HEALTHTRACK

COMBINED COLLECTION INSTRUCTIONS

URGENT CARE

CollInst-UC-v0526-V5-042026

HEALTHTRACK UNIVERSITY

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

Table of Contents

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
Transfer no more than 1 mL of urine

Green Top
USE FOR:
Vaginitis, CGT (Vaginal only), CG (Vaginal, Rectal, Oral)
EMR CODE:
VAGGR, CGTGY, CGGY
Do not use lubricants or other products containing substances such as carbomers

Yellow Top
USE FOR:
CGT, CG (Urine only)
EMR CODE: CGTGY, CGGY
Transfer 2 mL of urine

Gray Top
USE FOR:
Urine Culture
EMR CODE: UCULT

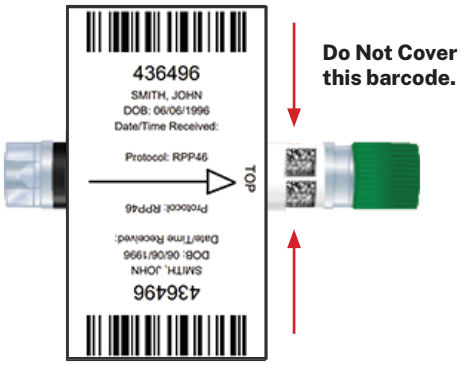
Sample Ordering Reminders

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*
- *PCR samples are stable at room temperature for 7 days, culture sample for 48 hours.*

Sample Pick-Up
- *Place all samples in one shipping bag*
- *Seal bag completely*



Do NOT apply labels or markings across the cap or over the barcode at the top of the product label. 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 indention 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 indention 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 indention 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.

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 indention 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 cm^2 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 cm^2 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.

Clinician Collection Procedure

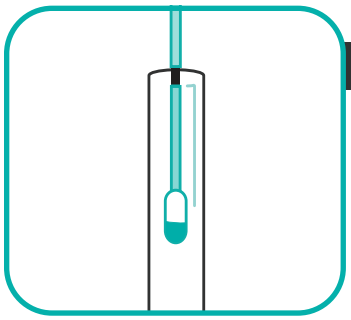
Green Tube

Vaginitis, CGT, CG

1. Collect swab prior to pelvic, speculum, or bimanual exam.
2. Gently slide the swab no more than 2 inches (5cm) into the vagina. Do not use lubricants or other products containing substances such as carbomers.
3. Rotate the swab for 10 to 15 seconds.
4. Withdraw the swab without touching the skin outside the vagina.

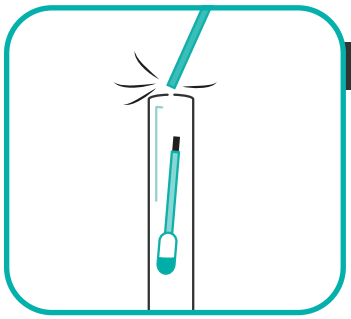
Swab-to-tube transfer procedure

Specimens collected using the collection swab must be transferred to the molecular swab sample buffer tube immediately after collection, including vaginal specimens collected by the patient.



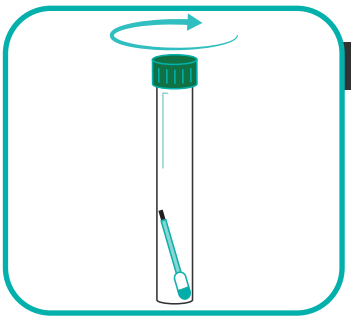
Step 1

Unscrew the cap of the Green Top Molecular Swab Sample Buffer Tube, taking care not to contaminate the contents or the outside of the tube. Immediately after collection, insert the Molecular Collection Swab into the tube so that the score mark indicated by the black line is at the lip of the tube. Prior to breaking, Molecular Swab should not be placed at bottom of the tube or processing errors could occur.



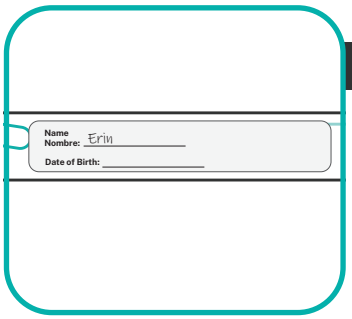
Step 2

Carefully break the shaft at the score mark and allow the swab to drop into the tube.



