

Body Fluid (other than CSF, Urine, Blood)

General Information:

Collect before antibiotic treatment Collect at acute stage or onset of disease Specimen is to be of sufficient quantity Specimen must be properly labeled (two unique identifiers matching requisition) Request form must indicate:

Date/Time of collection and initials of person collecting specimen

Source of specimen

Pertinent clinical information

Any fluids collected for Cytology testing should be refrigerated to prevent cell degeneration (see Cytology NonGYN Specimen Collection procedure)

**Rice Hospital units: contact laboratory for supplies

Collection Procedure:

I. General Instructions:

A. To prevent clotting, fluid specimens must be placed promptly in appropriate containers

B. The green top tubes contain sodium heparin and should be gently inverted about ten times immediately after filling to adequately mix the anticoagulant and fluid

C. The green top and red top tubes are vacuum tubes and will draw fluid from a syringe when injected via a needle/ transfer device attached to the syringe

D. Complete the test request and indicate source of fluid, also indicate "right" or "left" for knee and elbow aspirates

E. The sample tubes, remaining fluid (in original container) and completed request form(s) are to be placed into a biohazard bag and transported to Rice laboratory. **DO NOT THROW ANY FLUID AWAY!!!**

III. Sample Requirements:

A. Cell Counts and Chemistries: one green top vacutainer tube is sufficient for the cell count, differential, protein, glucose, LDH, amylase, crystals, mucin clot, and specific gravity. Confirm that the tube is completely filled (5 ml) and well-mixed (inverted 10 times immediately after collection)

B. Bacteriology (Culture):

1. **Routine, anaerobic, and fungus:** wipe the caps of a large red top vacutainer tube with PVP iodine or Chloroprep and fill with sample by injecting with needle and syringe. If the sample was originally collected in a vacuum bottle, the bottle should also be sent to the lab.

2. Acid-Fast (TB): One screw-capped Minnesota Department of Health bottle, filled at least half full (20-30 ml)

3. Cytology: Submit entire fluid to Rice laboratory

Labeling of Specimens:

Label each container or tube with patient chart bar-coded labels. If manually labeled, must include patient full name, date of birth, medical record number (if available), date and time collected

Rejected:

- 1. Unlabeled specimens
- 2. Too long in transport
- 3. Improper collection container

4. Inadequate quantity - will process testing as amount of sample allows, laboratory/nursing unit will be notified if specimen is rejected and why rejection is issued.