Urinary Tract Infection and Genitourinary Specimen Collection Instructions

HEALTHTRACKRX

Supplies

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

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

Voided Urine Specimens

A first morning sample or sample collected longer 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.

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 MTM tube.
3. Thoroughly swab the base.
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.

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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.

Endocervical / Parametrial Specimen

Trans-cervical Endometrial Aspirate

1. Collect via an appropriate catheter device (not provided).
2. Place approximately 0.5–1 mL of aspirated material into the molecular transport tube.
3. Securely tighten the tube cap.

Ultrasound-guided Needle Aspirates for Pelvic Inflammatory Disease Lesions

1. Place approximately 0.5–1 mL of aspirated material into the molecular transport tube.
2. Securely tighten the tube cap.

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 the 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.

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.

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