	Sterile screw cap container.	Store refrigerated (4°C) or at room temperature Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: MYCRESP/ Fungus-Respiratory/Bronchial	IH West/IH East sites: Complete PHSA Laboratories Bacteriology & Mycology Requisition
Nasal Sinus - Swab	Candida/Yeast Culture		Swab of maxillary nasal sinus. Nasal sinus swabs are suboptimal specimens. Recommend that tissue, fluid or lavage be submitted	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUNASALSIN/ Nasal Sinus C&S-Swab/Lavage Order includes Gram stain and culture including Yeast (Candida) and Aspergillus.	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Nasal Sinus - Swab	C&S (Routine Culture)	Aspergillus	Swab of maxillary nasal sinus. Nasal sinus swabs are suboptimal specimens. Recommend that tissue, fluid or lavage be submitted	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUNASALSIN/ Nasal Sinus C&S-Swab/Lavage Order includes Gram stain and culture including Yeast (Candida) and Aspergillus. Anaerobic culture only performed on fluid/aspirated specimens.	
Nasopharynx	Bordetella pertussis	Pertussis Whooping Cough	Specialized collection kit. Collect pernasal/nasopharyngeal sample as per the collection kit instructions. Place wire shaft into transport media.	Copan 125C - Amies Charcoal Transport Medium with wire shaft swab. Contact Laboratory for specialized collection kits	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: PERTUSSIS/ Pertussis (Whooping Cough)	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Nasopharynx	C&S (Routine Culture)		Nasopharyngeal swabs/washes are not processed for routine culture as there is poor correlation between organisms in the nasopharynx and the etiologic agents of bacterial sinusitis.				
Nasopharynx	Virus Detection/ PCR (NAAT)	Adenovirus Bocavirus Coronavirus Enterovirus Human metapneumovirus Influenza Parainfluenza Rhinovirus RSV (Respiratory syncytial virus)	Nasopharyngeal flocced swab or Nasopharyngeal wash specimen	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs Check performing site on label: depending on patient location and time of year, specimens may be tested in an IH site and/or sent to BCCDC	Lab Order Mnemonic/ OM Order Name: - If patient > 4 years and < 65 years and an outpatient or departing emergency: VIRRESP/Virus Flu A/B - Outpatient - If patient > 4 years and an inpatient or ≥ 65 years and an outpatient/departing emergency: VIRRESPN/ Virus Flu Panel –Nasopharynx - If outbreak, physician specifically orders Magpix, patient is in ICU, and/or <5 years: VIRRMAGN/Virus Flu + Magpix - Nasopharynx "Magpix" testing includes: Influenza/ Parainfluenza/ RSV/ Adenovirus/ Coronavirus/ Bocavirus/ Rhinovirus/ Enterovirus/ Human metapneumovirus and atypical bacterial pathogens Chlamydia/ Legionella/ Mycoplasma	Complete PHSA Laboratories Virology Requisition

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Nasopharynx	Mycoplasma/ Ureaplasma		The investigation of "genital" mycoplasmas (Mycoplasma hominis/ Ureaplasma urealyticum) will only be performed on neonates Collect nasopharyngeal flocked swab or at least 1mL of nasopharyngeal aspirate. Transfer into viral transport medium.	UTM Universal Transport Medium for Virus	** Refrigerate specimen (4°C)** Transport to lab ASAP	<u>LAB Order Mnemonic/ OM Order Name:</u> GENMYCO PCR/ Genital Mycoplasma/ Ureaplasma	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Nose/Nares	C&S (Routine Culture)	Staph carrier	Also includes sources of nares, nostril. Insert swab into the nares and rotate against the nasal mucosa. Nasal secretions are not suitable specimens and will not be processed. If swab of rash/lesion/sore, please refer to " Skin - Intact Skin Surface"	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<u>LAB Order Mnemonic/ OM Order Name:</u> CUNOSE / Nose/Nasal C&S Routine nose cultures only processed for presence of Staphylococcus aureus. If swab of rash/lesion/sore, please refer to " Skin - Intact Skin Surface"	
Nose/Nares	Cardiac/Surgical Nasal Screen	Staph carrier Pre-surgical screen	Pre-op cardiac OR orthopedic surgery screening for Staphylococcus aureus and MRSA. Insert swab into the nares and rotate against the nasal mucosa.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<u>LAB Order Mnemonic/ OM Order Name:</u> CUCARDSCRN/ Nose/Nasal C&S- Cardiac Screen	
Nose/Nares	MRSA Screen (ARO)	Methicillin Resistant Staph aureus	Use one swab to swab both nares. Insert swab into the nares and rotate against the nasal mucosa. Repeat in other nostril.	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	<u>LAB Order Mnemonic/ OM Order Name:</u> CUMRSANOSE/ ARO MRSA Nose/Nares Order includes screening culture for Methicillin Resistant strains of Staphylococcus aureus (MRSA)	

