

Microbiology User Information: Genital Tract Samples

Specimen Types:

Swabs

- High Vaginal (HVS) Swab
- Vulval Swab
- Labial Swab
- Cervical Swab
- Endocervical Swab
- Penile Swab
- Urethral Swab
- Genital Ulcer Swab
- Screening swabs for *N. gonorrhoeae*
- Aspirates from Bartholin's gland/Fallopian tube
- Tubo-ovarian abscess
- Semen

Indications for Swab Samples:

West Kent Formulary Therapeutic guidance : <https://www.formularywkccgmtw.co.uk/therapeutic-sections/genito-urinary-system/vaginal-and-vulval-conditions/>

Hospital antimicrobial guidelines for Genito-urinary infections: [Genito-urinary tract infections \(formularywkccgmtw.co.uk\)](http://www.formularywkccgmtw.co.uk)

Primary Care antimicrobial guidelines: [Primary Care Antimicrobial Prescribing Guidelines \(formularywkccgmtw.co.uk\)](http://www.formularywkccgmtw.co.uk)

National Guidelines for the management of all Genital infections can be found at: <http://www.bashh.org/guidelines>

Request form requirements:

Providing adequate clinical details to microbiology request forms is vital for the safety of laboratory staff and ensuring patient tests are correctly interpreted.

Please include details of relevant clinical information, current, just finished or intended antibiotic therapy.

Time to laboratory:

Specimens should be transported and processed as soon as possible. If *Neisseria gonorrhoeae* infection is suspected we recommend that the device is transported to the testing laboratory as quickly as possible for direct culture to guarantee adequate survival, if this is not feasible we recommend a storage temperature of 2-8°C and the device to reach the testing laboratory within 24hrs

Transport swabs are stable at room temperature for 24 hours but refrigerate samples where possible

If processing is delayed, store refrigerated, rather than at room temperature

For information on transport, including days and times, please see [Pathology Transport Services](#)

Laboratory Testing:

All Microbiology laboratory investigations are based on UK Standards for Microbiology Investigations which can be found [HERE](#). If further advice is required, please contact the laboratory

Laboratory Turn Around Time (from Date/Time of Receipt in Laboratory):

Culture: 3 working days

Chlamydia/ Gonorrhoea PCR: 7 working days

Virology (HSV)- 6 working days

Time limit for requesting additional investigations:

7 days




Requests for extra tests must be received within the sample storage period and must be accompanied by a request form. Please telephone the laboratory before requesting extra tests to ensure the sample is available and still viable

Adverse factors affecting the interpretation of microscopy and culture results:

- Delays in processing may result in degradation of microorganism which generates results that do not reflect the true clinical situation
- Excessive temperature

Note: rapid transport to the laboratory is the best way to minimise uncertainty of results

Specimen Collection:

<p>Collection Containers</p>	<p>HVS, Vaginal and Other External Genital area swab: Charcoal Transport medium</p>  <p>Cervical, Endo-Cervical or Urethral Swab: Charcoal Transport medium (wire shaft, orange top swab)</p>  <p>Chlamydia/ Gonorrhoea PCR testing: COBAS Female swab kit:</p> 
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HSV Testing: Virocult viral transport medium



Aspirates: Sterile Universal Container(20ml- white or 70ml- yellow)



Specimen Type Swabs, Aspirates

Collection Methods

MC&S:

- Genital tract swabs (e.g. cervical and high vaginal swabs) should be taken with the aid of a speculum.
 - It is important to avoid vulval contamination of the swab.
 - For Trichomonas, the posterior fornix, including any obvious candidal plaques should be swabbed.
 - If pelvic infection, including gonorrhoea, is suspected, the cervix should be swabbed- n.b. Gonorrhoea is diagnosed by culturing endocervical, urethral and rectal swabs. High vaginal swabs are not suitable because *Neisseria gonorrhoea* does not grow in the squamous epithelium of the vagina.
- High vaginal swabs - After the introduction of the speculum, the swab should be rolled firmly over the surface of the vaginal vault.
 - Cervical swabs - After introduction of the speculum to the vagina, the swab should be rotated inside the endocervix.
 - Urethral swabs - Contamination with micro-organisms from the vulva or the foreskin should be avoided. The patient should not have passed urine for at least one hour. For males, if a discharge is not apparent, attempts should be made to "milk" exudate from the penis. The swab is gently passed through the urethral meatus and rotated.
 - Rectal swabs - Rectal swabs are taken via a proctoscope.
 - Aspirates - These are taken from the fallopian tubes, tuboovarian and Bartholin's abscesses during surgery. Preferably a minimum volume of 1mL.
 - Pelvic Inflammatory Disease – Pouch of Douglas fluid is the best sample for the

	<p>diagnosis of deep PID.</p> <ul style="list-style-type: none"> - Intrauterine contraceptive devices (IUCDs) –should only be sent for culture when there is clinical suspicion of Pelvic Inflammatory Disease (PID). The entire device should be sent, please clearly state clinical details on the form.
	<p>Viral PCR:</p> <ul style="list-style-type: none"> - For Herpes simplex, if possible, burst a vesicle using a sterile needle and collect with a swab or aspirate the fluid of the vesicle. Alternatively, scrape the base of the vesicle or ulcer with a swab so that cellular material is collected. - Inoculate fluid/cellular material inVTM and break off the swab into viral transport medium (VTM). - An endocervical swab in VTM may be useful in patients who have a past history suggestive of Herpes simplex but do not have identifiable lesions.
	<p>Chlamydia/ Gonorrhoea PCR:</p> <ul style="list-style-type: none"> - Use one of the swabs provided, remove excess mucus from the cervix and surrounding mucosa. Discard the swabs. - Insert the other swab into the endocervical canal until most of the swab tip is no longer visible. Gently rotate the swab 5 times in one direction in the endocervical canal. - Carefully withdraw the swab and place in Cobas tube (yellow) media- break swab shaft at visible dark line in swab shaft. <p>N.B For male urine specimens please see Urine sample user information.</p>