

BLOOD SCIENCES HANDBOOK

Contents

1. Introduction	3
2. About PureLab UK.....	3
3. Contact Information	4
4. Operating Hours	4
5. Patient Consent	5
6. Quality Assurance	5
7. Complaints and Compliments	6
8. Request Forms	6
9. Transportation of Samples	6
10. Accessing Results.....	7
11. Blood Sciences Test Library	7
12. Urgent Samples	7
13. Specimen Acceptance.....	7
14. Sample Rejection Criteria	7
15. Factors Affecting Examination or Interpretation	8
16. Collection Guide	8
16.1 Specimen Labelling	8
16.2 Blood Bank Samples	8
16.3 Labelling Guidance.....	9
16.4 Venous Blood Collection.....	11
16.5 Specific Collection Requirements and Patient Preparation	13

1. Introduction

Welcome to the PureLab UK Blood Sciences Handbook

This handbook is intended to serve as a user guide to the services available from the Blood Sciences Laboratory based at 100A New Cavendish Street, London. It is aimed at being of use by all staff groups involved with requesting Blood Sciences tests.

The document outlines specimen requirements, service capabilities, reporting processes, quality standards, and referral pathways to ensure specimens are submitted correctly and processed efficiently.

Our aim is to support the delivery of accurate, timely, and clinically relevant diagnostic results while maintaining the highest standards of patient care, safety, and regulatory compliance.

2. About PureLab UK

PureLab UK is a independent diagnostic laboratory providing comprehensive pathology services to private hospitals, clinics, healthcare professionals, and laboratory partners throughout the United Kingdom.

Our services encompass a broad range of diagnostic disciplines, including:

Cellular Pathology

- Histopathology
- Immunohistochemistry (IHC)
- Special stains
- Gynaecological cytology
- Non-gynaecological cytology
- HPV testing
- Molecular pathology investigations

Blood Sciences

- Clinical biochemistry
- Haematology
- Immunology
- Allergy testing
- Microbiology
- Serology
- Capillary testing

We support:

- Routine diagnostic pathways
- Urgent and priority testing
- Fully outsourced pathology services
- Specialist referrals
- Second opinion consultations

PureLab UK is accredited by the United Kingdom Accreditation Service (UKAS) to ISO 15189:2022 Medical Laboratories - Requirements for Quality and Competence under accreditation number 9344.

Users should refer to the latest UKAS Schedule of Accreditation to confirm current accredited tests, services, and locations.

[UKAS Schedule Website](#)

3. Contact Information

Postal Address

PureLab UK
Blood Sciences Department
100A New Cavendish Street,
Marylebone, London,
W1W 6NR.

General Enquiries

Telephone: +44 (0)20 7299 4490

Email: customercare@purelab-uk.com

4. Operating Hours

Laboratory Opening Hours

Day	Opening Times
Monday to Friday	09:00 - 17:00
Weekends and Bank Holidays	Closed

Last sample accepted at 15:00.

5. Patient Consent

PureLab UK operates in accordance with current legislation, professional standards, and information governance requirements.

Specific written consent may be required for tests involving:

- Referral to specialist laboratories
- Genetic investigations
- Molecular testing requiring additional patient information
- Tests requiring disclosure of family history or other relevant clinical information

For routine diagnostic histopathology services, consent is generally considered implied when the requesting clinician submits a specimen for diagnostic examination.

It is the responsibility of the requesting clinician to ensure appropriate consent has been obtained and documented

6. Quality Assurance

The laboratory operates daily internal quality control procedures and participates in recognised national and international external quality assurance schemes covering:

- **Biochemistry and Immunoassay**, including Clinical Chemistry, eGFR and AKI, Haematinics, Lipid Investigations, Serum Indices, Specific Proteins, Steroid Hormones, Thyroid Hormones, Thyroglobulin, Glycated Haemoglobin, Urine Chemistries, Cardiac Markers, Peptide Hormones, Tumour Markers, PTH And Vitamin D through UK NEQAS and DEQAS.
- **Haematology and Coagulation**, including Full Blood Count, Blood Film Morphology, Erythrocyte Sedimentation Rate and Blood Coagulation through UK NEQAS.
- **Immunology, Allergy and Serology**: Including Coeliac Disease, CRP And High-Sensitivity CRP, PSA, Autoimmune Serology, Total and Specific Ige, and Tumour Markers through UK NEQAS Hepatitis Serology Through UK NEQAS And RIQAS.