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Nose/Nares	Corynebacterium diphtheriae	Diphtheria	Specialized collection kit. Insert swab into the nares and rotate against the nasal mucosa. Recovery of C.diphtheriae is enhanced by culturing both a nose and a throat sample. Please submit two specimens.	Copan 125C - Amies Charcoal Transport media Contact Laboratory for specialized collection kits	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: DIPHTHC/ Diphtheria Culture	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Sputum	C&S (Routine Culture)	Tracheal Aspirate ETT Nocardia Aspergillus Burkholderia pseudomallei (Meloidosis)	**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate. If Burkholderia pseudomallei is suspected, please contact microbiologist before collecting specimen, as special laboratory precautions are required.	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: CUSPUTUM/ Sputum C&S Order includes Gram stain and culture including Yeast/Candida and Aspergillus Please note any pertinent clinical information on order such as COPD, bronchiectasis, hemoptysis immunosuppression or oncology/ cancer patient. If tracheostomy site swab, please order as "Wound - Broken Skin" If Burkholderia pseudomallei is suspected, please contact microbiologist.	
Sputum	Candida/Yeast Culture		**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: CUSPUTUM/ Sputum C&S Order includes Gram stain and culture including Yeast/Candida and Aspergillus Please note any pertinent clinical information on order such as COPD, bronchiectasis, hemoptysis immunosuppression or oncology/ cancer patient. If tracheostomy site swab, please order as "Wound - Broken Skin"	

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Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Sputum	Cystic Fibrosis (CF) Culture	Burkholderia cepacia	<p>**IH Patient Collection Instructions available for sputum collections**</p> <p>Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate</p>	<p>Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied</p>	<p>** Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP</p>	<p><u>LAB Order Mnemonic/ OM Order Name:</u> CUSPUTUMCF/ Sputum C&S - Cystic Fibrosis</p> <p>Only one specimen per week should be processed due to complexity and extended incubation of CF cultures.</p>	
Sputum	Fungal Culture (Dimorphic/Filamentous)		<p>Sputum specimens are not processed for fungal culture. If Yeast/Candida or Aspergillus culture requested, order C&S routine culture. If dimorphic fungi suspected, submit bronchoscopy or tissue specimen, or consult microbiologist</p>		-		

