



## SAMPLE COLLECTION PROCEDURES

**Urine** - Cystocentesis is best to evaluate the bladder (midstream catch is OK, but always second best). Spin the urine down in a conical glass tube and collect the button of cells and mucus that forms at the cone. Use that material for cytology, Gram stain, and bacterial culture using the MultiChrome and the UTI Sensi-Ring.

**Ear** - use a clean ear swab in each ear. Place a rigid ear cane in the ear as a sheath and sample deep in the vertical canal with a cotton tipped applicator swab to avoid contamination from the ear canal opening. Do a roll smear cytology using a blood stain and then if there are bacteria seen on microscopic examination (high dry or oil), roll each swab out onto a Kacey MultiChrome Plate. All 4 swabs can be done using one plate. Label them as to right and left ear sample. Incubate for 24 hours. Do EAR Kacey Sensi-Ring if bacteria are present.

**Wound /Skin** - (1.) for a wound, place a sterile swab into the wound prior to flushing. Smear the contents of the swab on the Kacey MultiChrome plate and incubate for 24 hours to see in the wound is infected and by what type(s) of bacteria. Then use either a Gram Negative, Gram Positive, or SKIN/WOUND Sensi Ring to determine bacterial sensitivity.

(2.) for pustules, with no surgical prep or alcohol wipe, use a 25 ga. needle and tease open the pustule. Directly place a small tipped cotton swab onto the pustule and place that material on the Kacey MultiChrome plate. For open ulcers or epidermal collarettes, directly rub the lesion with a cotton swab and smear on to a MultiChrome plate. A skin scraping can be done using a #10 or a #15 surgical blade to collect surface material. Place the entire scalpel blade with e sample on it into the Kacey Turbidity sterile saline tube (red top) and shake vigorously until the solution is cloudy. Use a sample of that solution for inoculation of the MultiChrome plate and the SKIN/WOUND Sensi-Ring.

**Upper respiratory** - there is no easy way of sampling the upper respiratory tree. With the patient under anesthesia and intubated 2" to 3" past the epiglottis, place a small amount of saline (5 ml or less) into the trachea and bronchi through a 5Fr long male polypropylene urinary catheter. Retrieve as much of the liquid as possible for use on a Kacey MultiChrome Plate.

**Nasal**- Nasal samples are also difficult to retrieve. Do not sample pus and mucus from the external nares. With the patient under anesthesia, place a small amount of saline in each nostril and place a large cotton swab in the nasopharynx to retrieve the liquid that drains out the back of the nasal cavity while the head is elevated. Repeat for the opposite nasal passage.

Place any of the retrieved material from the catheter or swab onto the Kacey MultiChrome Plate to identify any bacteria. Caution: many of the upper respiratory bacteria (Mycoplasmas, Bordetella, and Chlamydophylla) will not grow on the MultiChrome Plate. Then use the Gram Positive or the Gram Negative Sensi-Rings to determine antibiotic sensitivity.



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