Oropharyngeal (OP) Swab Kit
Specimen Collection and Shipping Instructions

Kit Components:
1. Flocked swab
2. Viral transport medium
3. Specimen label
4. Specimen transport bag
5. Test Requisition Form (TRF) - Stored in the outside pocket of transport bag

STEP 1
Peel open the pouch from the side marked with the arrow and remove the swab.

Hold the swab at the breakpoint line. Do not hold the swab shaft below the breakpoint line.

STEP 2
Rub the swab up and down the posterior pharynx and tonsillar area. Avoid the tongue and cheeks.

STEP 3
Insert the swab into the vial of viral transport medium.

Carefully bend and break the swab at the printed breakpoint line.

Replace the vial cap by aligning the thread to seal securely.

STEP 4
Specimens must be labeled with the following (optional specimen label is included with kit):
- Two patient identifiers – Patient first and last name and DOB or medical record number (MRN)
- Sample collection date

Insert tube into specimen transport bag and seal.

STEP 5
- Complete a test requisition form (TRF) for each sample.
- Insert all paperwork into the outside pocket of the transport bag.
- Paperwork should NOT be inserted into the transport bag with the sample.

SHIPPING AND STORAGE INSTRUCTIONS
- Keep specimens on refrigerant gel packs or refrigerated (2–8°C Celsius) prior to shipping.
- Specimens must be shipped within 72 hours of being collected (24 hours preferred).
- Ship specimens with refrigerant gel packs (preferred).

Influenza Specimen Collection

Nasopharyngeal Swab

Materials
- Sterile Decubitus/mucous swab
- Sterile suction catheter/suction apparatus
- Sterile normal saline

Procedure
1. Tilt patient's head back 70 degrees.
2. Insert swab into nostril. (Swab should reach depth equal to distance from nostril to outer opening of ear.) Leave swab in place for several seconds to absorb secretions.
3. Slowly remove swab while rotating it. (Swab both nostrils with same swab.)
4. Place tip of swab into sterile viral transport media tube and snap/cut off the applicator stick.
5. Place specimen in sterile viral transport media tube.
   Note: NP aspirate may not be possible to conduct in infants.

Nasopharyngeal/Nasal Aspirate

Procedure
1. Tilt patient's head back 70 degrees.
2. Attach catheter to suction apparatus.
3. Insert catheter into nostril. (Catheter should reach depth equal to distance from nostril to outer opening of ear.)
4. Insert several drops of sterile normal saline into each nostril.
5. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
6. Place specimen in sterile viral transport media tube.
   Note: NP aspirate may not be possible to conduct in infants.

Nasopharyngeal/Nasal Wash

Procedure
1. Tilt patient's head back 70 degrees.
2. Attach catheter to suction apparatus.
3. Insert catheter into nostril. (Catheter should reach depth equal to distance from nostril to outer opening of ear.)
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
5. Place specimen in sterile viral transport media tube.
   Note: NP aspirate may not be possible to conduct in infants.

Combined Nasal & Throat Swab

Materials
- 2 dry sterile polyester swabs (aluminum or plastic shafts preferred)
- Sterile normal saline
- Sterile suction catheter/suction apparatus

Procedure
1. Tilt patient's head back 70 degrees.
2. While gently rotating the swab, insert swab less than one inch into nostril until resistance is met at turbinate.
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
5. For throat swab, use a second dry polyester swab, insert it into mouth, and swab the posterior pharyngeal and tonsillar areas. (Avoid the tongue.)
6. Place tip of swab into the same tube and cut off the applicator stick.

Shipment:
- Ship specimens for testing as soon as possible.
- If delivery will be delayed for more than 3-4 days, specimen should be frozen at -70 degrees Celsius (-94 degrees Fahrenheit).
- Ensure specimen will be received by the public health laboratory during normal business hours.

Considerations:
- A nasopharyngeal (NP) swab is the optimal upper respiratory tract specimen collection method for influenza testing. However, such specimens cannot be collected from infants and many older patients may not allow an NP specimen to be collected. Alternatively, a combined nasal and throat specimen or aspirate specimens can provide good influenza virus yield.
- Some specimens are approved only for use with certain kinds of respiratory tract specimens, so follow guidelines provided by test. Also, some tests (e.g., rapid influenza diagnostic tests) are only approved for certain kinds of respiratory tract specimens.
- For best results (i.e., highest influenza virus yield), collect respiratory tract specimens within four days of illness onset.
- Most sensitive and accurate tests for influenza virus detection are molecular or nucleic acid amplification tests (RT-PCR).
- Negative test results obtained from rapid influenza diagnostic tests (RIDTs) that detect influenza virus antigens do not exclude influenza virus infection in patients with signs and symptoms of influenza. A negative test result could be a false negative and should not preclude further diagnostic testing (such as RT-PCR) and starting empiric antiviral treatment.
- A surgical mask and gloves are recommended at a minimum for all procedures. For some patients and procedures, additional precautions may be indicated, see Standard Precautions at www.cdc.gov/hhsa/2007npip/2007ip...part1/index4.