



Minnesota Department of Health, Mycobacteriology Laboratory
Specimen Collection and Transport Criteria
 January, 2013

Specimen Type	Collection	Transport/Storage Temperature	Rejection Criteria	Comments
Abscess – cellulitis, eye exudate, skin lesion	Optimal volume = as much as possible. Remove surface exudate by wiping with sterile saline or 70% alcohol. Collect fluid abscess material with syringe. For open lesions/abscesses, aspirate material from under the margin of the lesion/abscess.	Refrigerate	-Formalin or other preservatives -swab	
Blood	Optimal volume = 10 mL Aseptically collect whole blood in sodium polyanetholsulfonate (SPS – yellow top), or heparin (green top) collector tube.	Room temperature	-Clotted blood -EDTA (purple top) -ACD (yellow top - acid citrate dextrose) - < 5 mL adults - < 1 mL child	
Body Fluids (pleural, pericardial, peritoneal, paracentesis, thoracentesis, synovial, etc.)	Optimal volume = 15 mL Collect aseptically. For extremely bloody specimens use an SPS (yellow top) or heparin (green top) blood collection tube.	Refrigerate	- < 10 mL adult - < 1mL child - swab - synovial fluid < 1ml	
Bone Marrow	Optimal volume = 10 mL Aseptically collect bone marrow in sodium polyanetholsulfonate (SPS – yellow top) or heparin (green top). Mix contents after collection.	Room temperature	-EDTA (purple top) -ACD (yellow top - acid citrate dextrose) - < 1 mL	
Bronchoalveolar lavage, bronchial washings, brushings, endotracheal and transtracheal aspirates	Optimal volume = 5 mL or more Place bronchial brushing in sterile container with up to 5 mL sterile saline.	Refrigerate	- < 3 mL adult - < 1 mL child	



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Cerebral Spinal Fluid (CSF)	Optimal volume = 10 mL	Refrigerate	- < 2 mL	
Gastric Aspirate/Lavage Fluid	Optimal volume = < 15 mL in 100 mg sodium carbonate – adjust to neutral pH. Collect in early morning before patient eats and while they are still in bed. Perform lavage with 25-50 mL of chilled, sterile, distilled water. 1 specimen/day on 3 consecutive days.	Room temperature	-Specimen that has not been neutralized. -Multiple specimens taken from same day -swab	
Sputum	Optimal volume = 5 - 10 mL Early-morning specimen from deep, productive cough. <u>Expectorated sputum</u> : instruct patient as to difference between saliva and sputum. Have patient rinse mouth with water before collecting sputum to minimize contamination with food, mouthwash, oral drugs, etc. <u>Induced sputum</u> : use sterile hypertonic saline. Indicate on request if specimen is induced, as these watery specimens resemble saliva.	Refrigerate	-24 hour pooled specimens -Multiple specimens taken from same day that are < 8 hours apart - < 3 mL	
Stool	Optimal volume = > 1 gram	Refrigerate	- <1 gram - swab	Stool cultures for mycobacteria are discouraged
Tissue/Biopsy – Lymph node	Optimal volume = as much as possible Collect aseptically during surgery or cutaneous biopsy procedure. Add 2-3 mL of sterile saline for transport	Refrigerate	-Formalin or any other preservative - swab	
Urine	Optimal volume = 40 mL First morning specimen is preferred.	Refrigerate	-24-hour pooled -Multiple specimens from one day -Any preservative - < 10 mL adult - <5 mL child	