

Specimen Type	Usual Tests Ordered	Comments
ABSCESS		Tissue or fluid is always superior to a swab specimen. Source/site must be clearly documented on specimen, computer, or requisition.
Open	CXWND Culture, Wound with Gram Stain, Swab	Sampling of the surface area can introduce colonizing bacteria not involved in the infectious process.
Closed	CXWND Culture, Wound with Gram Stain, Swab CXANA Culture, Anaerobic	Submit aspirate for aerobic and anaerobic culture. If swabs are used, collect both routine and anaerobic culture swabs.
BITE WOUND	CXWND Culture, Wound with Gram Stain, Swab	Do not culture animal bite wounds ≤ 12 h old (agents are usually not recovered) unless they are on the face or hand or unless signs of infection are present.
BLOOD CULTURE	CXBLD Blood Culture	<p>Acute sepsis: 2-3 sets from separate sites, all within 10 min. Endocarditis, acute: 3 sets from 3 separate sites, over 1-2 h Endocarditis, subacute: 3 sets from 3 separate sites, taken ≥ 15 min apart; if negative @ 24 h., obtain 3 more sets. Fever of unknown origin: 2-3 sets from separate sites ≥ 1 h apart; if negative at 24 h., obtain 2-3 more sets.</p> <p>Cultures drawn through indwelling intravascular devices are discouraged, due to the higher risk for contamination by colonizing organisms. Peripheral venipuncture set must accompany any line-drawn set, and site of collection indicated on bottles.</p>
BLOOD CULTURE, FUNGUS	CXFNB Culture, Fungal, Blood	Draw 2 Isolator tubes from separate venipunctures. Order " Culture, Fungal – Blood " x 2
BLOOD CULTURE, AFB	CAFBB Mycobacterial Culture, Blood	Draw 2 10 ml Green top tubes from separate venipunctures. Order " Culture, Mycobacterial – Blood " x 2

BONE MARROW	CXFLD Culture, Fluid (except CSF) CXANA Culture, Anaerobic CXFUN Culture, Fungal, Other Source with Fungal Stain CAFBR Mycobacterial Culture	Additional Isolator or Heparin tubes must be drawn if AFB and Fungal cultures are required. Isolator tubes are available in 10 ml or 1.5 ml volumes.
BURN	CXTIS Culture, Tissue with Gram Stain	A 3-to-4-mm punch biopsy is optimum when cultures are ordered. Process for aerobic culture only. Surface cultures of burns may be misleading.
CATHETER (IV)	CXCAT Culture, Catheter/Device	
CATHETER (FOLEY)	Not Acceptable for Culture	
CELLULITIS	CXWND Culture, Wound with Gram Stain, Swab	
CSF	CXCSF Culture, CSF with Gram Stain CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli HSV Herpes Simplex Virus (HSV), CSF Molecular Detection, PCR EVPCR Enterovirus, Molecular Detection, PCR CXVRN Viral Culture, Non-Respiratory WNVPCR West Nile Virus, Molecular Detection, PCR CMVPR Cytomegalovirus, Molecular Detection, PCR	
DECUBITUS ULCER	CXWND Culture, Wound with Gram Stain, Swab	A decubitus swab provides little clinical information; this collection method is strongly discouraged. A tissue biopsy sample or a needle aspirate is the specimen of choice. This source is unacceptable for anaerobic culture
EAR	CXEAR Culture, Ear CXANA Culture, Anaerobic (Inner Ear Fluid specimens only)	
EYE		
Conjunctiva- (Conjunctivitis)	CXEYE Culture, Eye (Ocular)	It is recommended that swabs for culture be taken prior to anesthetic application, whereas corneal scrapings can be obtained afterward. Anesthetics may be inhibitory to some etiologic agents.

