VII. Specimen Collection, Handling, and Storage

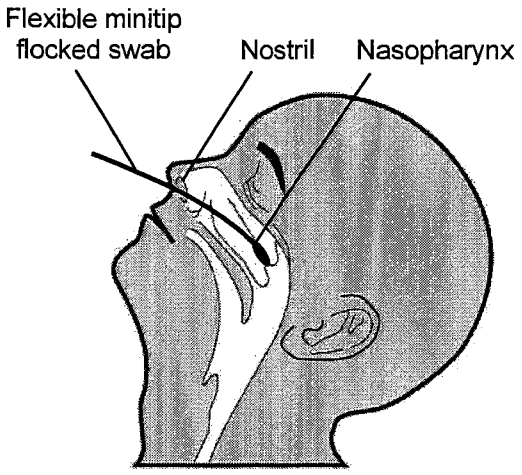
A. Nasopharyngeal Swab Collection

Materials:

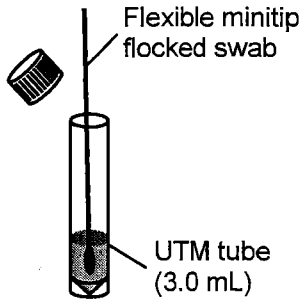
- Sterile flexible minitip flocked swab with a synthetic tip (e.g. Dacron, nylon, or rayon) and an aluminum or plastic shaft. DO NOT use cotton or calcium alginate swabs, or swabs with wood shafts.
- Tube containing 3 mL of Universal Transport Media (UTM).

Procedure:

1. Instruct the patient to blow their nose.
2. Place the patient in a seated position with head against a fixed object (e.g. a wall) to prevent the patient from pulling away during this procedure.
3. Tilt the patient's head back at a 70 degree angle (see Figure).
4. Insert the swab into one nostril straight back (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (resistance will be met).
   a. The distance from the nose to the ear gives an estimate of the distance the swab should be inserted.
   b. Do not force the swab, if obstruction is encountered before reaching the nasopharynx, remove the swab and try the other nostril.
5. Rotate the swab gently for 5-10 seconds to loosen the epithelial cells.
6. Remove the swab and immediately insert the swab into the transport media tube. Place the swab head at least ½ inch below the surface of the media, and swirl the swab in the media. Break the swab shaft and leave the swab in the tube. Attach the cap securely.



Nasopharyngeal Swab Area



Place swab into UTM tube

B. Specimen Handling & Storage

- Specimen should be tested immediately after collection. Specimens not tested immediately may be refrigerated (2-8°C) for up to 72 hours.
- Specimens should be transported at 2-8°C or kept on wet ice while in transit. For long duration transport or storage, specimens should be frozen at -70°C or colder and transported on dry ice. Storage at -20°C is less satisfactory than storage at 4°C or -70°C. Ensure that all applicable regulations for the transport of etiologic agents are met.