

Microbiology User Information: Wound, Skin and Ulcer Swabs

Specimen Types:

Swabs

- Skin
- Ulcers
- Wounds (except post-operative hospital wounds)
- Neonatal screening swabs
- Placental swabs
- Vesicle swabs- VZV/HSV

Indications for Swab Samples:

Chronic wounds (e.g. leg ulcers) are invariably colonised with bacteria. Please do not swab unless features of an acute infection are present (pus, spreading erythema).

MTW Trust Wound care guidance: [MTW Trust Wound Care Guidance \(formularywkccgmtw.co.uk\)](http://formularywkccgmtw.co.uk)

West Kent CCG Wound Care guidance: [West Kent CCG Wound Care Guidance \(formularywkccgmtw.co.uk\)](http://formularywkccgmtw.co.uk)

Hospital antimicrobial guidelines for skin and soft tissue infections: [Skin and Soft Tissue Infections \(formularywkccgmtw.co.uk\)](http://formularywkccgmtw.co.uk)

Primary Care antimicrobial guidelines: [Primary Care Antimicrobial Prescribing 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. .

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):

Bacterial: 3 working days

Viral: up to 14 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>Bacterial/Yeast Culture: Charcoal transport medium</p>  <p>Viral PCR</p>  |
| <p>Specimen Type</p> | <p>Swabs</p> |
| <p>Collection Methods</p> | <p>Use aseptic technique. Collect swabs into appropriate transport medium and transport in sealed plastic bags</p> <p>Samples of pus/exudate, if present, are preferred to swabs. If only a minute amount of pus or exudate is available it is preferable to send a pus/exudate swab in transport medium to minimise the risk of desiccation during transport. Rotate the swab in the discharge present or the base of the wound to ensure good contact</p> <p>Sample a representative part of the lesion. Swabbing dry crusted areas is unlikely to yield the causative pathogen.</p> <p>If specimens are taken from ulcers, the debris on the ulcer must be removed and the ulcer</p> |

must be cleaned with saline prior to taking the specimen. Swabs are discouraged, biopsy or aspiration of the wound is preferred.

For virology (HSV/VZV PCR)- vesicles or ulcers. Burst a vesicle using a sterile needle and collect with a swab or aspirate the fluid contents of the vesicle. Alternatively, scrape the base of the vesicle or ulcer with a swab so that cellular material is collected and inoculate into the VTM. Always state the, site, distribution and nature of the vesicle.