

ACCEPTABLE SPECIMENS

Specimen requirements for mycobacterial isolation and acid-fast stains.

SPECIMEN TYPE	SPECIMEN REQUIREMENT	SPECIAL INSTRUCTIONS	UNACCEPTABLE CRITERIA
Abscess contents, Aspirated fluid	As much as possible in syringe with Luer tip cap.	Cleanse skin with alcohol before aspirating sample. Disinfect site with alcohol if collecting by needle and syringe.	Dry swab
Body fluids (pleural, pericardial, peritoneal, etc.)	As much as possible (10-15 mL minimum) in sterile container		
Bone marrow	As much as possible	Collect aseptically	
Bronchoalveolar lavage or bronchial washings	≥ 5 mL in sterile tube	Avoid contaminating bronchoscope with tap water. Saprophytic mycobacteria may produce false-positive culture or smear results.	
Bronchial brushing	Sterile container or Middlebrook 7H9 broth		
CSF	≥ 2 mL in sterile container or inoculate into 7H9 broth	Plant on LJ if available and incubate overnight before mailing. Transport ASAP at room temperature.	Refrigerated Samples
Tissue biopsy, Lymph node, Wound material	Node or portion in sterile tube without fixative or preservative.	Select caseous portion if available. Do not freeze.	Specimen submitted in formalin.
Sputum	5-10 ml in sterile centrifuge tube. Collect early morning specimen deep productive cough on 3 consecutive days. Do not pool specimens. Follow-up patients on therapy, collect at weekly intervals beginning 3 weeks after beginning therapy.	Instruct patient how to produce sputum rather than saliva, spit or nasopharyngeal discharge. Tell patient to rinse mouth with water prior to collecting sputum to minimize contaminating specimen with food, mouthwash, or oral drugs, which may inhibit mycobacteria growth.	Resembles saliva (clear, watery). Specimens ≤ 3mL will be assessed for quality.
Urine	Minimum 15 mL (prefer up to 40 mL) of first morning specimen obtained by catheterization or midstream clean catch in 50 mL sterile tube.	If delayed > 1 hour, refrigerate.	24 hour pooled specimens, urine from catheter bag