

FACTS

HOW TO TAKE A NASOPHARYNGEAL (NP) SWAB

Respiratory virus packs normally contain materials sufficient for six swabs for culture of respiratory viruses such as influenza virus, parainfluenza virus and respiratory syncytial virus.

The following equipment will be needed:

- 3 Mask, goggles, gowns, and gloves
- 3 Cotton swab and wire swab with fiber tip
- OR Scored plastic swab in package with medium
- 3 Viral transport medium (blue topped tube)
- 3 Scissors (cleaned and sanitized)
(only applies to wire swab)
- 3 Pen



Instructions:

1. **Call the Health Unit** to ensure that an outbreak number is assigned to the specimen.
2. **Put on personal protective equipment** (mask, goggles, gown (if appropriate) and gloves).
3. **Position person** with bed raised to 45 degrees or in a comfortable position.
4. **Clean nostril** with the cotton swab provided and discard (note: newer kits do not provide this).
5. **Bend the wire swab** (while in the sterile package) to give it a slight arc-like appearance; this will allow for easier insertion (This does not apply to the plastic swab).
6. **Estimate the distance** the swab will need to be inserted into the nose, by measuring the distance from the tip of the earlobe to the tip of the nose. As a rule of thumb, the swab will need to be inserted approximately half of that distance (*see picture, or refer to "A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes", Appendix 4, for a larger picture*).
7. **Incline person's head** as shown in picture and gently insert the swab into the nostril to the previously estimated distance.
8. **Rotate swab** 3-5 times as tolerated and leave it in place for a few seconds to absorb the material.
9. Withdraw swab and **insert into transport medium** provided.
10. Cut excess wire with scissors or break plastic shaft at scored line and cap vial tightly. Don't forget to **label the specimen container with the client's name, date of collection and test requested**.
11. **Complete requisition** form with all pertinent information. See the reverse of this sheet for an example of a completed form.
12. See reverse side of requisition form for test codes (i.e. V 23 for Influenza A/B).
13. **Use sealable biohazard bag to transport specimen to the laboratory:**
 - i) Place transport medium in centre portion of the sealable bag
 - ii) Seal bag by removing blue strip to reveal adhesive
 - iii) Place requisition in outer pocket
 - iv) Refrigerate specimen immediately; for transport, use ice pack in cooler bag; do not put specimen directly on top of ice

- v) **Remember**
- TM Always check expiry date on transport medium before use.
- TM Viral transport medium may be stored at room temperature until it is used.



Public Health Laboratories

General Test Requisition

Date received _____ OPHL No. _____

1 - Submitter

Courier Code _____

Grey Bruce Health Unit
101 17th Street East
Owen Sound, Ontario N4K 0A5

Clinician Name and ID / CPSO Number
after hours 519-376-5420
Tel: 519-376-9420 Fax: 519-376-0980

2 - Patient Information

Health No. / HRN
if available

Sex _____ Date of Birth: _____

Patient's Last Name (per OHIP card) DOE First Name (per OHIP card) Jane

Patient Address
name and address of facility
phone no. _____ Postal Code _____

Submitter Lab No. _____

Public Health Unit Outbreak No. 2233-____-____

3 - Test(s) Requested (Please see test codes on reverse)

CODE	DESCRIPTION
V23	Influenza A and B Direct

Hepatitis Serology Immunity A B Diagnosis A B C

Specimen type and site

blood / serum faeces Nasopharyngeal
 sputum urine vaginal smear
 urethral cervix
 other - (specify) _____

4 - Reason for Test

diagnostic immune status
 needle stick follow-up
 prenatal
 other - (specify) _____

Clinical Information

fever gastroenteritis respiratory symptoms
 STI headache/stiff neck vesicular rash
 pregnant encephalitis/meningitis maculopapular rash
 jaundice
 other - (specify) _____
 recent travel - (specify) _____

Date Collected: _____
Onset Date: _____

Laboratory Result For laboratory use only

further report to follow

Date reported: _____ Checked by: _____ Specimen(s) transferred to: _____ Date transferred: _____

For HIV, please use the HIV serology form. - For referred cultures, please use the reference bacteriology form.
 To re-order this test requisition contact your local Public Health Laboratory and ask for form number 97-44 (11/2008)