

HOSPITAL COVID-19 TESTING

As global supply chains remain fragile, multiple swab options may be in circulation for COVID-19 testing

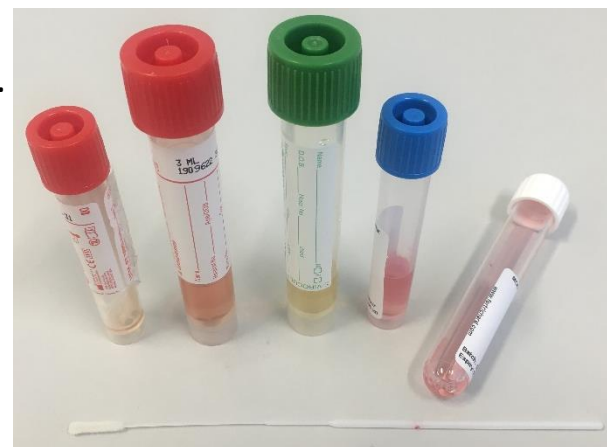
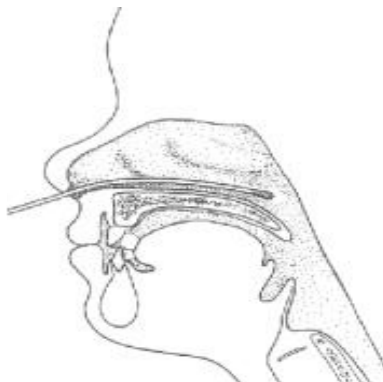
SPECIMEN COLLECTION INSTRUCTIONS - ONE swab into one tube only

Nasopharyngeal Swab – Optimal Specimen of Choice

Collection Procedure:

The patient can either lie flat on a bed or sit up with his/her head back against a wall.

- The nasopharyngeal swab is slowly inserted through the nose into the upper pharyngeal cavity.
- It should pass along the floor of the nasal passage (parallel to the palate) in order to minimise the risk of damage to the nasopharyngeal roof.(see diagram)
- If any resistance is felt, try the other side
Some patients have a deviated septum on one side.

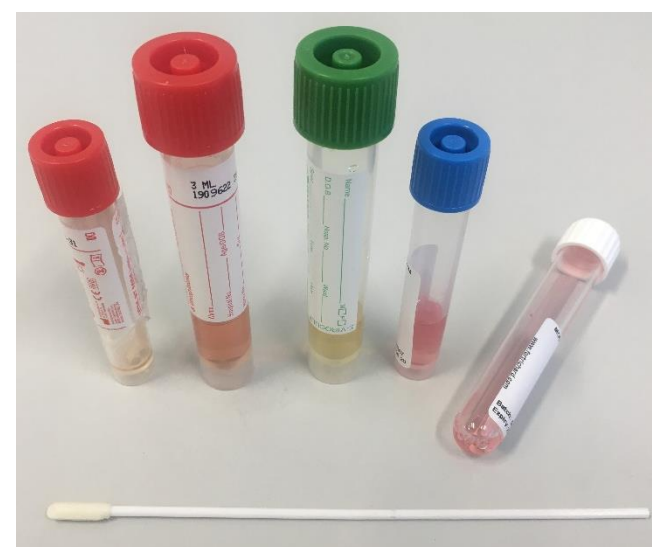


ONLY USE IF NASOPHARYNGEAL SWAB UNAVAILABLE

Oropharyngeal & Anterior Nasal Swab

Collection Procedure:

- Swab from the tonsillar area and/or posterior pharynx, taking care to avoid the tongue and uvula
- Use of a tongue depressor or spatula may help
- Using the same swab, insert the swab tip into the nostril as far as the anterior end of the nasal turbinate, parallel to the palate. (Approximately 2-3cm in adults) .
- Leave the swab in place for a few seconds then slowly withdraw using a rotating motion.



1. Place swab into the Viral Tube

The length of the swab shaft may require cutting with scissors to fit into the vial tube. Scissors must be cleaned with alcohol wipe after use

2. Label Specimen with

- Patient Family Name
- Patient First Names
- NHI or DOB
- Date
- Time of specimen collection

3. Biohazard Bag

place labelled viral tube in biohazard bag.

PLEASE DO NOT INCLUDE ANY OTHER SPECIMENS IN BIOHAZARD BAG WITH SWAB

4. SPECIMEN MUST BE DOUBLE BAGGED

- Place the biohazard bag containing the specimen into a **second biohazard bag**
- Insert the Laboratory Request form in the outside pocket of bag
- Place COVID-19 sticker on bag



Laboratory Request Form

Family Name		First Names		Hospital No.	
Address					
Age	Date of Birth	Sex	Ward	Consultant(s)	
Copy to...					
HAEMATOLOGY			Swab for COVID-19 Testing		
\$10.70	CBC	<input type="checkbox"/>			
\$9.03	INR	<input type="checkbox"/>			
MICROBIOLOGY					
\$26.72	Blood Cultures	<input type="checkbox"/>			
\$16.19	Urine Cultures	<input type="checkbox"/>			
BIOCHEMISTRY					
\$12.44	Troponin T	<input type="checkbox"/>			
\$3.47	CK	<input type="checkbox"/>			
Requested by... print all names			CURRENT THERAPY		SITE
Dr	Date	Pager	Warfarin <input type="checkbox"/>	Heparin <input type="checkbox"/>	ANTIBIOTIC THERAPY
Signed Dr			For drug assays : time of last dose		Current / Proposed
Collected by			Date		Pager
Signed					

SUPPORTING CLINICAL INFORMATION

Travel:
Country of concern.....
Days since return.....

Contact with COVID patient: Yes/No

Symptoms:
Fever: Yes/No
Cough: Yes/No
SOB: Yes/No
Sore throat: Yes/No
Other symptoms.....

URGENT ROUTINE

SUPPORTING CLINIC INFORMATION is essential and must be provided

ADDITIONAL SPECIMENS

ie blood tubes MUST be in a separate Biohazard Bag with a separate laboratory request form

Note: COVID-19 specimens can be sent through the Lamson system