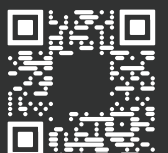


COMBINED COLLECTION INSTRUCTIONS



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Supplies

- ▶ 1 sterile thin swab
- ▶ 1 sterile thick swab
- ▶ 1 sterile collection cup
- ▶ 1 molecular transport tube
- ▶ 1 specimen bag

To ensure safety and validity of the sample it is important to follow these instructions. Ensure all proper Personal Protective Equipment (PPE) measures are taken.

Oropharynx or Throat Swab

Recommended sample type when suspecting pharyngitis or when a sputum sample for a lower respiratory infection is not possible.

1. Guide the swab tip toward the tonsillar area of the posterior oropharynx.
2. Thoroughly and firmly swab the tonsillar area, posterior oropharynx, as well as any area of abnormal redness, inflammation, white patches, or pus.
3. Immediately place the swab in the molecular transport tube.
4. Break the swab at the indentation mark and secure cap on the tube with the swab remaining in the tube.

Nasopharynx or Nasal Swab

Recommended sample type when suspecting a primarily upper respiratory tract infection.

1. Insert the swab into the nose parallel to the palate until resistance is encountered or the distance is equivalent to that from the patient's ear to nostril, indicating contact with the nasopharynx.
2. Thoroughly swab the nasal passage by rotating the swab 5–10 times.
3. Immediately place the swab in the collection tube, break the swab at the indentation mark, and secure cap on the tube with the swab remaining in the tube.

Cough Sputum Samples

Recommended sample type when suspecting a lower respiratory tract infection.

1. Have the patient take three deep breaths, cough, and then spit phlegm into the specimen cup. Do not spit only saliva and avoid the sputum from being swirled in the mouth.
2. Place the swab directly into the sputum sample and swirl 4–5 times to saturate the swab.
3. Immediately place the swab in the molecular transport tube.
4. Break the swab at the indentation mark and secure cap on the tube with the swab remaining in the tube.

Urinary Tract Infection and Genitourinary Specimen Collection Instructions

Supplies

- ▶ 1 sterile thin swab
- ▶ 1 sterile thick swab
- ▶ 1 sterile collection cup
- ▶ 1 transfer pipette
- ▶ 1 molecular transport tube
- ▶ 1 specimen bag

To ensure safety and validity of the sample, it is important to follow these instructions.

Voided Urine Specimens

A first morning sample or sample collected longer than 1–2 hours since prior urination maximizes sensitivity of detecting urinary system pathogens.

Patient Collection Instructions – Female

1. Wash hands thoroughly with warm water and soap.
2. Collection
 - a. Clean Catch: Urinate a small amount into the toilet. Collect ~10–15 mL of midstream sample. Finish urinating into the toilet.
 - b. Non-Clean Catch: Holding labia apart, collect first ~10–15 mL urine into sterile urine cup.
3. Securely place cap on urine cup and return to the medical assistant or provider.

Patient Collection Instructions – Male

1. Wash hands thoroughly with warm water and soap.
2. Retract foreskin (if present), collect first ~10–15 mL urine into sterile urine cup.
3. Securely place cap on urine cup and return to the medical assistant or provider.

Medical Assistant / Provider Instructions

1. Don gloves and select one of the following options for specimen preparation.
2. Open the urine collection cup, molecular transport tube, and the plastic transfer pipette.
3. With the lid on, swirl the urine in the collection cup 10 times to ensure the sample is thoroughly mixed.
4. Transfer 1 mL of urine from the collection cup to the molecular transport tube.
5. Securely tighten the cap of the transport tube.

Catheterized Urine Specimen

1. Don gloves.
2. Clamp catheter tubing above the port to allow collection of freshly voided urine (minimum 2 mL urine required).
3. Vigorously clean the catheter port or wall of the tubing with 70% ethanol.
4. Aspirate approximately 1 mL of urine via sterile needle (direct tubing puncture and aspiration), or syringe (if port has a Luer lock type fitting).
5. Eject the 1 mL of aspirated urine directly into a molecular transport tube.

Vaginal Swab

1. Insert the swab approximately 2 inches into the vagina and rotate the swab for a minimum of 10 seconds, ensuring that the swab has contact with the vaginal wall. Ensure that any visible lesions are swabbed.
2. Visually confirm the swab is fully saturated.
3. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.

Genital Lesions

Open Ulcer/Ulcerated Lesion

1. Thoroughly swab the base of lesion.
2. Place the swab into the molecular transport tube.
3. Snap off excess handle and securely tighten tube cap with the swab remaining in the tube.

