



Instructions regarding sample / specimen handling for tests done in the Department of Microbiology, IPGME&R and SSKM Hospital, Kolkata (March,2019)

Bacteriology Section	Instructions
Urine culture and antibiotic sensitivity test(AST)	Properly collected(preferably morning sample) mid-stream urine by clean catch method in a sterile wide-mouthed screw capped containerwith filled up requisition and patient history, patient details, antibiotic history, H/O urinary catheterization (mention CAUTI or non-CAUTI) and hospital RG number is expected.
Throat swab culture and AST	Proper aseptic collection of atleast 2 throat swabswith filled up requisition and patienthistory, patient details and hospital RG number
Wound/Pus for culture and AST	Properaseptic collection of wound swab/pus with filled up requisition with history, patient details and hospital RG number. *Anaerobic culture only on clinico-microbiological indication.
Blood Culture and AST(Conventional)	Aseptic collection of blood sample/s, of correct volumes with filled up requisition with history, patient details, antibiotic history, time of blood collection, site of collection (peripheral lineor central line) and hospital RG number. At least a pair of blood culture samples are required one hour apart within 24 hours.
Blood Culture(BacT/ALERT 3D) and AST(by VITEK 2 Compact TMinselected cases) (Automated)	Aseptic collection of blood sample/s of right volumes with filled up requisition with history, patient details and hospital RG number. *Automated blood culture system(ABCS) indicated in cases of bloodstream infection(BSI), Sepsis, MDR cases etc.
Body fluids(Peritoneal,Pleural, Pericardial, Broncho-alveolar lavage, Synovial fluid etc.)culture and AST(Automated/ Conventional)	Aseptic collection of body fluids with filled up requisition with history, patient details and hospital RG number. Send sample after consultation with Microbiology department.
Sputum for Gram stain,Culture and AST	Proper collection of sputum with filled up requisition with history, patient details, antibiotic history and immune status and hospital RG number. Induced sputum may be sent after nebulization with saline(3% NaCl)
Other swabs for culture and AST(High vaginal swabs, aural swabs etc.)	Proper aseptic collection ofmiscellaneous swabs with filled up requisition with history, patient details and hospital RG number. Please consult Microbiology department before collection.
CSF for Gram stain, culture and AST	Proper aseptic collection ofCSF with filled up requisition with history, patient details and hospital RG number. No refrigeration is required for bacteriological examination(but required for virological tests). If delay anticipated, please preserve at room temperature.
OT swabs/Intensive care swabs	These swabs should be collected as per protocol(pre- and post-fumigation swabs) and should come through proper channel with detailed requisition, site of collection, date of collection, contact details etc.

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Serology Section	Instructions
RA factor	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with history, patient details and hospital RG number.
ASO titre	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with history, patient details and hospital RG number.
CRP	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with history, patient details and hospital RG number.
Widal test	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with detailed history (duration of fever >7 days), patient details and hospital RG number.
Rapid plasma reagin (RPR) test	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with detailed history, duration of illness, patient details and hospital RG number.
HbsAg (by immunochromatography [ICT])	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with history, patient details and hospital RG number.
anti- HCV (by ICT/ELISA)	3-5 ml of blood to be collected aseptically at Central lab in a clot vial with filled up requisition with history, patient details and hospital RG number.
Mantoux test	<p>This test is done only on Monday (Room No. 55, 5th floor, UCM Building, Serology Section of Microbiology) after 10:30 AM and reading done on Thursday, apart from holidays. Filled up requisition with history, patient details and hospital RG number are required.</p> <p>In case of request of repeat Mantoux test, the indication should be clearly mentioned and the issue to be discussed with Microbiology faculty.</p>
Dengue NS1 and IgM ELISA	3-5 ml of blood to be collected aseptically in a clot vial. Detailed history (duration of fever ≤5 or >5 days to be mentioned precisely), patient's address, contact number, hospital RG number. Filled up CRF is required.
Japanese Encephalitis (JE) IgM ELISA	All samples which are indicated for testing for JE, would also require testing of Dengue and Scrub typhus. 5 ml of Blood and CSF to be collected aseptically in a clot vial. (CSF and blood samples are mandatory for testing JE) Detailed history, duration of illness, patient's address, contact number, hospital RG number. Please comply with the case definition of acute encephalitis syndrome (AES). Filled up LRF is required.
Scrub typhus IgM ELISA	3-5 ml blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Please comply with the case definition of acute encephalitis syndrome (AES). Filled up CRF is required.
Toxoplasma, Rubella, Cytomegalovirus, Herpes simplex 1 and 2 (TORCH) panel	<p>3-5 ml of blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number.</p> <p>*This test is requested from O&G and Paediatrics department and comply with the indication.</p>
MicroELISA Hepatitis A (HAV) IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required.

