

## Medical Microbiology

(Please submit all specimens in leak-proof container)

TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
Beta <u>Streptococcus</u> Screen, Group A	Throat swab	One culturette containing a transport media	Form - ML 1, HHSD 485 Form HHSD 534  Must be delivered within 24 hrs.  Positive cultures for B- <u>Streptococcus</u> Group A will be called or faxed to the submitter.	Daily	
Beta <u>Streptococcus</u> Screen, Group B	Vaginal/Rectal swabs	2 swabs/one culturette containing a transport media	Form - ML 1, HHSD 485 Form HHSD 534  Must be delivered within 24 hrs.  Positive cultures for B- <u>Streptococcus</u> Group B will be called or faxed to the submitter.	Daily	

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Stool Culture	<p>Feces not more than 8 hrs old</p> <p>Rectal swab</p>	<p>10 grams</p> <p>1 swab in Cary-Blair transport medium</p>	<p>Need to be delivered to laboratory promptly after collection.</p> <p>Needs to be received in a clean, closed (to avoid leakage) container (no diapers, plastic wrap, or unsealed containers will be accepted).</p> <p>Form LM-1, HHSD - 485 Form HHSD 534</p> <p>Cultures positive for <u>Salmonella</u>, <u>Shigella</u>, <u>Campylobacter</u>, or <u>E.coli</u> 0157:H7 will be called/faxed to the submitting doctor or laboratory.</p>	Daily	
Stool for Ova and Parasites	Feces	10 grams	<p>Needs to be delivered to the laboratory promptly after collection. Specimen may be refrigerated if delayed in transit. Must have stool specimen, not a rectal swab.</p> <p>Specimens that are mailed to the laboratory should be preserved in PVA, 10% Formalin, or MIF.</p> <p>Form HHSD - 534 Rev.10-98</p>	Daily	

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Urine Culture and Susceptibility	Clean catch mid-stream urine	5 ml	<p>Urine should be submitted in the urine collection kit vial. Urine must be received within 48 hours.</p> <p>Form ML1, HHSD - 485 Form HHSD 534 Rev.10-98</p> <p>Nitrate and Leukocytes results must be recorded on request form.</p>	Daily	
Bordetella pertussis for DFA and/or culture	<p>Nasopharyngeal swab (Calcium alginate) submitted in transported medium.</p> <p>Prepared smear</p>	<p>1 swab for DFA smear or 1 prepared slide</p> <p>1 swab for culture</p>	<p>For best results obtain Regan-Lowe plate from laboratory to be inoculated at bedside.</p> <p>Positive DFA and/or culture results will be faxed/called to the submitter.</p> <p>Form HHSD 534</p>	<p>Smears received before 3:30 p.m. will be stained and read the day received. Specimens received after 3:30 p.m. will be tested the following work day.</p>	

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Worm or Arthropod	Worm/Anthropod		<p>Request must be submitted through Epidemiology</p> <p>Arthropod: Must be submitted in sealed container.</p> <p>Worm: Specimen should be submitted in damp-gauze (70% alcohol) inside sealed container.</p> <p>Form HHSD 534</p>	On Request	
Malaria Smear	<p>Unstained thick and thin smears and/or tube of citrate of EDTA anticoagulated blood.</p> <p>(Will accept Wright=s or Giemsa stained slides)</p>	2 slides, and/or 5 ml anticoagulated blood	<p>Need short travel history of patient if available.</p> <p>Positive Malaria smears will be called/ faxed to the submitting doctor or laboratory.</p> <p>Form ML1, HHSD 485</p>	On Request	
Trichrome Slides	Two fecal smears which have been fixed (SAF, PVA)	2 slides	<p>Slide must be labeled with name of patient.</p> <p>Smear must be thin enough to read news print through.</p> <p>Form HHSD 534</p>	Daily	

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TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
Acid Fast Stains for <u>Cryptosporidium</u>	Stool specimen	10 grams or 3 ml liquid	Need to be delivered to Laboratory promptly after collection.  Need to be collected in a clean, closed container.	Upon Request	
Pinworm	Swube tube with paddle	1 paddle	Needs to be collected in early a.m. as child awakens.  Swube tube available from laboratory shipping and receiving area.  Form HHSD 534 or Form ML1, HHSD 485	Daily	
<u>Legionella</u> DFA and/or <u>Legionella</u> Culture	Sputum, Bronchial Washing, Bronchial Brush, Lung Tissue	2 ml	Must be delivered to the laboratory in a sealed container. Must be received cold.  Form HHSD 534	Specimens received before 3:30 p.m. will be stained and read the day received. Specimens received after 3:30 p.m. will be tested the following work day.	