External quality assurance material is processed, where practicable, in the same manner as patient samples, by staff who routinely perform the examinations and use the laboratory's routine methods. Performance reports are reviewed by the Senior Biomedical Scientist or laboratory management. Any deficiencies are investigated and corrective or preventive actions are documented through the Quality Management System.

7. Complaints and Compliments

We welcome feedback about our services and are committed to learning from every experience. Whether you would like to share a compliment, raise a concern or make a formal complaint, information on how to contact us and what to expect from the process is available on our Compliments and Complaints webpage.

[Compliments & Complaints Webpage](#)

8. Request Forms

The appropriate request form must accompany every specimen submitted to the laboratory and should include all required patient, clinical and requester information. A PureLab request form can be downloaded from our website, but we also accept a clinic's/hospital's own request forms that meet the acceptance criteria.

Please use the links below to access the latest laboratory request forms and review our specimen acceptance requirements before submitting samples.

[Blood Sciences Request form](#)

[Blood Sciences Dispatch Log](#)

[Sample Acceptance Criteria Webpage](#)

High Risk Patients

Please indicate clearly on the request form if a specimen is high risk or suspected to be high risk. Samples must be clearly labelled with "Risk of Infection" or "High Risk" hazard stickers if the patient is a known or suspected carrier of HIV, Hepatitis B/C, TB or SARS-CoV-2. The request form must also state the reason for the risk of infection.

All doctors responsible for the care of patients have a duty of care towards other members of staff to ensure this is carried out.

9. Transportation of Samples

Samples must be packaged, stored and transported appropriately to preserve their integrity and protect everyone involved in their handling. Please use the link below to access our Transportation Manual and review the requirements before sending specimens to the laboratory.

[Transportation Manual Webpage](#)

10. Accessing Results

Results will be sent to the client via email and some authorised clients can securely access and review their laboratory results through our online reporting portals. Please use the link below to select the appropriate portal and sign in using your existing account details.

[UniPro portal](#)

11. Blood Sciences Test Library

The Test Library should be consulted for the current examination repertoire and for test-specific collection, sample type, storage, transport, handling, turnaround time and methodology requirements. Referral laboratory requirements apply to referred tests.

[Blood Sciences Test Library](#)

12. Urgent Samples

For a sample requiring an urgent result, clearly mark the request form and the corresponding dispatch log. State the method for contacting the requesting clinician, the clinician's contact details where relevant and the date by which the report is required. Contact the laboratory if an urgent courier is needed.

13. Specimen Acceptance

To support patient safety, sample integrity and timely processing, all specimens submitted to the laboratory must meet our acceptance requirements.

Please use the link below to review the specimen acceptance criteria, including requirements for patient identification, request forms, and discrepancy guidelines.

[Specimen Acceptance Criteria Webpage](#)

14. Sample Rejection Criteria

A sample may be unsuitable for testing where identification, sample type, container, fill volume, integrity, age, timing, storage or transport requirements are not met. Reasons may include:

- Incorrect or inadequate specimen identification
- Wrong tube or sample container
- Haemolysis, lipaemia or icterus above assay-specific limits
- Underfilled or overfilled tubes
- Leaking or contaminated specimens
- Clotted specimens where clotting invalidates the requested test

- Expired collection tubes
- A specimen that is too old or was not collected within the required timeframe
- Failure to maintain a required storage or transport condition

The laboratory will notify the client of rejection in a timely manner. Every effort should be made to inform the requesting clinician before a sample is discarded. For a precious sample, such as CSF, testing may proceed at the discretion of the laboratory manager or clinical team, with an appropriate report comment or disclaimer. In other circumstances, testing with a disclaimer is at the discretion of the clinical team and may not be possible.