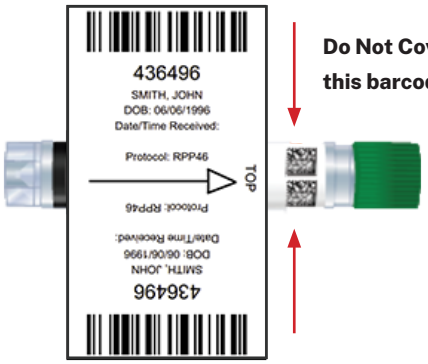
Step 3

Tightly re-cap the tube.



Step 4

Label tube with patient information, date, and time collected. Be careful not to obscure the barcodes on the tube.



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Vaginal Swab - Vaginitis, CGT, CG

Green Tube Collection Instructions

For clinician staff

1. **Do not use a lubricant or other products containing substances such as carbomers with molecular swab collection kit to aid in self-collections**
2. **Patient must collect their specimen before any vaginal exam is performed with a lubricant.**

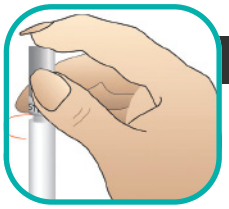
Patient Instructions for Self-Collection

Green Tube

Vaginitis, CGT, CG

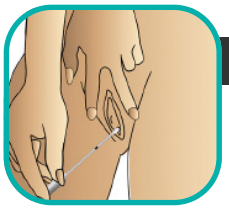
Please read all instructions before collecting specimens. If you have any questions about this procedure, please ask your doctor or nurse.

WASH HANDS WITH SOAP AND WATER. RINSE AND DRY.



Step 1

Remove the sterile swab from its sheath, taking care not to contaminate the tip or shaft. Carefully pull the cap with attached swab off the tube. Do not touch the soft tip or lay the swab down. If you touch or drop the swab tip or the swab is laid down, discard the swab and request a new vaginal swab. Check for presence of the swab tip. If the swab has no tip, discard it and request a new vaginal swab.



Step 2

Hold the swab by the cap with one hand so the swab tip is pointing toward you. With your other hand, gently spread the skin outside the vagina. Insert the tip of the swab into the vaginal opening. Point the tip toward you lower back and relax your muscles.

Step 3

Gently slide the swab no more than 2 inches (5 cm) into the vagina. If the swab does not slide easily, gently rotate the swab as you push. If it is still difficult, do not attempt to continue self-collection; consult your clinician at this point.

Step 4

Rotate the swab for 10 to 15 seconds.

Step 5

Withdraw the swab without touching the skin outside the vagina. Place the swab in the sheath and cap the sheath securely.

After collection, wash hands with soap and water, rinse and dry. Return the swab in its sheath to the nurse or clinician as instructed.

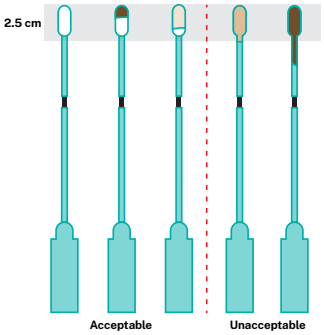
Rectal Swab - CG ONLY
Green Tube Collection Instructions

Clinician Collection Procedure

Green Tube

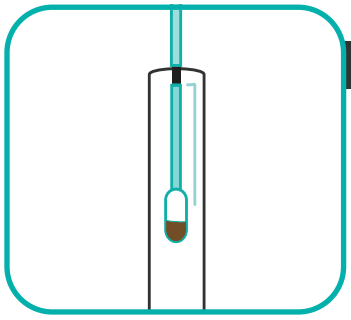
CG ONLY

1. Insert the sterile swab approximately 2.5 cm (1 inch) into the anal canal
2. Move the swab side to side in the anal canal. Allow swab to remain 10-30 seconds for absorption of organisms onto the swab.
3. Withdraw the swab carefully, avoiding contact with the skin.
4. 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.



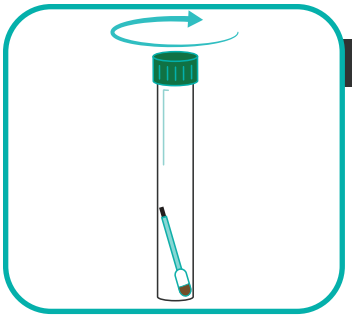
Swab-to-tube transfer procedure

Specimens collected using the collection swab must be transferred to the molecular swab sample buffer tube immediately after collection.