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MicroELISA Hepatitis E (HEV) IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required.
MicroELISA HBeAg-anti-HBe[EIA]	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required.
MicroELISA anti-HBs titre IgM anti-HBc	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required. *This test is available only for transplant cases(liver, heart)
MicroELISA Herpes simplex 1 and 2(HSV1 and HSV2) IgG,IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required. *This test is available only for transplant cases(liver, heart)
MicroELISA Varicella zoster virus(VZV) IgG,IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required. *This test is available only for transplant cases(liver, heart)
MicroELISA Epstein-Barr virus(EBV) IgG, IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required. *This test is available only for transplant cases(liver, heart)
MicroELISA Cytomegalovirus(CMV) IgG,IgM	Blood to be collected aseptically in a clot vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. Filled up CRF is required. *This test is available only for transplant cases(liver, heart)
Hepatitis C virus(HCV) RNA quantitative PCR	Blood to be collected aseptically in EDTA vial. Detailed history, duration of illness, patient's address, contact number, hospital RG number. *A properly filled up CRF must accompany this test requisition.
H1N1(Swine flu) PCR	Nasopharyngeal swab in Viral transport medium(VTM) to be collected aseptically in ENT department, maintaining proper precautions(PPE). Sample to be transported maintaining protocol. Detailed history, duration of illness, patient's address, contact number, hospital RG number. *A properly filled up CRF must accompany this test requisition.



Mycology Section	Instructions
Fungal stain/KOH mount	Patient should come in person to the Mycology section (Room no 42,4 th floor, UCM Building)for KOH mount of skin.For nail clippings/tougher tissues, overnight treatment is required. Report can be generated on the next day. Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected.
Fungal culture	Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected. *In special cases,prior intimation to department of Microbiology is mandatory, with detailed history.
India Ink preparation	CSF sample from suspected patient of fungal meningoencephalitis should come at earliest in a sterile marked container with proper requisition, detailed history, duration of illness, hospital RG number.
Lactophenol cotton blue (LPCB) mount from fungal culture	Done as per microbiological indication.

Mycobacteriology Section	Instructions
Ziehl-Neelsen staining	Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected
Slit skin smear for suspected Hansen's disease	Patient should come in person to the Mycology section (Room no 42,4th floor, UCM Building). Proper requisition with detailed history, duration of illness, patient's address, contact number, hospital RG number is expected.
Cartridge based-Nucleic acid amplification test (CB-NAAT)	Sputum, pleural fluid, peritoneal fluid, gastric lavage, CSF, pericardial fluid,should come to Microbiology(4 th floor, UCM Building)via Chest Department(RNTCP, Room no 9) . Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected. Biopsy sample, Urine, menstrual blood or any bloody sample cannot be processed by CB-NAAT.
AFB Culture	Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected. Endometrial tissue, menstrual blood or any bloody sample cannot be put on Automated TB culture(BacT/ALERT MP).

Parasitology Section	Instructions
Peripheral blood smear for MP	The stained PBS should come through Malaria Clinic. Proper requisition with detailed history, duration of illness,patient's address, contact number, hospital RG number is expected
Stool for Modified Z-N stain (for academic interest only)	*Prior intimation to HOD, Microbiology is required before sending stool for this test. Proper requisition with detailed history, duration of illness,indication,patient's address, contact number, hospital RG number is expected

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