



WOUND SWAB

SPECIMEN COLLECTION GUIDE

PREPARATION OF THE PATIENT

1. Follow your facility's procedure.

COLLECTION SAFETY AND PROCEDURE PRECAUTIONS

NOTE: Sagis Diagnostics strongly recommends that sample collectors use all proper precautions when collecting specimens, including following proper body fluid collection techniques to minimize the risk of transmitting infectious diseases.

1. All collection kits are for single use only, do not reuse.
2. Consider and treat all clinical specimens as potentially infectious and handle each according to the facility's safety procedure policy.
 - a. Thoroughly wash hands after specimen collection.
3. PPE (Personal Protective Equipment) for Sample Collectors
 - a. Whether or not the status of a patient's current disease is noted, exercise caution when handling all samples.
 - b. Consistently wear gloves when handling samples.
 - c. Change out gloves often, especially if they become visibly soiled.
4. Wash hands often and after removing gloves.
 - a. Cleanse hands thoroughly before leaving the clinical area, using the restroom, eating, or touching face.
5. Sanitize working areas before removing PPE.

MATERIALS NEEDED

- Sagis Requisition (Molecular testing- Infectious Disease Requisition Form).
- PPE Supplies.
- Copan ESwab®, BD ESwab® collection kit containing liquid amies media collection tube, and sterile single-use sample collection swab.

LABELING AND PAPERWORK

1. Fill out appropriate Sagis requisition form, including pertinent clinical history and ICD-10 codes.
2. Complete the form and labeling, including:
 - a. Ordering Physician's Name- Print provider's name and credentials (when applicable).
 - b. Practice Information- Name of practice (when applicable).

- c. Patient Information (Required)
 - i. Last Name & First Name- Verify that first and last name match with specimen, driver's license, and patient's attached demographics.
 - ii. Patient's date of birth- Verify the DOB matches with specimen, ID, and patient's attached demographics.
 - iii. Gender- Select gender.
- d. Bill Type- One must be selected. If insurance is designated, insurance card should be attached to file.
- e. Specimen Information (Required)
 - i. Select the type of Specimen Collected (Wound Swab).
 - ii. Collection Date, Initials and Time- Verify the collection date and time is within the appropriate stability time.
 - iii. Stability- The sample is stable for 6 days at room temperature, due to clinical necessities of the sample, transfer to lab within 24 hours at 2°C to 25°C.
- f. Insurance information and Diagnosis (ICD-10) Codes.
- g. Test Order
 - i. The requested test(s) must be selected here and ICD-10 code.
- 3. Patient Acknowledgment
 - a. The patient or a legal guardian MUST read, sign, and date the form.
 - b. Failure to do so will result in immediate sample rejection.
- 4. Authorized Healthcare Provider Acknowledgement
 - a. Have physician read statement of physician certification, and sign.
 - b. Ordering physician must sign and date.
- 5. Documentation, Patient Protection, and Compliance
 - a. Each specimen tube must have at least TWO forms of identification, MATCHING the requisition form for the lab to process.
 - b. Driver's license/state ID- copy both front and back.
 - c. Insurance card(s)- Copy the front and back of both primary and secondary insurance cards used by the clinic.
 - d. Electronic/handwritten records- all patient records that are used by the clinic for medical history, medication list including antibiotic allergies, insurance information.
 - e. Only use black or blue ink (smudge-free) for writing on requisition forms and sample tubes.
 - f. NEVER USE WHITE OUT or any corrective fluid on any sample tubes, requisition forms, billing information, or any information to be sent to the lab. This is a MAJOR violation.
 - g. If a mistake was made on the requisition form or sample tube, correct it by making a single straight line through the mistake, then write the correction, followed by your initial and the date.
 - h. Never scribble or scratch out. All changes must be seen and documented.

COLLECTION INSTRUCTIONS

Accurate labeling of specimens is crucial to ensuring exact reporting of patient results.