15. Factors Affecting Examination or Interpretation

Interferences can cause discrepancies in laboratory results and may lead to patient harm. Endogenous and exogenous factors include:

- Physiological drug effects, such as a change in circulating hormone concentration
- Chemical alteration of the measurand through processes such as hydrolysis, oxidation or photodecomposition
- Physical alteration of the measurand, including enzyme denaturation after extreme temperature exposure
- Evaporation or dilution of the specimen
- Contamination by another substance, including contamination from an intravenous infusion
- Loss of a substance through prolonged contact with blood cells, for example consumption of glucose
- Release of analytes from blood cells, including platelet granule contents

16. Collection Guide

16.1 Specimen Labelling

For timed specimens, the time or status should be stated on each specimen. For example, Fasting, 1 hour, 2 hours, etc.

16.2 Blood Bank Samples

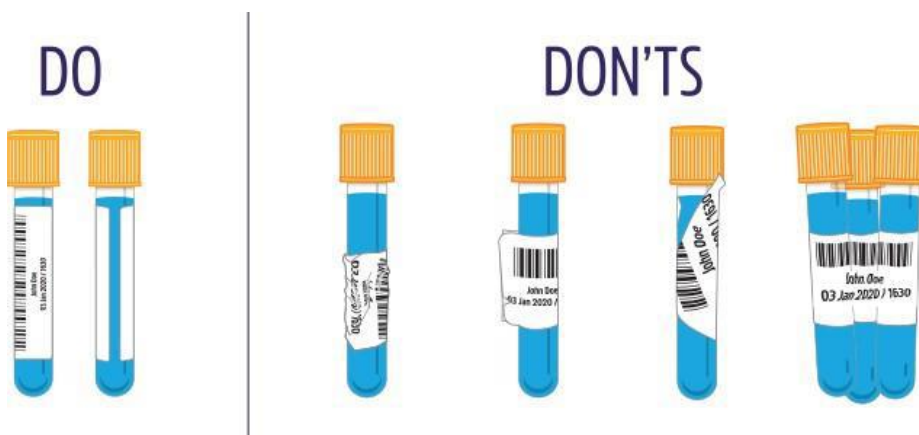
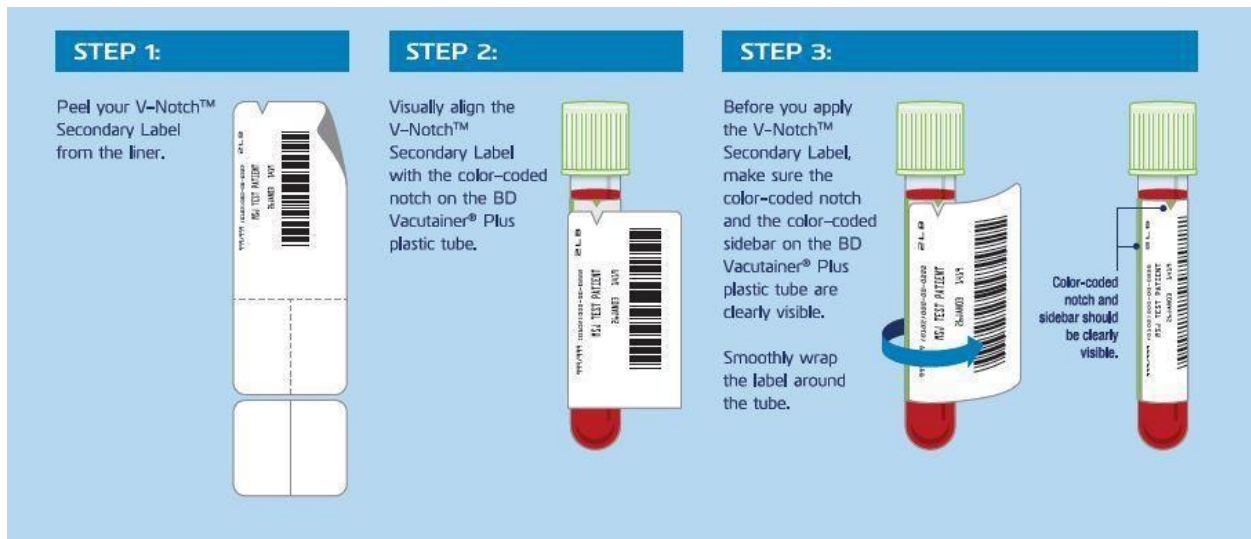
For Blood Bank, there is **zero tolerance** on misidentification for both patient and specimen. The below information must be affixed to each sample:

- Patient's first and last name
- Unique identification number
- Date of collection
- A method to identify the individual collecting the specimen such as collectors' initials or ID #

Identity of the person collecting the primary sample and the collection date must be traceable and recorded in requisition form or information system.

16.3 Labelling Guidance

Apply the label straight and lengthwise without obscuring the specimen window. Do not use damaged labels, wrap labels around the cap or base, or place multiple labels over one another. Follow the manufacturer's tube-specific placement guidance.



CORRECT LABELING OF LABORATORY SPECIMENS

CLM LABELS

Leave space between stopper and label



Leave window for blood volume to be visible



Lab label should be placed on top of the manufacturer's label

CADENCE LABELS



Extra lab label wrapped on tube. Leave backing of label

DO NOT fold, pinch or tear lab label



BLOOD CULTURE LABELS



Do not write or cover the manufacture barcode



Do not place label on bottom of the container

BLOOD GAS LABELS



Correct way to label blood gas with CLM label

Correct way to label blood gas with cadence label



PEDIATRIC LABELS



DO NOT fold, pinch or tear lab label



QUANTIFERON LABELS



Acceptable Within lines OR On lines



Unacceptable Underfilled



Unacceptable Overfilled



INCORRECT LABELING OF LABORATORY SPECIMENS



Upside Down



Skewed



Low



High



Wrapped around

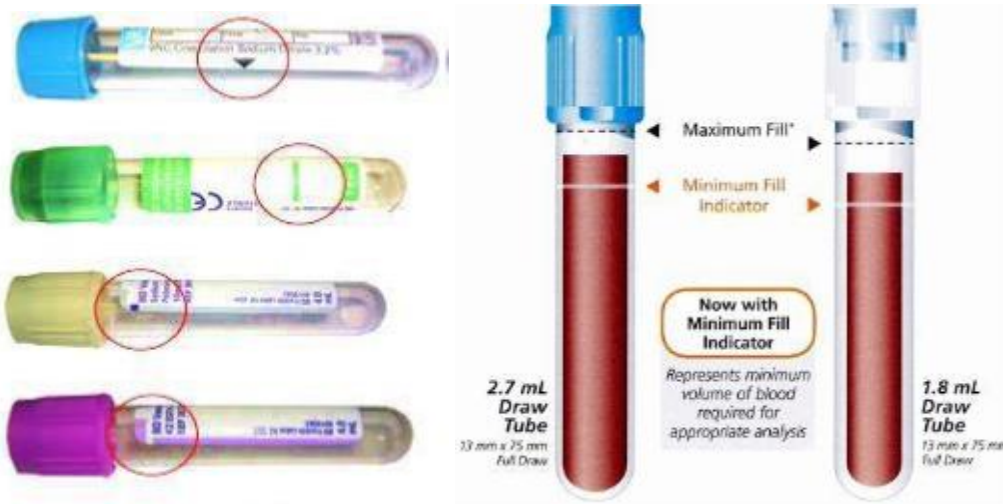


16.4 Venous Blood Collection

Laboratory test results are only as good as the specimen, and the specimen is only as good as the method by which it is collected, handled, and processed. Please follow your local collection procedure.

