Clinical Infectious Diseases

IDSA GUIDELINE

A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology[a]

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TEN POINTS OF IMPORTANCE

4. The laboratory requires a specimen, not a swab of a specimen. Actual tissue, aspirates, and fluids are always specimens of choice, especially from surgery. A swab is not the specimen of choice for many specimens because swabs pick up extraneous microbes, hold extremely small volumes of the specimen (0.05 mL), and make it difficult to get bacteria or fungi away from the swab fibers and onto media, and the inoculum from the swab is often not uniform across several different agar plates. Swabs are expected from the nasopharynx and to diagnose most viral respiratory infections. Flocked swabs have become a valuable tool for specimen collection and have been shown to be more effective than Dacron, rayon, and cotton swabs in many situations. The flocked nature of the swab allows for more efficient release of contents for evaluation.

Key Points:

- Do not use the label “wound” alone. Be specific about body site and type of wound (for example “human bite wound, knuckle”).
- The specimen of choice is a biopsied sample of the advancing margin of the lesion. Pus alone or a cursory surface swab is inadequate and does not represent the disease process.
- Do not ask the laboratory to report everything that grows.