

COMBINED COLLECTION INSTRUCTIONS



PEDIATRICS

Collinst-Peds-v0526-V7-042425



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

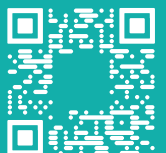




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Want Faster Results? Here are some reminders!

Use the Right Device:

Always use the correct collection tubes and containers provided for each specific test.



White Top

USE FOR:

Respiratory, Genitourinary,
and all Specialty menus

Sample Ordering Reminders

Order Correctly

- ▶ One sample tube per menu ordered
- ▶ Click send on the order

Label Clearly

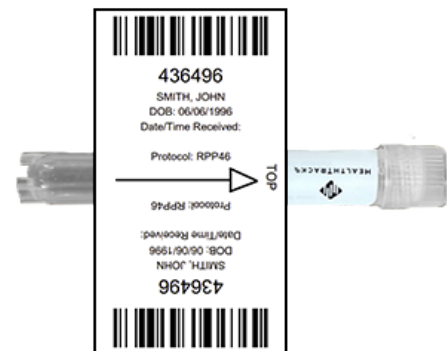
- ▶ Patient first and last name + date of birth
- ▶ Include collection site on all tubes

Seal and Store

- ▶ Secure lid tightly
- ▶ Seal specimen bag
- ▶ Include necessary paperwork
- ▶ Samples are stable at room temperature for 7 days

Sample Pick-Up

- ▶ Place all samples in one shipping bag
- ▶ Seal bag completely



Do NOT apply labels or markings across the cap. The label must wrap fully around the tube and overlap itself, wrapped tightly and smoothed securely onto the tube with no loose edge, tail or wing exposed.

Respiratory Infection Specimen

Collection Instructions

Supplies

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



**White
Tube**

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 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



**White
Tube**

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.

Voided Urine Specimens

A first morning sample or sample collected more 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.



Urinary Tract and Genitourinary Specimen Collection Instructions

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 molecular transport tube.
3. Thoroughly swab the base.
4. Place all material in the molecular transport 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. If the swab is grossly contaminated with feces, i.e. >50% of the swab head covered in feces, discard the swab and repeat the collection.
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.

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



**White
Tube**

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 (pea-sized) 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 (pea-sized) is required. If sample is diarrheal, ensure swab is fully saturated with liquid fecal material.
7. **DO NOT provide more stool than required, as the presence of too much fecal matter can interfere with nucleic acid extraction and lead to an inconclusive result.**
8. 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 (pea-sized) is required. If sample is diarrheal, ensure swab is fully saturated with liquid fecal material.
7. **DO NOT provide more stool than required, as the presence of too much fecal matter can interfere with nucleic acid extraction and lead to an inconclusive result.**
8. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.

Sample Note

Stool samples from disposable diapers or undergarments should NOT be submitted for testing as the absorbant matrix is known to interfere with PCR detection of pathogens.

Wound Specimen

Collection Instructions

Supplies

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



**White
Tube**

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.

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 is 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.

Neonatal Conjunctivitis Specimen

Collection Instructions



Supplies

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



**White
Tube**

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

Eyelid / Conjunctival / Corneal / Other Orbital Area Swab

1. Thoroughly swab the area(s) of interest by rotating the swab 5 -10 times.
2. For conjunctival or eyelid swabs, separate swabs can be obtained from both eyes, and placed in the same collection tube, or into “Right” and/or “Left” side designated tubes, IF clinically indicated.
3. Immediately place the swab in the molecular transport tube.
4. Snap off excess handle and securely tighten the tube cap with the swab remaining in the tube.

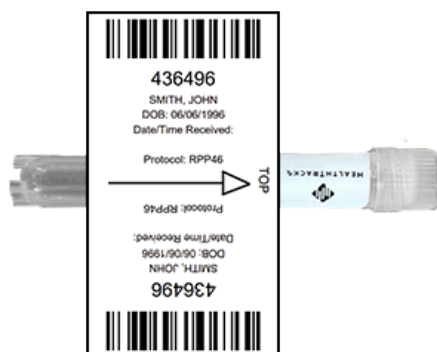
Specimen Labeling and Packaging Instructions

Electronic Ordering

1. Make sure to hit SEND on your order, and only ONE sample tube per menu is ordered.
 2. 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.
 3. Place the labeled molecular transport tube containing the sample into the provided specimen bag.
 4. Seal the specimen bag.
 5. Add 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. 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.



Patient Identifiers

Due to the significant risk of specimen mix-up and mislabeling all specimens received without patient identifiers (PIDs) will be rejected. Rejected specimens will be discarded after 14 days. A rejection report and request for recollection will be issued to the client.

Do NOT apply labels or markings across the cap or over the barcode at the top of the product label. The label must wrap completely around the tube, overlap with itself, and be wrapped tightly, smoothly, and securely onto the tube with no loose edges, tails, or wings exposed.

Specimen Acceptance Criteria



To provide high quality test results, HealthTrack requires specimen meet all the minimum criteria outlined below. If you have questions, please contact HealthTrack 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 (Patient's first and last name and date of birth) or have patient identifiers embedded in a barcoded label. Patient identifiers used must exactly match the information provided on the accompanying requisition or e-order. Providers must verify the patient identifiers on the tube **with** the patient at the time of collection.

Specimen Integrity Disclosure

Samples received outside of the viability conditions listed below will be rejected as the integrity of the specimen cannot be determined.

White Tube



Specimens are stable post-collection in the white/clear top tube for 7 days at ambient temperature post-collection.

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 and the integrity of the sample will be compromised.

Patient Identifiers

Due to the significant risk of specimen mix-up and mislabeling all specimens received without patient identifiers (PIDs) will be rejected. Rejected specimens will be discarded after 14 days. A rejection report and request for recollection will be issued to the client.

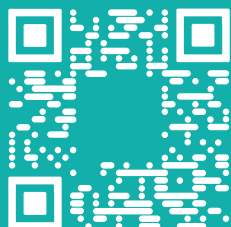
Have Clinical Questions Regarding our Testing?

**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!



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