





## **Cannula Tip**

**Synonyms** 

Clinical Indication

Part of Profile / See Also

**Request Form** 

Availability / Frequency of

**Analysis** 

**Turnaround Time** 

**Patient Preparation** 

**Sample Requirements** 

**Specimen Type** 

Volume

Container

CVP tip, line tip

Please give detailed clinical information, including date of onset/ contact with the suspected infection, and any current, or intended, antibiotic therapy

Culture for aerobic organisms

ICE request or Microbiology form

On request during normal working hours

24 hours. Up to 48 hours to identify and perform antibiotic sensitivity testing

on significant organisms

Cannula tip



Cannula tip placed in a white capped universal

Samples should be transported to laboratory on the day of collection

**Reference Range & Units** 

Interferences

**Interpretation & Clinical** 

**Decision Value (if applicable)** 

References PHE SMI B11

Test code TIP

**Lab Handling** Samples should be processed as soon as possible