<p>Corneal scrapings (Keratitis)</p>	<p>CXEYE Culture, Eye (Ocular) CXANA Culture, Anaerobic CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli</p>	<p>Obtain Media from Microbiology prior to collection procedure.</p>
<p>Vitreous or Aqueous Fluid Aspirates (Endophthalmitis)</p>	<p>CXFLD Culture, Fluid (except CSF) CXANA Culture, Anaerobic CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli</p>	<p>Obtain Media from Microbiology prior to collection procedure</p>
<p>FECES</p>		
<p>Routine Bacterial Enteric Pathogens</p>	<p>CXSTO Culture, Stool, Bacterial Enteric Pathogens CXVIB Culture, <i>Vibrio</i> – when clinically indicated CXYER Culture, <i>Yersinia</i> - when clinically indicated</p>	<p>This panel includes <i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i>, <i>Enterohemorrhagic E. coli</i> (O157 and other serotypes), and <i>Aeromonas/ Plesiomonas</i> spp. Separate culture for <i>Yersinia</i> and <i>Vibrio</i> spp. available upon request.</p> <p>Not performed on patients whose length of stay is >3 days & admitting diagnosis was not gastroenteritis. Tests for <i>C. difficile</i> should be considered in these cases.</p>
<p>Clostridium difficile</p>	<p>CDIFF <i>Clostridium difficile</i> Toxin Gene and NAP1/027 Strain Detection</p>	<p>Patients should be passing ≥ 5 liquid or soft stools per 24 h, without any laxative within past 48 hrs. Testing of formed or hard stool is not performed. Test not performed if history of negative assay within past 10 days, or positive within past 30 days.</p>
<p>Leukocytes</p>	<p>SWBC Fecal Leukocytes (Stool for WBC's)</p>	<p>Test performed in Hematology lab.</p>
<p>Rectal swab</p>	<p>CXSTO Culture, Stool, Bacterial Enteric Pathogens (PEDIATRIC patients only, when stool sample cannot be obtained) MCTGC <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i>, Miscellaneous Sites, by Nucleic Acid Amplification (GEN-PROBE) HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR EVPCR Enterovirus, Molecular Detection, PCR VRE VanA Detection (VRE) by PCR</p>	

Parasitology	<p>GIARD Ova & Parasite: <i>Giardia</i> Antigen and <i>Cryptosporidium</i> Antigen CONWP Ova & Parasite, Comprehensive: Comprehensive Ova & Parasite examination may be performed at the request of the physician on specimen from patients who have the following risk factors:</p> <ul style="list-style-type: none"> • HIV Infection/ Immunosuppression for any reason • Residence in or recent immigration from a developing country • Travel to a country where parasitic pathogens are endemic • Persistence of symptoms, undiagnosed diarrhea <p>The presence of any of the above risk factors must be communicated to the laboratory along with the telephone request for a comprehensive examination. The laboratory will hold all specimens for two weeks to allow additional testing to be requested if clinically indicated.</p>	<p>Not performed on patients whose length of stay is >3 days & admitting diagnosis was not gastroenteritis. Tests for <i>C. difficile</i> should be considered in these cases.</p>
FISTULA	<p>CXWND Culture, Wound with Gram Stain, Swab CXANA Culture, Anaerobic</p>	
FLUIDS		
<p>abdominal, amniotic, ascites, bile, joint, paracentesis, pericardial, peritoneal, pleural, synovial, thoracentesis</p>	<p>CXFLD Culture, Fluid (except CSF) CXANA Culture, Anaerobic CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli</p>	<p><u>Always submit as much fluid as possible; never submit swab dipped in fluid.</u></p> <p>Swab specimens submitted with no volume of fluid will be processed as Wound Culture.</p>
GANGRENEOUS TISSUE	<p>CXTIS Culture, Tissue with Gram Stain CXANA Culture, Anaerobic</p>	
GASTRIC: wash or lavage	<p>Unable to perform testing on this specimen source.</p>	
	<p>Unable to perform testing on this specimen source.</p>	

GENITAL		
Female		
Amniotic Fluid	CXGEN Culture, Genital CXANA Culture, Anaerobic	If Fluid submitted (not swab), order CXFLD Culture, Fluid (except CSF) instead of CXGEN .
Bartholin	CXGEN Culture, Genital CXANA Culture, Anaerobic	
Cervical	CXGEN Culture, Genital CGAMP <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification (GEN-PROBE) HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR	
Cul-de-Sac	CXGEN Culture, Genital CXANA Culture, Anaerobic	
Endometrial	CXGEN Culture, Genital CXANA Culture, Anaerobic	
IUD	CXGEN Culture, Genital CXANA Culture, Anaerobic	
Urethral	CXGEN Culture, Genital CGAMP <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification (GEN-PROBE) HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR	
Products of Conception	CXGEN Culture, Genital CXANA Culture, Anaerobic	If Tissue submitted (Fetal tissue, placenta, membranes, lochia), order CXTIS Culture, Tissue with Gram Stain instead of CXGEN .
Vaginal	CXGEN Culture, Genital CGAMP <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification (GEN-PROBE) HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR TVRNA <i>Trichomonas vaginalis</i> , Molecular Detection, PCR - Female	
Female or Male		
Lesion	CXGEN Culture, Genital HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR VZVPR Varicella-Zoster Virus, Molecular Detection, PCR	

