

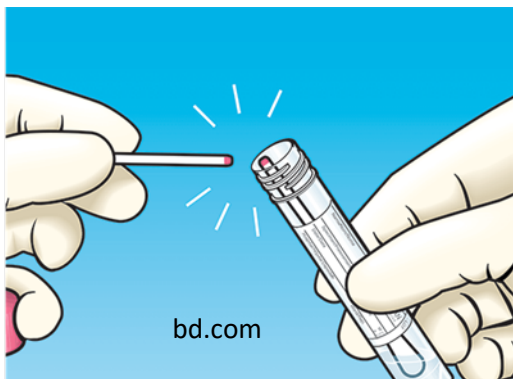
Molecular Diagnostics Laboratory WICHITA STATE UNIVERSITY

Nasopharyngeal Swab Specimen Collection Instructions

Included in this kit: Pre-labeled viral transport media tube with a swab and a biohazard bag with absorbent material.

NOTE: Nasopharyngeal collection requires a medical professional wearing PPE as defined by the CDC.

1. Register specimen using bar code on pre-labeled tube at: mdl.wichita.edu.
2. Clean hands prior to collection with alcohol-based sanitizer or soap and water.
3. Patient should be seated in an upright position.
4. Remove the swab and insert into the nostril parallel to the palate until resistance is encountered (or the distance is equivalent to that from the ear to the nostril indicating contact with the nasopharynx). Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions. Slowly remove the swab while rotating it.



5. Remove the lid from the tube containing the transport media and break the swab off against the side of the tube, into the media, approximately 2 inches above the tip. Replace the lid securely on the collection tube. Place sample in biohazard bag. Failure to properly secure lid may result in specimen rejection or delayed testing.

6. Clean hands

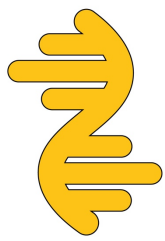
with alcohol-based sanitizer or soap and water.

7. Plan for transportation before collecting the sample. Transfer the sample at room temperature to the laboratory for sample processing within 72 hours of collection. Samples that are older than 72 hours degrade and can provide indeterminate results.



DO NOT use kit if specimen collection tube is damaged, broken, or leaking.

12/18/2020



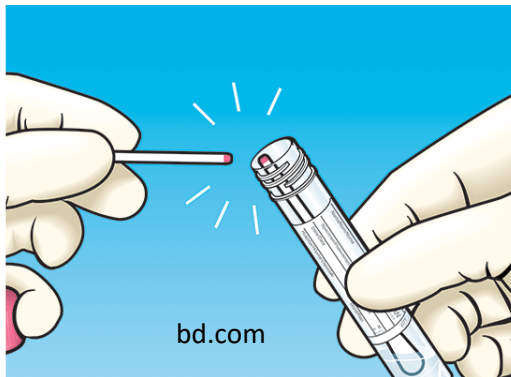
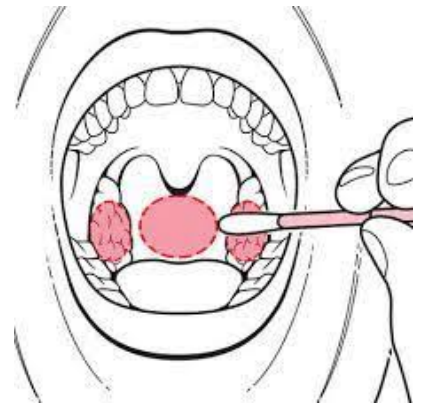
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Oropharyngeal Swab Specimen Collection Instructions

Included in this kit: Pre-labeled viral transport media tube with a swab and a biohazard bag with absorbent material.

NOTE: Oropharyngeal collection requires a medical professional wearing PPE as defined by the CDC.

1. Register specimen using bar code on pre-labeled tube at: mdl.wichita.edu.
2. Clean hands prior to collection with alcohol-based sanitizer or soap and water.
3. Patient should be seated in an upright position.
4. Remove the swab and insert into the posterior pharynx and tonsillar areas (back of the throat). Rub the swab over both tonsillar pillars and posterior oropharynx, making sure to avoid touching the tongue, teeth, and gums (only 1 swab is needed for this collection method).



5. Remove the lid from the tube containing the transport media and break the swab off against the side of the tube, into the media, approximately 2 inches above the tip. Replace the lid securely on the collection tube. Place sample in biohazard bag. Failure to properly secure lid may result in specimen rejection or delayed testing.

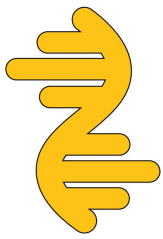
6. Clean hands with alcohol-based sanitizer or soap and water.

7. Plan for transportation before collecting the sample. Transfer the sample at room temperature to the laboratory for sample processing within 72 hours of collection. Samples that are older than 72 hours degrade and can provide indeterminate results.



DO NOT use kit if specimen collection tube is damaged, broken, or leaking.

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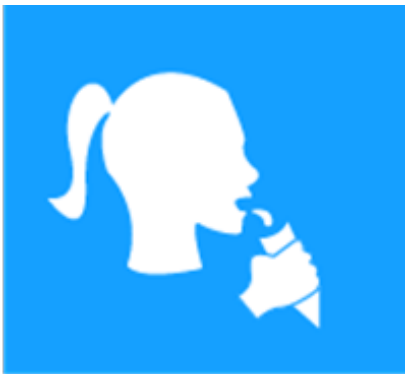
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Saliva Specimen Collection Instructions

Included in this kit: Pre-labeled sterile tube for saliva collection and biohazard bag with absorbent material.

NOTE: DO NOT eat, drink, smoke, brush teeth, or chew gum at least 30 minutes prior to collection. Saliva collection is intended to be self-administered in a contact-free collection method observed by a trained witness. PPE can be minimized to mask and gloves while maintaining at least 6 feet of separation. Additional PPE as defined by CDC may be worn.

1. Observer provides consent form to patient and confirms consent verbally.
2. Patient provides Observer with 4-digit PIN# needed to access test results.
3. Observer registers specimen using bar code on pre-labeled tube at: mdl.wichita.edu.



4. Patient cleans hands prior to collection with alcohol-based sanitizer or soap and water.
5. Patient should begin to pool saliva in their mouth-use a gentle sucking motion to help move saliva to the middle of the mouth (this should be normal saliva (spit) that collects in the mouth. DO NOT cough or sniffle to collect deep saliva/sputum).
6. Patient removes the lid of the sterile collection container and gently expels (spit) the collected

saliva into the tube until the liquid reaches the 1ml mark on the tube (DO NOT include bubbles in the measurement). It is okay if the saliva is above the 1 mark.

7. Patient replaces the lid securely on the collection tube. Failure to properly secure lid may result in specimen rejection or delayed testing.
8. Patient places sample in biohazard bag and securely seals.
9. Patient cleans hands with alcohol-based sanitizer or soap and water. If observer had contact with the patient, then observer cleans hands and changes gloves.
10. Plan for transportation before collecting the sample. Transfer the sample at room temperature to the laboratory for sample processing within 72 hours of collection. Samples that are older than 72 hours degrade and can provide indeterminate results.



DO NOT use kit if specimen collection tube is damaged or broken.

12/18/2020