Collection Procedure recommendation:

1. Fill levels must be observed. DO NOT use expired tubes as they have less vacuum and will not maintain the required blood and anticoagulant ratio. **For coagulation tests, the tube must be filled at least 90% of the total volume . Underfilled and overfilled tubes will be rejected.**



2. Order of Draw: Follow the below order of draw and number of mixings.

Mixing Guidelines and Order of Draw

Blood samples must be taken in the following order:

	Cap Colour	Additive	Tests	Special Instructions
1		Blood Culture	Aerobic followed by Anaerobic- if insufficient blood for both culture bottles, use Aerobic bottle only.	
2		Sodium Citrate	Clotting studies, INR, Heparin monitoring, Warfarin monitoring, D-Dimer.	Tube must be filled to the full draw volume Mix 3-4X
3		SST II	Serum electrophoresis, Biochemistry, Drug monitoring, Immunology, Serology.	Mix 5-6X
4		PST II	LFT, Calcium, Lipids, TFT, CRP, Amylase, Magnesium, Vitamin B12, Folate, Ferritin, Karyotyping and some special test as required.	Mix 8-10X
5		EDTA	Full Blood count, plasma viscosity, immunosuppressants, Haemoglobin A1c, Haemoglobin electrophoresis, thalassaemia, Malaria screens, Ammonia.	Mix 8-10X
6		EDTA	Transfusion samples (Group and Save, cross match, antenatal.)	
7		Fluoride Oxalate	Glucose, Lactate, Ethanol	Mix 8-10X
8		Trace Element	Selenium, Aluminium, Copper, etc,	Mix 8-10X

Inadequate mixing may affect test results and laboratory equipment operation.

Procedure Notes

Heel and Dermal Puncture

- Use heel or dermal puncture for specific tests only after consultation with the laboratory.
- Dermal puncture is not suitable for blood culture testing or most coagulation tests.
- For an approved filter-paper collection, apply blood to one side only and allow each circle to saturate fully before filling the next.
- Very gentle intermittent pressure around the puncture site may improve blood flow. Excessive squeezing mixes tissue fluid with the specimen and may invalidate it.
- Do not apply an adhesive bandage to a child aged two years or younger. Ensure bleeding has stopped before the patient leaves.

Tourniquet Use

If a tourniquet has remained in place for longer than one minute while locating a vein, release it for at least two minutes before reapplying it and relocating the vein.

16.5 Specific Collection Requirements and Patient Preparation

Use the current Test Library and local clinical procedure in addition to the selected instructions below. Where these instructions differ from a current assay insert, referral laboratory instruction or approved local procedure, the approved current instruction takes precedence.

Blood Sciences:

Test:	Cortisol (Serum)
Clinical Information	Cortisol levels typically start out high in the morning and drop in the evening. By using two blood collections which look at Cortisol levels when they are normally at their high and low points, this test can help to determine if a person's Cortisol levels are fluctuating normally throughout the day.
Sample Collection Instruction	The AM & PM test uses two blood collections to measure Cortisol levels at different times of the day. Upon blood collection, indicate time of collection to provide reliable results. Morning blood sample should be collected between 8-10 AM (AM CORTISOL) Afternoon blood sample should be collected between: 2:30-3:30 (PM CORTISOL)
Special Instructions	Conditions such as pregnancy, certain medications and hormone therapy can all affect Cortisol levels. It is important to take these into account with patient information upon drawing blood since this affect cortisol results
Test	Vitamin B12
Patient Preparation	Follow the local fasting instruction if applicable (currently 6–8 hours).
Special Instructions	Record recent B12 supplements and injections, which can affect interpretation of untreated deficiency. Discuss the timing of testing after an injection with the requesting clinician. Separate serum within the local processing period.
Test	Folate
Patient Preparation	Follow the local fasting instruction if applicable (currently 6 hours).
Special Instructions	Separate serum promptly, within 2 hours under the existing local procedure. Significant haemolysis can falsely increase serum folate because red cells contain folate. Record recent folate treatment.
Test:	Lipid Profile
Patient Preparation	- Fasting required for 10 hours, strictly for triglycerides only - Cases are accepted from 10 to 14 hours of fasting. - Blood should be collected after a 10 hour fast (no food or drink, except minimal amount of water).
Test:	Oral Glucose Tolerance Test (OGTT)