Male		
Prostate	CXGEN Culture, Genital	
Urethral	CXGEN Culture, Genital CGAMP <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification (GEN-PROBE) HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR MTRNA <i>Trichomonas vaginalis</i> , Molecular Detection, PCR - Male	
HAIR Dermatophytosis	CXFNS Culture, Fungal, Skin, Hair, Nails with Fungal Stain	Collect scalp scales, if present, along with scrapings of active borders of lesions.
NAIL Dermatophytosis	CXFNS Culture, Fungal, Skin, Hair, Nails with Fungal Stain	
PILONIDAL CYST	CXWND Culture, Wound with Gram Stain, Swab	
RESPIRATORY		
Lower		
Broncho-Alveolar lavage, Bronchial brush or wash, Tracheal aspirate	CXRES Culture, Respiratory with Gram Stain CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR CMVPR Cytomegalovirus, Molecular Detection, PCR CXVRR Viral Culture, Respiratory	For quantitative analysis of brushings, place brush in 1.0 ml of sterile, non-bacteriostatic saline. Fungal recovery is primarily for <i>Cryptococcus</i> spp. and some filamentous fungi; other yeasts rarely cause lower respiratory tract infection.
Sputum, expectorated or induced	CXRES Culture, Respiratory with Gram Stain CXFUN Culture, Fungal, Other Source with Fungal Stain CXAFB Culture, Acid Fast Bacilli	Quality of all expectorated and induced sputums will be assessed by review of Gram stain. The best specimen should have ≤ 10 squamous cells per 100x field.
Upper		
Oral, Lesion	Viral Studies (specify): HSVPR Herpes Simplex Virus (HSV), Molecular Detection, PCR VZVPR Varicella-Zoster Virus, Molecular Detection, PCR	For R/O yeast (<i>Candida</i>, thrush): CXRES Culture, Respiratory with Gram Stain (DO NOT order Fungus Culture) – state “R/O Yeast” on requisition and specimen
Nasal	CXNAS Culture, Nasal, R/O MRSA MRSAM MRSA Detection by PCR	Anterior nares cultures is reserved for detecting staphylococcal and streptococcal carriers only. For MRSA PCR testing, both right and left

		nares are sampled using the same swab. Nasal and nasopharyngeal specimens should not be used in an attempt to recover the etiological agent of a sinus infection.
Nasopharynx	FLURS <i>Influenza</i> A/B/ RSV, Molecular Detection, PCR COV2 SARS-Coronavirus-2, Molecular Detection, PCR CXVRR Viral Culture, Respiratory BORDP <i>B. Pertussis</i> and <i>B. Parapertussis</i> , PCR BORPR <i>Bordetella pertussis</i> and <i>Bordetella parapertussis</i> , Molecular Detection, PCR – <i>for non-NP respiratory samples only</i>	
Throat	MYCOP <i>Mycoplasma pneumoniae</i> by NAA GASM Strep pyogenes (Group A) by NAA MCTGC <i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> , Miscellaneous Sites, by Nucleic Acid Amplification (GEN-PROBE) MCRNA <i>Chlamydia trachomatis</i> , Miscellaneous Sites, by Nucleic Acid Amplification (GEN-PROBE) MGRNA <i>Neisseria gonorrhoeae</i> , Miscellaneous Sites, by Nucleic Acid Amplification (GEN-PROBE) CXVRR Viral Culture, Respiratory (r/o Enterovirus)	
SKIN		
Dermatophytosis	CXFNS Culture, Fungal, Skin, Hair, Nails with Fungal Stain	
Tissue	CXTIS Culture, Tissue with Gram Stain CXANA Culture, Anaerobic CXFUN Culture, Fungal, Other Source with Fungal Stain (deep tissue; surgical) CXAFB Culture, Acid Fast Bacilli	Tissue should measure ≤ 3 cm. in diameter. Never submit a swab that has simply been rubbed over the surface. Swab specimens submitted from surgical sites will be processed as Wound Culture.
URINE	CXURN Culture, Urine CGAMP <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> by Nucleic Acid Amplification (GEN-PROBE) CXAFB Culture, Acid Fast Bacilli (patients with suspected systemic TB) SPA <i>Strep pneumoniae</i> , Rapid Antigen LEG <i>Legionella</i> , Rapid Antigen	Always indicate collection method when urine is obtained via catheter: Straight Catheter If preparation is inadequate, the procedure may introduce urethral flora into the bladder and increase the risk of iatrogenic infection. Indwelling Catheter Culture should not be collected from indwelling catheter which has been in place >24 hrs. Culture when new catheter is placed.
WOUND	CXWND Culture, Wound with Gram Stain, Swab CXANA Culture, Anaerobic (SURGICAL/DEEP SPECIMENS ONLY)	