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Sputum	Mycoplasma/ Chlamydomphila /Legionella	Chlamydomphila pneumoniae Legionella species MCL PCR Mycoplasma pneumoniae	**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: VIRRMAG/Virus Flu + Magpix-Bronc/Trach Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Co ronavirus/ Bocavirus/ Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydomphila/ Legionella/ Mycoplasma NOTE: In addition the following specimens/orders are recommended: Serum: Mycoplasma IGM Urine: Legionella Antigen	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Sputum	CPO Screen (ARO) (outbreak/ exposure)	Carbapenemase producing organism	**IH Patient Collection Instructions available for sputum collections** Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied.	** Refrigerate specimen (4°C)** Transport to lab within 12 hours	LAB Order Mnemonic/ OM Order Name: CUCPOOUTBREAK/ARO CPO Xposure Order includes screening culture for Carbapenemase producing organisms	
Sputum	Mycobacterium (TB) Culture	AFB Culture TB Culture	**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Typically 3 separate collections on consecutive days are requested. Also includes sputum collected by auger/ endotracheal suction/ tracheal aspirate	Sterile screw cap container(s). Typically 3 specimens are collected on consecutive mornings. If collected into Lukens trap/auger suction, please remove tubing and close container using supplied lid. If multiple tests are requested, submit in different sterile containers (preferred) or delivered directly to microbiology lab for sterile splitting of specimen	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/TB Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Sputum	TB PCR	Mycobacterium tuberculosis PCR	<p>IH Microbiologist approval required.</p> <p>Testing performed on inpatients with radiological findings suggestive of pulmonary tuberculosis and epidemiological risk.</p> <p>Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva.</p> <p>Best quality sample is first morning specimen.</p> <p>Also includes sputum collected by auger/endotracheal suction/tracheal aspirate</p>	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using supplied lid.	<p>**Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP within 12 hours</p>	<p><u>LAB Order Mnemonic/:</u></p> <p>TBPCR – Mycobacterium tuberculosis PCR</p>	Complete PHSA Laboratories Mycobacteria/TB Requisition
Sputum	Parasite Exam/ Identification	Paragonimus Strongyloides Toxoplasma Echinococcus	Collect sputum into sterile screw cap container	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using supplied lid.	<p>** Refrigerate specimen (4°C)**</p> <p>Transport to lab ASAP</p>	<p><u>LAB Order Mnemonic/ OM Order Name:</u></p> <p>PARAW/ Parasite-Worm/Fecal Object ID</p> <p>Specify sample type and suspected parasite name</p>	Complete PHSA Laboratories Parasitology Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Sputum	Virus Detection/ PCR (NAAT)	Adenovirus Bocavirus Coronavirus Enterovirus Human metapneumovirus Influenza MERS-CoV Parainfluenza Rhinovirus RSV (Respiratory syncytial virus) SARS	**IH Patient Collection Instructions available for sputum collections** Have patient rinse mouth with water or saline (not mouth wash) prior to collection. Instruct patient to cough deeply and produce a lower respiratory specimen, NOT saliva. Best quality sample is first morning specimen. Also includes sputum collected by auger/endotracheal suction/tracheal aspirate	Sterile screw cap container. If collected into Lukens trap/auger suction, please remove tubing and close container using separate lid supplied	** Refrigerate specimen (4°C)** Transport to lab ASAP	LAB Order Mnemonic/ OM Order Name: VIRRMAG/Virus Flu + Magpix-Bronc/Trach Magpix includes the following: Influenza/Parainfluenza/RSV/Adenovirus/Co ronavirus/ Bocavirus/ Rhinovirus/Enterovirus/Human metapneumovirus and atypical bacterial pathogens Chlamydophila/ Legionella/ Mycoplasma	Complete PHSA Laboratories Virology Requisition
Throat/Tonsil	C&S (Routine Culture)	Arcanobacterium Group A Streptococcus Strep Throat	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUTHROAT / Throat C&S (Group A Strep) Cultured routinely for Group A Streptococcus. Note any pertinent clinical information such as rash, epiglottitis, treatment failure, penicillin allergy or immunosuppression. Throat cultures are not processed for Neisseria meningitidis - submit blood if patient is systemically unwell. If tonsillar abscess swab, please refer to "Wound- Abscess (Pus) Swab"	