Patient Preparation	- Continue to eat a normal diet in the days leading up to the test. - Fasting at least eight hours and not more than 10 hours before the scheduled test. - The patient should be instructed not to eat or drink anything except water including coffee and caffeinated tea, as these can interfere with the results. - Remain seated during the whole procedure & no food consumption.
Sample Collection Procedure	Follow the approved local protocol. Obtain a fasting sample, administer 75 g anhydrous glucose for the standard adult procedure and obtain the sample at 2 hours. Record administration and collection times. Gestational and paediatric procedures may differ.
Test:	Lactose Intolerance Test
Patient Preparation	Patient must be fast for 12 hours before the test, do not eat, drink or smoke.
Sample Collection Procedure	- Collection: Draw a fasting blood sample before administering lactose. Administer a 50-gram lactose (Adult 50g, children – 1g/Kg body weight up to adult dose) and draw blood after one hour and two hours. Label the patients sample tube fasting, 1hr, 2hrs. - The patient should remain seated throughout the test.
Test:	Fasting Blood Sugar (FBS)
Patient Preparation	Fasting required for glucose is 8 – 10 hours Post-Prandial Glucose (PPBS) A meal is eaten exactly 2 hours before the blood sample is taken.
Sample Collection Instruction	Use the locally designated glucose tube. Record fasting status or the start time of the meal and the time of collection as appropriate.
Test:	Therapeutic Drug Monitoring
Sample Collection Instruction	Record drug name, dose, date and time of last dose, and exact sample collection time. Follow the specific trough, peak or timed collection procedure for the drug requested.
Test:	Coagulation Screen, INR and D-dimer Lupus Anticoagulant and Thrombophilia Testing
Sample Collection Instruction	Use the approved sodium citrate tube and fill to the mark to maintain the correct blood-to-anticoagulant ratio. Mix gently.
Special Instructions	Samples should reach the laboratory within 4 hours of collection Samples for lupus anticoagulant or thrombophilia testing should reach the laboratory within 2 hours
Type of Collection	24 Hours. Urine- Plain Container
Tests	Examples include urinary free cortisol and total urine protein. Other analytes may also use a plain bottle; check every request against the

	current test library. Acidified urine is unsuitable for some assays, including urinary free cortisol.
Patient Preparation and Sample Collection Procedure	On day 1, empty the bladder and discard this first urine; record the start time. Collect every subsequent void, including overnight. On day 2, at the same time, empty the bladder and add that final void to the container. Record start and finish dates and times. *If you need to urinate one hour before the final collection time, drink a full glass of water so that you can void again at the appropriate time. If you must urinate 20 minutes before, try to hold the urine until the proper time. *Please note the exact time of the final collection in the request form, even if it is not the same time as when collection began on day 1.
Special Instructions	Use the supplied bottle, keep cool as instructed and return it to the laboratory as soon as possible after the collection is complete Avoid urine collection on Friday, Saturday and bank holidays.
Type of Collection	24 Hours. Urine- Plain Collection
Tests	5-HIAA, urine metanephrines/catecholamines, and urine calcium, phosphate and oxalate may require an acidified 24-hour collection. .
Patient Preparation and Sample Collection Procedure	Use the same discard-first-void and include-final-void procedure as for plain 24-hour urine. Collect every void into a clean separate vessel and carefully transfer it into the acidified bottle. Record times and any missed urine.
Special Instructions	The preservative is corrosive. Do not empty or rinse the bottle; do not urinate directly into it. Keep away from children and follow its safety label. Refrigerate only if required by the supplied instructions. Return promptly.
Type of Collection	Random or Spot Urine
Tests	Examples: albumin:creatinine ratio (ACR), protein:creatinine ratio (PCR), electrolytes, creatinine, urea and urine osmolality. Spot calcium:creatinine and other analyte ratios require confirmation that a random specimen is suitable.
Patient Preparation and Sample Collection Procedure	Collect fresh urine in a plain universal container unless the test directory specifies another container. An early morning specimen is preferred for ACR where practical. Label with collection date and time and indicate whether the sample is random or timed.
Special Instructions	Do not substitute a spot specimen for an ordered 24-hour collection. Avoid stool and toilet-water contamination. A midstream sample is generally unnecessary for routine Biochemistry unless microbiology is also requested.