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TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
<u>Shigella</u> Species	Pure culture on Heart Infusion Agar slant or similar media	1 tube	Require age, sex and source for surveillance reporting.  Specimens received on plates will not be accepted for safety reasons.  Form HHSD 534	Daily	
<u>Salmonella</u> Species including <u>Salmonella typhi</u>	Pure culture on Heart Infusion Agar slant or similar media	1 tube	Require age, sex and source for surveillance reporting.  Specimens received on plates will not be accepted for safety reasons.  Form HHSD 534	Daily	
<u>Vibrio</u> Species	Pure culture on Heart Infusion Agar slant or similar media	1 tube	Require age, sex and source for surveillance reporting.  Specimens received on plates will not be accepted for safety reasons.  Form HHSD 534	Daily	
<u>Campylobacter</u> Species	Viable, pure culture on special Campylo-bacter media Blood Agar Slant,	1 tube	Recovery of Campylobacter is best if transported in a Campygas mixture	Daily	

	Chocolate Agar Slant, or Cary-Blair transport media.		environment.  Form HHSD 534		
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TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
Gen Probe test for <u>N. gonorrhoeae</u> and <u>C. trachomatis</u>	One Gen Probe collection kit (male or female)	1 swab per collection kit	<p>Must be delivered to the laboratory within 7 days.</p> <p>Must use appropriate female collection kit or male collection kit.</p> <p>Form ML1, HHSD - 485 or Form HHSD 534</p> <p>Must use swab provided with collection kit. (No substitutions)</p> <p>Each specimen must be labeled with name of patient.</p> <p>Not approved for extra-genital sites or for children (if used for legal purposes).</p>	Daily	
GC Cultures	One plate of modified Thayer-Martin Media inoculated with specimen from patient	One plate	<p>Form ML1, HHSD - 485</p> <p>Modified Thayer-Martin plates must be transported in a candle extinction can with a moist piece of cotton or paper towel.</p> <p>Cultures from unusual sites must have source plainly marked.</p> <p>A label with the name of the patient and the medical record number must be placed on the media side of the Petri dish. The</p>	Daily	

			date of collection must be indicated on all cultures.		
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TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
Reference Fungus Cultures	Growth on Sabouraud Dextrose Agar Slant or similar fungus media	One tube with growth	Must be received in a sealed container or biohazard bag.  Form HHSD 534	Daily	
Anaerobic Reference Culture	Viable growth in anaerobic broth culture media or anaerobic slant	One tube of culture media	Culture must be submitted in sealed container or biohazard bag.  Form HHSD 534	Daily	
Aerobic Miscellaneous Reference Culture	Viable growth of pure culture on Heart Infusion Agar Slant or similar tubed media	One tube	Must be submitted in a sealed container or biohazard bag.  Form ML1, HHSD - 485 Form HHSD 534	Daily	
Reference Culture for Mycobacteria  Identification and/or Susceptibility	One Lowenstein-Jensen tube or 7H10 tube with viable growth  12B BACTEC Vial  13A BACTEC Blood Culture Vial	One tube or one BACTEC Vial	Must be transported in a sealed container and/or biohazard bag.  Form ML1, HHSD - 485 Form HHSD 534	Daily	

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TEST	SPECIMEN REQUIRED	AMOUNT REQUIRED	SPECIAL INSTRUCTIONS	TEST FREQUENCY	NORMAL VALUES
<p>Primary Specimen for <u>M. tuberculosis</u></p> <p>Identification and/or Susceptibility testing</p>	<p>Sputum, Tissue Bronchial Lavage Bronchial Washing, Bronchial Brush, Blood (BACTEC Vial or 5 ml of Blood in ACO (yellow top) tube, Urine, Feces, Body fluids (on special request)</p>	<p>5-10 ml of sputum</p> <p>30-50 mls urine</p> <p>1-5 gm or 10 ml feces</p>	<p>Sputum or induced sputum</p> <p>Tissue should be kept moist in a container with sterile 0.85% NaCl.</p> <p>Must be accompanied by a completed Mycobacteriology Form ML1, HHSD 485</p> <p>Feces is processed only on special request.</p> <p>Susceptibility testing no longer performed on <u>M. avium</u> complex.</p> <p>Positive fluorochrome smears called or faxed to submitting doctor, laboratory or agency.</p> <p>Form ML1, HHSD 485 or Form HHSD 534</p>	<p>Daily</p>	
<p>Primary Specimen for Fungus Culture</p>	<p>Skin scraping, fluids, sputum, biopsy material, tissue</p>	<p>10 ml fluids</p> <p>10 gm tissue</p> <p>10 ml sputum</p>	<p>Skin scraping, tissue, biopsy material should be received in moistened (0.85% NaCl) gauze inside a sealed container.</p> <p>Fluids and/or sputum should be transported in sputum collection kit or closed container.</p> <p>Form ML1, HHSD 485 or</p>	<p>Daily</p>	

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<b>TEST</b>	<b>SPECIMEN REQUIRED</b>	<b>AMOUNT REQUIRED</b>	<b>SPECIAL INSTRUCTIONS</b>
Lyme's Disease	Serum	1-10 ml	<p>Sent to Texas State Department Health, Austin</p> <p>Must have clinical history of patient.</p> <p>Form HHSD 534</p>
<p><u>Clostridium botulinum</u> toxin detection, toxin typing, isolation</p>	<p>Feces, Serum, Food, if available, Gastric Aspirate, Vomitus</p>	<p>10 gm stool</p> <p>10 ml serum</p>	<p>Must have clinical history of patient.</p> <p>Specimen must be kept cold (2-8EC) or frozen.</p> <p>Telephone before sending specimens.</p> <p>Specimen sent to Texas State Department of Health, Austin.</p> <p>Positive results will be called as soon as possible to submitting doctor or laboratory.</p> <p>Form HHSD 534</p>