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Throat/Tonsil	Candida/Yeast Culture		Testing for yeast is not performed from this body site. If thrush suspected, collect mouth swab.				
Throat/Tonsil	Cystic Fibrosis (CF) Culture	Burkholderia cepacia	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Swab in clear transport media	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUTHROATCF/ Throat C&S-Cystic Fibrosis Throat swabs for CF work-up are acceptable in patient who are less than 10 years old. For patients over 10 years old, please submit a sputum sample. Only one specimen per week should be processed due to complexity and extended incubation of CF cultures.	
Throat/Tonsil	Neisseria gonorrhoeae (GC)	STI gonorrhea	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa Note: In high risk populations such as MSM (men who have sex with men) a pharyngeal NAAT test may be collected in addition to culture.	Swab in clear transport media High risk populations: Aptima Unisex swab kit (CT/GC NAAT)	Store at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CUTHROATGC/ Throat- Gonorrhea (GC) Culture Routine throat culture including Neisseria gonorrhoeae (GC) If Aptima (NAAT) test collected CHLGTHROAT / Throat-Chlamydia/GC NAAT	If Aptima swab: Complete PHSA Laboratories Bacteriology & Mycology Requisition
Throat/Tonsil	Chlamydia trachomatis		Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa	Aptima multitest swab kit – orange label (CT/GC NAAT) – preferred Aptima Unisex swab kit - acceptable	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: CHLCGTHROAT/ Throat- Chlamydia/GC NAAT Testing for Chlamydia trachomatis performed by molecular assay (NAAT/PCR) method	Complete PHSA Bacteriology & Mycology Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Throat/Tonsil	Virus Detection/ PCR (NAAT)	Enterovirus	Depress the tongue with a tongue depressor. Using conventional swab, sample the posterior pharynx, tonsils, and inflamed areas.	UTM Universal Transport Medium for Virus	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: ENTEROVPCR/ Enterovirus PCR In suspected meningitis/encephalitis cases when a CSF specimen cannot be obtained, a throat and a stool specimen should be submitted.	Complete PHSA Virology Requisition
Throat/Tonsil	Corynebacterium diphtheriae	Diphtheria	Specialized collection kit. Swab the posterior pharynx, tonsils. Recovery of C.diphtheriae is enhanced by culturing both a nose and a throat sample. Please submit two specimens.	Copan 125C - Amies Charcoal Transport media Contact Laboratory for specialized collection kits	Store refrigerated (4°C) or at room temperature Transport to lab within 12 hrs	LAB Order Mnemonic/ OM Order Name: DIPHTHC/ Diphtheria Culture	Complete PHSA Laboratories Bacteriology & Mycology Requisition
Throat/Tonsil	Rapid Strep Antigen Test	Strep A antigen Rapid Strep	Depress the tongue with a tongue depressor. Sample the posterior pharynx, tonsils, and inflamed areas. Avoid swabbing tongue or oral mucosa. Bloody specimens can lead to an invalid result. Note: In children (<18 years) a negative result should be confirmed with a throat culture.	Rayon-tipped swabs with plastic shafts (provided in the test kit). Obtain from the lab. Transport in a clean dry plastic tube.	Store refrigerated (4°C) or at room temperature Transport to lab within ASAP	LAB Order Mnemonic/ OM Order Name: CUTHROATDST/ Throat- Rapid Grp A Antigen	
Transbronchial tissue biopsy	C&S (Routine Culture)		Routine culture is rarely performed. Contact medical microbiologist if required.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: CUENDOBRB/ Bronchial/EBUS Biopsy C&S	
Transbronchial tissue biopsy	Mycobacterium (TB) Culture	AFB Culture TB Culture	Collected during bronchoscopy. Collection of tissue using forceps.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/ TB Requisition

Respiratory Source Collections

Source	Test Name	Additional Names	Specimen Requirements	Collection Container	Processing Information/Transport	Additional Information	Additional Requisition
Transbronchial tissue biopsy	Fungal culture (filamentous)	Mycology Fungus	Collected during ultrasound guided bronchoscopy. Needle aspiration of tissue/fluid.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	MYCRESP/ Fungus-Respiratory/Bronchial Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available. If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Transbronchial needle aspiration	C&S (Routine Culture)		Routine culture is rarely performed. Contact medical microbiologist if required.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: CUENDOBRB/ Bronchial/EBUS Biopsy C&S	
Transbronchial needle aspiration	Mycobacterium (TB) Culture	AFB Culture TB Culture	Collected during bronchoscopy. Fluid collection using needle aspiration.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	Lab Order Mnemonic/ OM Order Name: TBRESP/ TB/Mycobacteria-Respiratory	Complete PHSA Laboratories Mycobacteria/ TB Requisition
Transbronchial needle aspiration	Fungal culture (filamentous)	Mycology Fungus	Collected during bronchoscopy. Fluid collection using needle aspiration.	Sterile screw cap container	**Refrigerate specimen (4°C)** Transport to lab ASAP	MYCRESP/ Fungus-Respiratory/Bronchial Please indicate if any of the following organisms are specifically requested/suspected: Histoplasma, Blastomyces, Coccidioides or Cryptococcus. Note: For Histoplasma, Blastomyces or Coccidioides requests, serology and/or urine specimen for antigen testing are available. If Blastomyces, Coccidioides, Histoplasma or Paracoccidioides suspected, consult microbiologist before collecting specimen	Complete PHSA Laboratories Mycobacteria/ TB Requisition