	Avoid boric-acid containers unless specifically accepted for the requested test.
Type of Collection	Stool Sample – General Collection
Sample Collection Procedure	Send 5-10mL if liquid or an equivalent sized portion in a sterile container. Ask the patient to defecate into a clean bedpan or other convenient container if at home. Use the plastic spoon to transfer a portion of faeces into the pot. For liquid faeces use a plastic medicine spoon. Take care not to contaminate the outside of the faeces pot. Make sure the sample does not touch the inside of the toilet. Place it in the biohazard bag then send it immediately to the laboratory.
Special Instructions	- Antacids, barium bismuth, anti-diarrhea medication or oily laxatives should not be used prior to collection of the specimen. - Collect the number of samples ordered by the physician. Do not collect more than one sample per day. - The stool sample should not be contaminated with urine or toilet paper.
Test:	Faecal Pancreatic Elastase
Sample Collection Procedure	Collect approximately 5 g of stool in the specified faecal universal container. A formed or semi-formed sample is preferred.
Special Instructions	- Very watery stool can dilute elastase and give a falsely low result. - Samples should be sent to the laboratory as soon as possible after collection. If not sent immediately, samples are stable refrigerated for up to 3 days. Samples may also be frozen prior to transport and, where possible, should be transported frozen or on ice to maintain stability during transport.
Test:	Faecal Occult Blood / Faecal Immunochemical Test (FIT)
Sample Collection Procedure	For FIT, use the supplied dedicated sampling device and follow its collection instructions; a standard stool pot is not a substitute. Label with collection date and time and return promptly.
Special Instructions	Samples received in a plain universal container cannot be processed.

Infection Sciences:

Test:	Blood Culture
Sample collection procedure after patient identification and hand hygiene	The order of draw will be the blood culture bottle first Timing of blood collection: Blood should be taken prior to administration of antibiotics. The best time is when the patient is expected to have chills or a temperature spike.

	- Vigorously clean the skin over the venipuncture site in a circle motion approximately 5 cm in diameter with Chloraprep. Scrubbing should continue for 30 seconds with friction. - Do not touch the venipuncture site after preparation and prior to phlebotomy. - Before collection, mark the appropriate volume on the vial. - Before filling the vials, the rubber plug must be disinfected using 70% isopropyl alcohol left to dry. The aerobic culture bottle must be filled before the anaerobic culture bottle. There is no need to change the syringe needle between the two vials. Bottles should be inverted gently for several times to inhibit blood clotting. Recommended Volume: Adults: 8-10 mL blood per venipuncture distributed equally between aerobic and anaerobic bottles. Children and Infants: 1-4-ML of blood or the volume should be based on patient age and weight, it should not be more than 1% of total patient blood volume per venipuncture. Use paediatric blood culture bottle is available
Patients under Coagulation treatments	It is recommended that warfarin dose should be taken at 6 pm each day. Blood for INR should be drawn between 9-11 am the next morning. Send the specimen urgently for laboratory testing.
Special Instructions	Do NOT refrigerate blood cultures. Ideally, inoculated blood culture bottles should be transported to a microbiology laboratory immediately for incubation at 35-37°C.
Type of Collection	First Morning Urine Collection (TB)
Patient Preparation and Sample Collection Procedure	Urine specimens should be collected in the early morning on three consecutive days into CE marked leak proof 500ml containers (that does not contain boric acid) and placed in a sealed plastic bag. Female: Separate the genital folds (labia) and gently wipe the inside of folds, wiping from front to back. Male: Gently wipe the tip of the penis around the opening.
Special Instructions	A urine specimen should be refrigerated if it cannot be sent to the laboratory within 2 hours
Type of Collection	Mid-stream Urine Collection (MC&S)
Patient Preparation and Sample Collection Procedure	The laboratory needs at least 10 ml of urine, ideally in a sterile boric acid container. Female: Separate the genital folds (labia) and gently wipe the inside of folds, wiping from front to back. Male: Gently wipe the tip of the penis around the opening.