Sample collection (Wound Swab)- Collecting high-quality samples has a MAJOR impact on the test quality and the lab's ability to get the results out in a timely and cost-effective manner.

1. If the wound has debris or necrotic tissue, gently clean it with sterile gauze soaked in normal saline or sterile water. Do not use antiseptics, as they may inhibit bacterial growth and affect culture or PCR results. Allow the wound to air dry for a few moments.

2. Open the ESwab® sample collection pouch, remove the tube and label it then remove the swab.
3. Collect the sample from the patient.
 - a. Decubitus ulcer and other open wounds- Roll the swab directly across the affected area until saturated and proceed to step 4.
 - b. Abscess with open skin- Roll sterile swab within abscess/sinus with purulent material and ensure the swab is fully saturated and proceed with step 3.
 - c. Abscess with intact skin- Disinfect the area. Using a sterile needle/syringe, aspirate purulent material (liquid or drainage) from abscess and Transfer 0.3-0.5 mL of purulent material directly into Eswab tube and proceed with step 4.
 - d. Cellulitis/Skin Rashes- Gently scrape the affected area with a sterile scalpel blade and swab the scraped/affected area with the swab and proceed with step 3.
4. Unscrew and remove the cap from ESwab® tube making sure not to spill the medium.
5. Break the swab off into the tube as follows:
 - a. With the other hand grasp the swab shaft at the very end with the thumb and first finger.
 - b. Lean the part of the shaft with the breaking point against the rim of the tube.
 - c. Bend the swab shaft at a 180 degrees angle to break it off at the colored ink breakpoint mark. If needed, gently rotate the swab shaft to complete the breakage and take away the upper part of the swab shaft.
 - d. Discard the broken handle part of the swab shaft into an approved medical waste disposal container.
6. Replace cap on the tube and secure tightly.
7. Write patient information on the tube label or apply patient identification label.

Note: Minimum liquid media required for testing is 700uL.

PACKAGING/HANDLING

Transport Eswab tube Specimen

1. Properly label tubes with patient name, DOB, collection date and time and any additional information required by your facility's policy.
2. Properly label and package any container used to transport specimen to alternate location in accordance with applicable local, state, and federal requirements.
3. Maintain sample integrity by ensuring the specimen is collected in the most sterile and dust-free environment as possible.
4. After collection, immediately secure the cap on the tube and transfer the sample to the lab at 2°C to 25°C.
5. Specimen Viability
 - a. Once a swab sample is collected, it should be placed immediately into the ESwab® transport tube, where it comes into contact with the transport medium.
 - b. Swab specimens for bacterial investigations collected using ESwab® should be transported directly to the laboratory, preferably within 2 hours of the collection to maintain optimum organism viability.
 - c. If immediate delivery or processing is delayed, then specimens should be at 2°C 25°C) and processed within 144 hours.
 - d. The specimen is stable for 144 hours after collection at 2-25°C.

LIMITATIONS

Incorrect or no media, insufficient media, or wrong collection tube can limit interpretation.

Inadequate specimen can limit interpretation. Prolonged time from collection to receipt in lab can compromise specimen quality.

REJECTION CRITERIA

Specimens and requisition forms not meeting the standards for patient test management are subject to rejection due to the following **missing** information:

1. Patient's full name (first and last)
2. Patient Date of Birth
3. Patient signature
4. Unlabeled specimen
5. Patient name mismatch between requisition and sample
6. Sample received is incorrectly labeled or illegible
7. Specimens collected improperly
8. Failure to follow proper storage requirements
9. Failure to follow proper collection procedures
10. Specimen is of insufficient quantity/quality (minimum 700uL of media)
11. Specimen is from unacceptable source or is the wrong sample type (swab/stool/urine)
12. Specimen was not received by the laboratory in a timely manner (collection date exceeds allowed days prior to receipt)
13. Leakage or damaged tubes
14. Incorrect transfer media
15. Any missing signatures, patient information, clinic information, and/or copies of the patient's driver's license and insurance card qualify as a sample rejection