Vesicular Lesion

1. Carefully open the lesion with a scalpel blade.
2. Collect fluid contents on the swab. The 'roof tissue' of the vesicle can be carefully removed and submitted in same MTM tube.
3. Thoroughly swab the base.
4. Place all material in the molecular collection tube.
5. Snap off excess handle and securely tighten tube cap with the swab remaining in the tube.

Endocervical / Ectocervical Specimen

1. Visualize cervix via speculum examination.
2. Wipe away excess mucus with sterile gauze.
3. Insert sterile 'endocervical brush' (not provided) into endocervical canal.
4. Rotate the brush 3–5 times, ensuring adequate sampling of the endocervical and squamocolumnar junction areas.
5. Sample ectocervix and any vaginal lesions prior to removing brush from vaginal canal.
6. Place the brush into the molecular transport tube.
7. Swirl brush in the tube 5 times, remove the brush, and securely tighten tube cap.

Internal Urethral Swab

1. Insert a thin urethral swab 3–4 cm into the urethra.
2. Leave the swab in place for 5 seconds then slowly withdraw the swab using a twirling motion. This ensures epithelial cells are well sampled.
3. Place the swab into the molecular transport tube.
4. Securely tighten the tube cap with the swab remaining in the tube.

Rectal Swab

1. Don gloves.
2. Insert the tip of the swab at least 1 inch beyond the sphincter and rotate the swab 5–10 times within an anal pocket/groove.
3. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.

Oropharyngeal Swab

1. Guide the swab tip toward the tonsillar area of the posterior oropharynx.
2. Thoroughly and firmly swab the tonsillar area, posterior oropharynx, as well as any area of abnormal redness, inflammation, white patches, or pus.
3. Immediately place the swab in the molecular transport tube.
4. Break the swab at the indentation mark and secure cap on the tube with the swab remaining in the tube.

Gastrointestinal Tract Infection Specimen Collection Instructions

Supplies

- ▶ 1 sterile thick swab
- ▶ 1 molecular transport tube
- ▶ 1 specimen bag

To ensure safety and validity of the sample it is important to follow these instructions.

Rectal Swab

1. Don gloves.
2. Insert the tip of the swab at least 1 inch beyond the sphincter and rotate the swab 5–10 times within an anal pocket/groove.
3. Visually confirm the swab is saturated with fecal material. ~0.5 mL (pencil eraser size) is required.
4. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.

Stool Sample from Bedpan

1. Don gloves. Do not handle the bedpan, collection tubes, etc. without gloves.
2. Open sterile bag and wrap around bedpan.
3. Collect the stool sample in a wrapped bedpan. Verify that the stool sample is not contaminated with urine.
4. Remove sterile swab from collection kit.
5. Insert the tip of the swab into the stool sample and rotate the swab 5–10 times.
6. Visually confirm the swab is saturated with fecal material, ~0.5 mL (pencil eraser size) is required. If sample is frankly diarrheal, ensure swab is fully saturated with liquid fecal material.
7. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.

Stool Sample from Toilet Hat

1. Wash hands before touching toilet hat.
2. Place toilet hat with the round end at the back of the toilet seat (instructions available on the inside of the hat itself).
3. Collect the stool sample in the toilet hat ensuring that the stool sample is not contaminated with urine.
4. Remove sterile swab from collection kit.
5. Insert the tip of the swab into the stool sample and rotate the swab 5–10 times.
6. Visually confirm the swab is saturated with fecal material, ~0.5 mL (pencil eraser size) is required. If sample is frankly diarrheal, ensure swab is fully saturated with liquid fecal material.
7. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.

Supplies

- ▶ 1 sterile thick swab
- ▶ 1 molecular transport tube
- ▶ 1 specimen bag

To ensure safety and validity of the sample it is important to follow these instructions.

Wound Swab

Decubitis Ulcer or Other Open Wounds

1. Debride 1 cm² of the wound.
2. Roll the swab directly across the affected area with enough force to produce fluid or blood and until the swab saturated, approximately 5 seconds.
3. Place the swab in the molecular transport tube.
4. Swirl the swab in the solution 5 times.
5. Break the swab handle at the indentation mark and recap the tube retaining the swab in the tube.
6. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.

Abscess with Open Skin

1. Debride 1 cm² of the wound.
2. Roll sterile swab within abscess/sinus with purulent material and ensure the swab is fully saturated. Enough force should be applied to produce blood or fluid from the wound.
3. Place the swab in the molecular transport tube.
4. Swirl the swab in the solution 5 times.
5. Break the swab handle at the indentation mark and recap the tube retaining the swab in the tube.
6. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.

Vesicular Dermatitis Lesion

1. Carefully open the lesion with a scalpel blade.
2. Collect fluid contents on the swab.
3. Thoroughly swab the base. The 'roof tissue' of the vesicle can be carefully removed and submitted in same tube.
4. Place all material in the molecular collection tube.
5. Snap off excess handle and securely tighten tube cap with the swab remaining in the tube.

