

## 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.