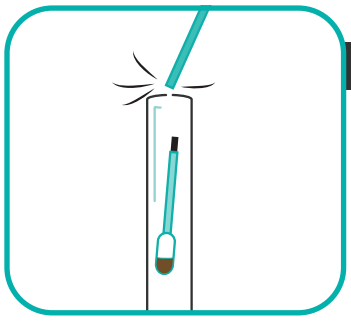
Step 1

Unscrew the cap of the swab sample buffer tube, taking care not to contaminate the contents of the outside of the tube. Immediately after collection, insert the molecular collection swab into the tube so that the score mark indicated by the black line is at the lip of the tube. Prior to breaking, ensure that the molecular swab does not touch the sides or the bottom of the tube.



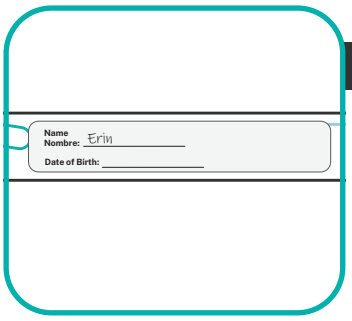
Step 3

Tightly re-cap the tube.



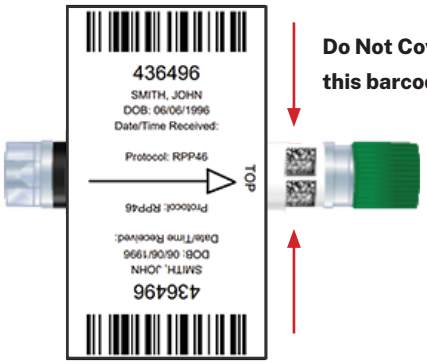
Step 2

Carefully break the shaft at the score mark and allow the swab to drop into the tube.



Step 4

Label tube with patient information, date, and time collected. Be careful not to obscure the barcodes on the tube.



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Clinician Collection Procedure

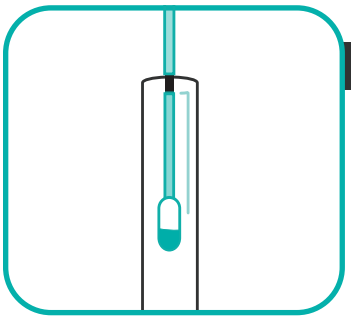
Green Tube

CG ONLY

1. Remove the sterile swab from its sheath, taking care not to contaminate the tip or shaft. If the swab tip is touched or if the swab is laid down, discard it and use a new collection kit. Check for presence of the swab tip. If the swab has no tip, discard it and request a new molecular collection swab.
2. Have the patient tilt their head backwards, open their mouth, and stick out their tongue.
3. Without touching the side of the mouth, swab the posterior nasopharynx and the tonsillar arches.
4. Withdraw the swab carefully, avoiding contact with the side of the mouth. Do not let the swab touch any surface before placing it into the collection tube.

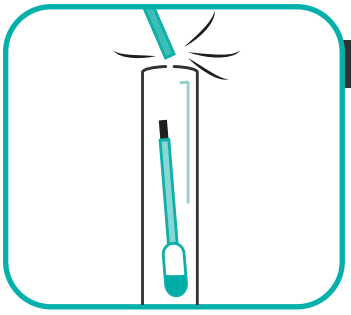
Swab-to-tube transfer procedure

Specimens collected using the collection swab must be transferred to the molecular swab sample buffer tube immediately after collection.



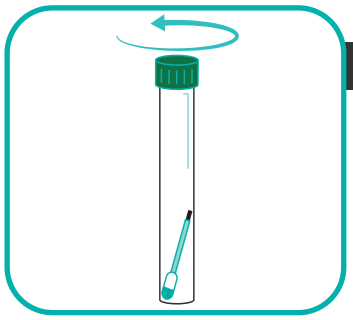
Step 1

Unscrew the cap of the swab sample buffer tube, taking care not to contaminate the contents of the outside of the tube. Immediately after collection, insert the molecular collection swab into the tube so that the score mark indicated by the black line is at the lip of the tube. Prior to breaking, ensure that the molecular swab does not touch the sides or the bottom of the tube.



Step 2

Carefully break the shaft at the score mark and allow the swab to drop into the tube.