	Patients need to clean the urethral area with soap and should void the first portion of the urine stream into the toilet. Then collect into the sterile urine container.
Special Instructions	A urine specimen should be refrigerated if it cannot be sent to the laboratory within 2 hours.
Type of Collection	Microbiology Body Fluids
Special Instructions *Collected by qualified personnel such as physicians	Fluids from normally sterile sites such as ascitic fluid, peritoneal fluid or joint fluids require a minimum volume of 1mL Transport Containers: Sterile CE marked leak proof container. Syringe is preferred that the fluid obtained using a syringe is transferred to a sterile container prior to transport to the laboratory. ONLY if the specimen will be compromised by transferring it from the syringe, the clinician should remove the needle, using a protective device to avoid injury, and cap the syringe with a sterile cap prior to transporting it to the laboratory.
Type of Collection	Stool Sample
Sample Collection Procedure	Send 5-10mL if liquid or an equivalent sized portion in a sterile container. Ask the patient to defecate into a clean bedpan or other convenient container if at home. Use the plastic spoon to transfer a portion of faeces into the pot. For liquid faeces use a plastic medicine spoon. Take care not to contaminate the outside of the faeces pot. Make sure the sample does not touch the inside of the toilet. Place it in the biohazard bag then send it immediately to the laboratory.
Special Instructions	• Antacids, barium bismuth, anti-diarrhea medication or oily laxatives should not be used prior to collection of the specimen. • Collect the number of samples ordered by the physician. Do not collect more than one sample per day. • The stool sample should not be contaminated with urine or toilet paper.
Type of Collection	Mycology
Sample Collection Procedure	Clean the infected site with 70% alcohol (or Alcohol pad) to eliminate body bacteria. Allow to air dry. The nail and hair clippings can collect directly in the sterile container if there is no scrapings included. SKIN: The active periphery of the infected site should be scraped with a scalpel blade onto the black paper or a microscopic slide. NAIL: Clip the affected nails with a nail clipper or small scissors onto the black paper or a sterile container. Any debris under the nail should also be collected.

	HAIR: Remove lustreless or broken hairs from the infected area of the scalp by plucking hairs from the root. Some skin scrapings from the scalp should be included. Place onto the black paper or a sterile container. Do NOT refrigerate the above samples for mycological investigation
Type of Collection	Sputum Sample
Sample Collection Procedure	Tell the patient you will collect a specimen of sputum (not saliva). If possible, collect the specimen early in the morning, before breakfast, to obtain an overnight accumulation of secretions. Collecting sputum by expectoration (deep coughing) Saliva and pernasal secretions are not suitable and will not be processed. A minimum of 1mL should be collected into a sterile CE leak proof universal sterile container Early morning freshly expectorated sputum is recommended for Mycobacterium species. Sputum specimens should be relatively fresh (less than 1 day old) to minimise contamination - Carefully and tightly replace the cap. Check the top to ensure that it is secure. - Note on specimen type that sputum was coughed. - Send the specimen to the laboratory immediately. - Refrigerate the specimen if a delay of greater than one to two hours is anticipated.
Special Instructions	- Do not gargle with mouthwash, gargle with water only. - Do not eat, drink, smoke or brush your teeth before collecting the sputum.
Type of Collection	SWAB COLLECTION
Special Instructions	SWAB SAMPLE COLLECTION - Open the swab packaging. Remove the applicator from the transport tube, holding the color cap only. Do not touch the swab or tip. - Turn the swab once. - Withdraw the swab, place in transport tube, and ensure the cap is firmly closed. Take care not to touch the swab. Note: If collecting samples for a group B strep (GBS) test, a rectal swab is also required. Insert a second swab 1-2cm into the anus, rotate, then remove and place inside tube. Ensure the tube is labelled with details as above, including swab site i.e., rectal). Place into the specimen bag provided and send to laboratory.

Special Instructions	Specimen should be refrigerated if it cannot be sent to the laboratory within 2 hours.
----------------------	--