Cellulitis/Tinea/Skin Rash

1. Gently scrape the affected area with a sterile scalpel blade.
2. Vigorously swab the scraped/affected area with the swab.
3. Using the same swab, collect any material on the scalpel blade.
4. Place the swab in the molecular transport tube.
5. Swirl the swab in the solution 5 times.
6. Break the swab handle at the indentation mark and recap the tube retaining the swab in the tube.
7. Snap off excess handle and securely tighten top of the transport tube.

Instructions for Specimen Packaging and Transport

Electronic Ordering

1. Label the specimen tube using a fine-tip, permanent (non-smudging) pen or marker:
 - a. If not set up for external barcode process: Fill out the patient's first name, last name, AND date of birth on the molecular transport tube.
 - b. If set up for external barcodes: Add 1 or 2 patient identifiers to the pre-labeled tube.
2. Place the labeled molecular transport tube containing the sample into the provided specimen bag.
3. Seal the specimen bag.
4. Add any additional insurance/demographic information to the outside pocket of the specimen bag.
5. Add the sample to the UPS/FedEx Mailer. You can have more than one sample in the mailer.
6. Place all samples collected daily into a single UPS Lab(oratory) Pak.
7. Place the remove the backing from the UPS Return Shipping label and place it on the package
8. Remove the protective strip and seal the bag.
9. Set the UPS package where the UPS placard or collection point is prior to the start of their UPS pickup window.

If you are interested in being set up with external barcodes, contact your Sales Representative for additional information.

Paper Ordering

1. Fill out the patient's first name, last name, AND date of birth on the molecular transport tube label using a fine-tip, permanent (non-smudging) pen or marker.
2. Peel and stick the patient label on the molecular transport tube.
3. Place the labeled molecular transport tube containing the sample into the provided specimen bag.
4. Seal the specimen bag.
5. Add the paper requisition and any additional insurance/demographic information to the outside pocket of the specimen bag.
6. Place all samples collected daily into a single UPS Lab(oratory) Pak.
7. Place the remove the backing from the UPS Return Shipping label and place it on the package
8. Remove the protective strip and seal the bag.
9. Set the UPS package where the UPS placard or collection point is prior to the start of their UPS pickup window.

To provide high quality test results, HealthTrackRx company requires specimen meet all the minimum criteria outlined below. If you have questions, please contact HealthTrackRx Customer Care at 866-287-3218.

Specimen Labeling

Use a fine-tip permanent (non-smudging) pen or marker whenever labeling a specimen tube. This will ensure samples are easily identifiable.

Specimen Identification

Specimens must be clearly labeled with two unique patient identifiers or have patient identifier embedded in a barcoded label. Patient identifiers used must exactly match the information provided on the accompanying requisition or e-order.

Specimen Integrity Disclosure

Samples are stable in HealthTrackRx, PrimeStore™ MTM for 7 days post collection at ambient temperature. Samples received outside of the viability window will be rejected as the integrity of the specimen cannot be determined.

Broken or Leaked Specimens

Samples received which have leaked due to the tube being cracked or broken, or samples which are received without a cap will be rejected, as there will not be enough sample nucleic acid for definitive testing.

Want Faster Results?

Here are some reminders!

- 1** **Sample Ordering Reminders:**
- ▶ **ONE** sample tube per menu ordered
 - ▶ Press **SEND** on the order in Experity (order should turn black)

- 2** **Label Correctly:**
- ▶ Ensure all specimens are clearly labeled with the patient's first and last name and date of birth. Include the specimen collection site on **ALL** tubes.
Example: Jane Doe, 01/01/1999
 - ▶ When submitting 2 samples for 1 patient, label tubes with the swab site (swab site must match what's on the requisition).

- 3** **Seal and Store Properly:**
- ▶ Secure sample lid tightly
 - ▶ Seal specimen bag
 - ▶ Add paper requisition
 - ▶ Once in the collection tube, samples are stable at room temperature for 7 days

- 4** **Logistics and UPS Pick-up:**
- ▶ All samples must be placed in **ONE** UPS bag for pick-up.
 - ▶ Seal UPS bag prior to hand-off to UPS driver to ensure no samples are lost.

**ONE**
UNIVERSAL
COLLECTION DEVICE

Reminder: Pipette 1mL of urine directly into specimen tube.



Have Clinical Questions Regarding our Testing?

The HealthTrack team is here to help!



Clinical Expert Line: 940-383-2223

- ▶ Menu education
- ▶ Patient Report Reviews
- ▶ Specific Pathogen Questions
- ▶ Information on Relevant Guidelines
- ▶ Research Questions
- ▶ And much more!



Your go-to resource for HealthTrack lab menus, instructional videos, best practice, and more!