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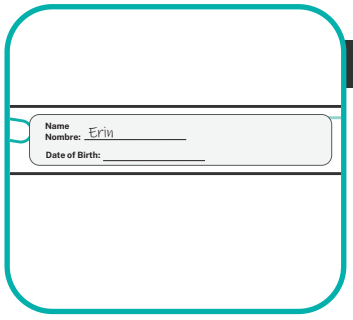
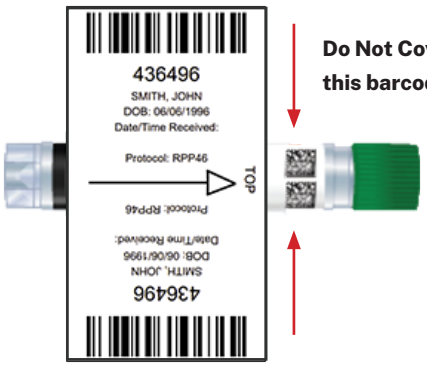
Tightly re-cap the tube.



Step 4

Label tube with patient information, date, and time collected. Be careful not to obscure the barcodes on the tube.



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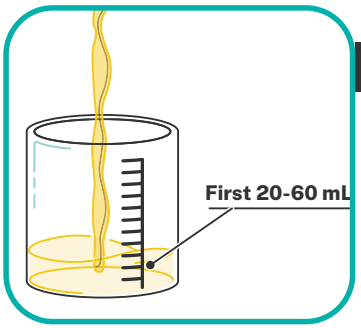
Collection Procedure

Yellow Tube

CGT, CG



Step 1

Have patient collect specimen in a sterile, plastic, preservative-free specimen collection cup.

NOTE: Patient should not urinate for at least 1 hour prior to collection of specimen. Patient should collect only the first 20 to 60 mL of voided urine.

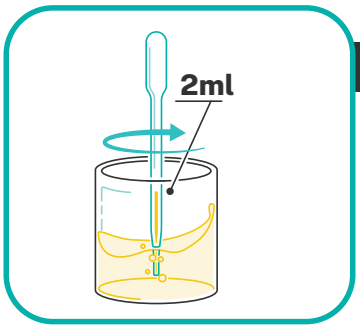
Step 2

Have patient securely place the cap on the urine collection cup.

Step 3

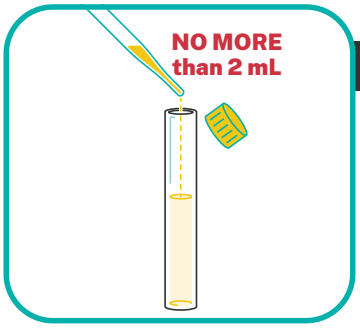
Label collection cup with patient identification, date, and time collected.

NOTE: Wear clean gloves when handling Urine Transport Kit components and urine specimens. If gloves come into contact with the specimen, immediately change gloves.



Step 4

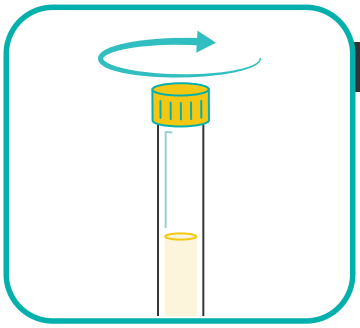
Uncap the Urine Sample Buffer Tube and the urine sample cup. Immediately after collection, use the graduated transfer pipette to gently and thoroughly mix the urine specimen. Then, following guidelines on the pipette, use the pipette to aspirate approximately **2 mL** of the urine specimen from the collection cup.



Step 5

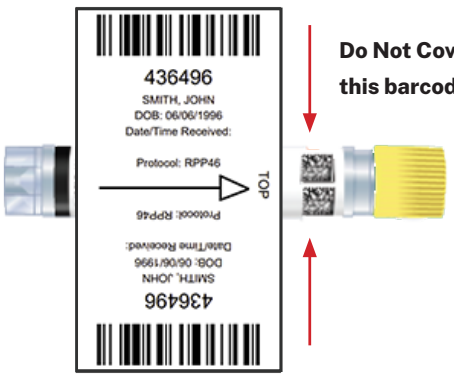
Transfer **2 mL** of the urine specimen into the Urine Sample Buffer Tube. Use the graduations on the transfer pipette as a guide. DO NOT overfill or under fill the tube.

NOTE: The transfer pipette is intended for use with a single specimen only.



Step 6

Tighten the cap securely on the Urine Sample Buffer Tube. Invert the tube 3 to 4 times to ensure that the specimen and reagent are well mixed.



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.

