



US Virgin Islands Department of Health (VIDOH)

Virology Viral Culture Specimen Collection and Transport Guidelines Specimen Collection and Transport Notes

- Specimen selection should be based on clinical history and symptoms.
- Use the proper collection method as outlined below. Use sterile collection devices and media. Transport swabs in transport medium. **Do not use calcium alginate or cotton/wooden swabs.**
- **Please Note** - VIDOH Public Health Laboratory currently does not accept specimens for viral culture. Please refer to disease-specific specimen collection guidance prior to collection. Coordinate with VIDOH to obtain assistance with specimen collection kits or materials if needed.
- Viral transport media with beads is preferable for collection of specimens requiring VTM. Cultiurettes containing ampoules of viral transport medium are preferred for rectal swabs and stool swabs.
- Specimens for influenza, mumps, measles (rubeola), or VZV testing should be collected as soon as possible (within 3 days) of symptom onset.
- **Label each specimen with patient name or unique identifier. Complete an [EPI-1 form](#) (unless specified otherwise in guidance), including patient name, gender and date of birth, specimen type and date of collection, symptoms and date of onset, and clinical diagnosis and/or suspected virus(es), if applicable. **Improperly labeled specimens will not be tested.****
- Refrigerate specimens at 2° to 8°C immediately after collection (**DO NOT FREEZE**) and coordinate pick-up/delivery to VIDOH in Saint Croix or Saint Thomas.

Collection Guide by Specimen Type

Specimens that should be collected on VTM	Specimens that should NOT be collected on VTM
Swabs (except stool or rectal), Tissues, Respiratory wash or aspirate; BW or BAL	Stool (Feces), CSF, Urine, Misc. body fluids - (Amniotic, Pericardial, Pleural, etc.)
Sputum - VTM optional	Stool Swab, Rectal Swab - Cultiurette preferred

Specimen Type	Collection Instructions
Bronchial Wash (BW)	During bronchoscopy, inject saline in segmental bronchus, then suction out into a sterile container. Transfer wash into VTM.
Bronchoalveolar Lavage (BAL)	During bronchoscopy, inject saline in subsegmental bronchus, then suction out into a sterile container. Transfer lavage into VTM.
Buccal/Salival Swab	Massage parotid gland area for 30 seconds, then swab buccal mucosa near Stensen's duct. Place swab in VTM.
Cervical Swab	Remove cervical mucus/exudates with swab and discard. Use a second swab to collect epithelial cells (avoid touching vaginal wall) Submit swab on VTM.
Combination Swabs (Throat/NP Combo, e.g.,)	Collect swabs as instructed and combine into single VTM.
CSF	Collect at least 2 ml into a sterile container. Do not add VTM.
Eye - Conjunctival Swab	Moisten swab with sterile physiologic saline and carefully rub lower conjunctiva to collect epithelial cells. Use one swab per eye and submit swab(s) in one VTM.
Eye - Conjunctival/Corneal Scraping	Specimen should be collected by ophthalmologist. Transfer epithelial cell scrapings to VTM.

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Collection Guide by Specimen Type Cont'd

Specimen Type	Specimen Collection
Genital Lesion Swab Skin Lesion Swab	Select non-crusted lesion with clear fluid and clean exterior with sterile saline. If desired, aspirate fluid with 26-30ga tuberculin needle and transfer to VTM, rinsing needle with VTM. Aseptically unroof lesion, blot fluid with swab and collect cells from base of lesion. Submit in VTM (with aspirate, if collected).
Miscellaneous Body Fluids	Collect at least 2 ml into a sterile container. Do not add VTM.
Nasal Swab	Insert moistened swab into nostril, leave in place several seconds, and transfer to VTM. If both nares sampled, use separate swabs and combine into a single VTM.
Nasal Wash	Inject up to 5ml physiologic saline per nostril with patient's head tilted back. Bring patient's head forward with nostrils over sterile container to catch flowing saline. Transfer wash to VTM.
Nasopharyngeal (NP) Swab	Insert moistened swab with flexible metal shaft into posterior nasopharynx. Rotate swab several times and leave in place 10 to 15 seconds. Gently remove swab and submit in VTM. If both nares sampled, use separate swabs and combine them into a single VTM.
Nasopharyngeal Aspirate	Use a fine catheter with bulb or suction trap. Insert catheter into nasopharynx, apply gentle suction, leave catheter in place a few seconds, then gently withdraw. Flush tubing with 2 to 3ml VTM and transfer contents to original VTM vial.
Nasopharyngeal Wash	Inject up to 5ml physiologic saline into nostril while closing the other. Suction wash or have patient expel saline into sterile container. Transfer wash to VTM.
Rectal Swab	Do not use lubricant. Insert Culturette swab about 2 inches into rectum, rotate swab to collect fecal material, and carefully remove swab from rectum. Insert swab in sheath and crush ampoule to release transport medium.
Sputum	Early morning specimen preferred. If possible, patient should rinse mouth and gargle first. Collect 3 to 5ml deep cough expectorant into sterile screw-capped container. Submission with VTM is optional.
Stool (Feces)	Collect about 2 to 10g into a sterile leak-proof container. Do not use preservatives.
Stool Swab	Collect stool, then thoroughly coat Culturette swab with fecal material. Insert swab in sheath and crush ampoule to release transport medium.
Throat Swab	Moisten swab with physiologic saline and vigorously rub against tonsils and posterior pharynx. Submit swab on VTM.
Throat Wash	Patient should clear mucus and post nasal secretions from throat and mouth. Patient gargles 30 to 60 seconds with 2 to 3ml physiologic saline and spits wash into sterile container. Transfer wash to VTM.
Tissue Biopsy/Autopsy	Aseptically collect at least a pea-sized sample into VTM. Avoid cross-contamination with other collection sites. Autopsy specimens should be collected within 24 hours of death, if possible.
Tracheal Aspirate	Use a fine catheter with suction trap. Insert catheter through endotracheal tube. Apply suction and withdraw catheter once specimen is collected. Flush catheter with 2 to 3ml VTM and transfer contents to original VTM vial.
Urethral Swab	Insert fine aluminum shaft swab about 2 to 4cm into urethra, carefully rotate swab 3 times, then remove gently. Submit swab in VTM.
Urine	Collect 2 to 15ml midstream, clean-catch (first morning void preferred) urine into sterile container. Do not add VTM. Transport to arrive at KHEL within 24 hours.