

MICROBIOLOGY

SPECIMEN COLLECTION - SWABS

INFORMATION SHEET

Q-Pulse No	MWS18
Version	2
Site	HUB Microbiology

Swabs are available for bacterial / fungal culture (Blue top) and for molecular detection/ PCR (Green top). It is important to use the correct swab type because they contain bespoke transport media.

For Chlamydia (and Neisseria gonorrhoeae) specimen collection also refer to the 'Chlamydia detection- Specimen collection - Chlamydia MWS20'.

Sample	Test	Swab type	Procedure
Ear swab	Microscopy and culture	Bacterial / fungal culture (Blue top)	Ensure no therapeutic agents are applied to the area for 3 hours prior to swabbing. Placing the swab in the outer ear, rotate it gently.
Eye swab	Microscopy and culture	Bacterial / fungal culture (Blue top)	Holding the swab parallel to the cornea, gently rub the conjunctiva of the lower lid, avoiding contact with the outer eyelid.
	Viral PCR	Green topped swab for molecular detection/ PCR	Clean away any visible pus and swab the conjunctiva of the lower eyelid.
	Chlamydia and/or Neisseria gonorrhoeae NAATs (usually babies)	Use specific collection kit*	Clean away any visible pus and swab the conjunctiva of the lower eyelid.
Nose swab	Staphylococcus aureus (MRSA and MSSA) screen - for culture	Bacterial / fungal culture (Blue top)	Moisten swab with sterile water or saline. Move the swab from the anterior nares to the tip of the nose, rotating gently.
	Staphylococcus aureus (MRSA and MSSA) screen – for PCR	Dual copan swab with a red top	Both swabs should be used to swab the nostrils
Per nasal swab	Bordetella pertussis Culture	Bacterial / fungal culture (Blue top)	Use a special small swab on a flexible wire stem. Pass it along the floor of the nasal cavity to the posterior wall of the nasopharynx, rotating it gently. State immunisation status of child on request form. Also include the duration of symptoms.
	Bordetella pertussis PCR	Green topped swab for molecular detection/ PCR	As above
Throat swab	Bacterial and Fungal Culture	Bacterial / fungal culture (Blue top)	Position the patient to face a strong light. Use a spatula to depress the tongue. Working speedily, rub the swab over the appropriate area, usually the tonsillar bed, posterior pharynx or any lesions, exudate or membrane formation. Avoid touching other areas of the mouth.
	Respiratory Multiplex PCR (Flu, COVID, RSV) Extended Panel (ERPT)	Green topped swab for molecular detection/ PCR	As above

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Nasopharyngeal/nose swab	Respiratory Multiplex PCR (Flu, COVID, RSV) Extended Panel (ERPT)	Green topped swab for molecular detection/ PCR	<p>1. First swab the throat Insert the swab into the mouth of the patient aiming for the back of the throat. Rub the swab across the posterior pharyngeal wall and tonsillar area on both sides, avoiding the tongue and sides of the mouth. Rub swab back and forth about 5 times and hold in place for at least 5 seconds to absorb cells.</p> <p>2. Then swab the nose (using the same swab) Ask the patient to tilt their head back slightly. While gently rotating the swab, insert swab into one nostril until resistance is met at the turbinates (approx. 2-3cm). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.</p>
Mouth swab	Measles PCR	Green topped swab for molecular detection/ PCR	A mouth swab taken during the first 6 days after onset of the rash
	Mumps PCR	Green topped swab for molecular detection/ PCR	An oral saliva sample should be taken
Wound swab	Microscopy and culture	Bacterial / fungal culture (Blue top)	<p>Gently cleanse wound with sterile water or saline to remove any slough before swabbing. Rotate swab whilst covering the whole wound surface in a zigzag pattern, applying gentle pressure.</p> <p>If the wound is dry moisten the swab in sterile saline before swabbing.</p> <p>If pus is present draw off in a sterile syringe and transfer into a sterile universal container.</p> <p>Always state nature and site of wound, relevant clinical details and antibiotic therapy (recent or current).</p>
Vesicle fluid	Microscopy and culture	Bacterial / fungal culture (Blue top)	If the vesicle is intact- burst or deroof and swab the base of the lesion with the swab
	HSV PCR VZV PCR	Green topped swab for molecular detection/ PCR	As above

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High vaginal swab (HVS)	Microscopy and culture	Bacterial / fungal culture (Blue top)	Position patient on back with knees raised and apart. Insert vaginal speculum. High vaginal swabs should be taken from posterior fornix. Rotate swab and withdraw.
Cervical swab	Neisseria gonorrhoea culture	Bacterial / fungal culture (Blue top)	Clean cervix. Insert tip of swab completely into cervical os and rotate through 180 degrees applying sufficient pressure to remove epithelial cells. Send swab to lab without delay; do not refrigerate.
	Chlamydia and/or Neisseria gonorrhoeae NAATs	Use specific collection kit*	Please follow the instructions given in the product leaflet
Vaginal swab	Chlamydia and/or Neisseria gonorrhoeae NAATs	Use specific collection kit*	Please follow the instructions given in the product leaflet In women who do not undergo a vaginal examination, send a self-taken low vaginal swab
Urethral swab (female)	N. gonorrhoea culture Chlamydia and/or	Bacterial / fungal culture (Blue top)	Insert small cotton wool swab gently 1 cm into urethra. Send swab to lab without delay; do not refrigerate.
	Neisseria gonorrhoeae NAATs	Use specific collection kit*	As above
Urethral swab (male)	Microscopy and culture, including N. gonorrhoea	Gonococcal culture (Thin black top swab)	Ask patient to not pass urine for 3 hours before examination if possible. Retract foreskin, insert tip of small sterile swab completely into urethra and if possible, gently rotate. Send swab to lab without delay; do not refrigerate.
	Chlamydia and/or Neisseria gonorrhoeae NAATs	Use specific collection kit*	Please follow the instructions given in the product leaflet
Rectal swab	CPE screening – for culture	Bacterial / fungal culture (Blue top)	Carefully insert swab tips approximately 1 cm beyond the anal sphincter and rotate gently.
	Chlamydia and/or Neisseria gonorrhoeae NAATs	Use specific collection kit*	As above

*Chlamydia/ Gonorrhoea NAAT – currently using Aptima collection kit (orange)

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Appendix 1

References

1. [Microbiology \(tsft.nhs.uk\)](https://tsft.nhs.uk)- Specimen collection -swabs – MWS 18- version 1
2. [Microbiology \(tsft.nhs.uk\)](https://tsft.nhs.uk) -Chlamydia detection- Specimen collection - Chlamydia MWS20- version 1
3. [Radar Healthcare \(somersetft.nhs.uk\)](https://somersetft.nhs.uk)- Measles – Infection Prevention & Control Guideline
4. [Radar Healthcare \(somersetft.nhs.uk\)](https://somersetft.nhs.uk) -Respiratory Virus Guideline (Influenza, Respiratory Syncytial Virus & COVID-19)