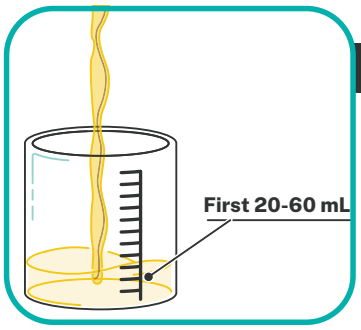
Step 7

Label Yellow tube with patient information, date, and time collected. Be careful not to obscure the barcodes on the tube.

Urine Culture Specimen
Gray Tube Collection Instructions

Collection Procedure

Gray Tube



Step 1

Have patient collect specimen in a sterile, plastic, preservative-free specimen collection cup.

NOTE: Patient should not urinate for at least 1 hour prior to collection of specimen. Patient should collect the first 20 to 60 mL of voided urine.

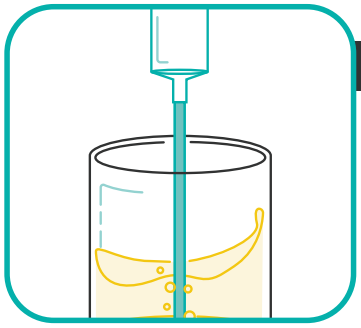
Step 2

Have patient securely place the cap on the urine collection cup.

Step 3

After receiving the urine specimen back from the patient, Label collection cup with patient identification, date, and time collected.

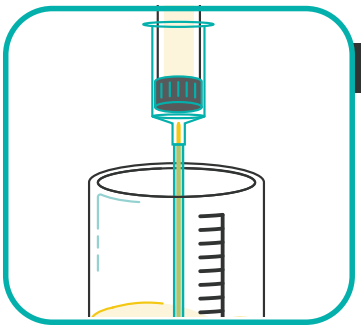
NOTE: Wear clean gloves when handling the Gray Tube Urine Transport Kit components and urine specimens. If gloves come into contact with the specimen, immediately change gloves.



Step 4

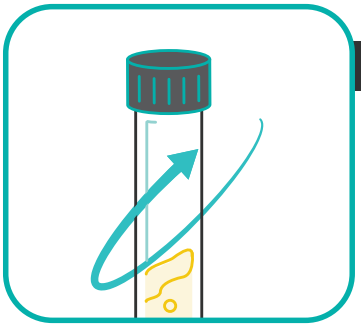
Place the container upright on a clean, flat surface with the necessary urine collection tube. Place the tip of the transfer straw in the urine specimen container. Culture tubes should be filled first when collecting multiple tubes.

CAUTION: The transfer tube contains a needle in the tube holder.



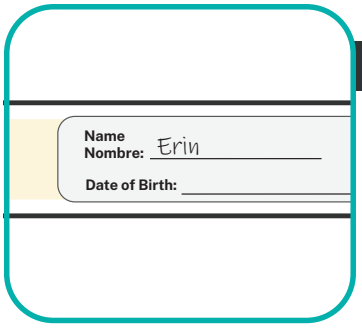
Step 5

Place the tube into the holder, stopper down. Advance the tube over the puncture point to pierce the stopper. Hold the tube in position until filled, them remove from the holder.



Step 6

Tube must be mixed 8-10 times by inversion.



Step 7

Label the tube clearly with the patient's first and last name and date of birth.

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.

Step 8

Lift the transfer straw from the container and allow the specimen to drain. Dispose of urine according to your facility's procedure, discard the transfer straw into a sharps container, and place the cup in biohazard waste.

Specimen Labeling and Packaging Instructions

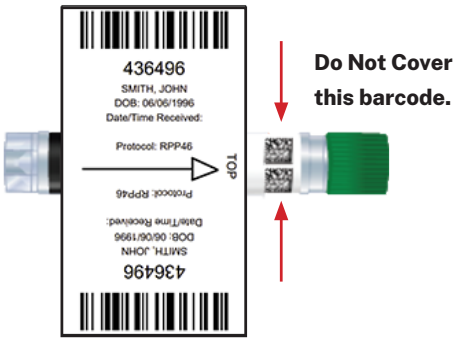
Electronic Ordering

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.



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.

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.

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.
Green Tube		**Specimens** are stable post-collection in the green tube top for a total of 14 days at **2–30 °C**.
Yellow Tube		**CGT Urine** specimens are stable post-collection in the yellow tube top for a total of 14 days at **2–30 °C** .
Gray Tube		**Urine Culture** specimens are stable post-collection in the gray tube for a total of 2 days at **4-25°C**.

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!

HEALTHTRACK UNIVERSITY

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