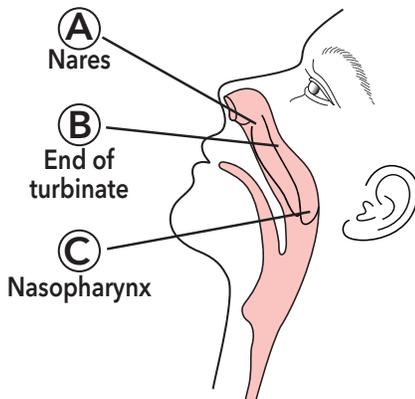


# How To ...

## Obtain nasal/nasopharyngeal swab, nasal/nasopharyngeal wash/aspirate specimens\*



QUIDEL

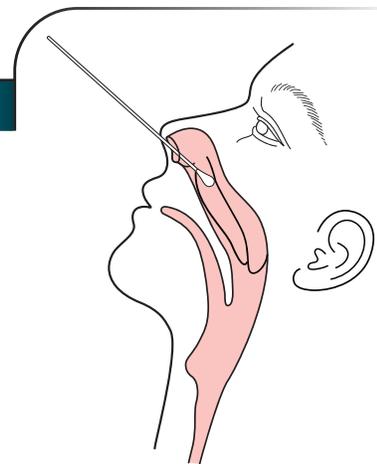


In each case, collect samples by standard clinical methods.

*Tip the patient's head back and check to see which nostril has **more mucus** (head should be inclined from vertical as shown for proper specimen collection). It is important to obtain as much secretion as possible.*

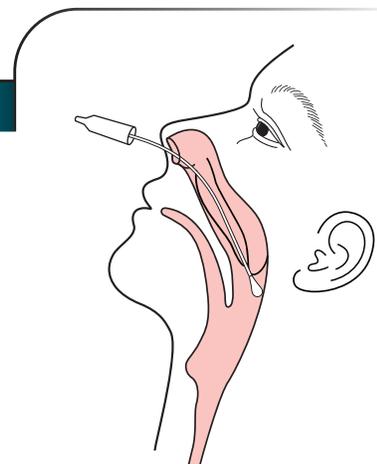
### NASAL SWAB

1. Gently insert the sterile swab until resistance is met at the level of the turbinates (less than one inch into the nostril).
2. Rotate the swab a few times against the nasal wall and remove from nostril.
3. Sample should be tested as soon as possible.



### NASOPHARYNGEAL SWAB

1. Gently insert the sterile swab.
2. Keep the swab near the septum floor of the nose while gently pushing the swab into the posterior nasopharynx.
3. Rotate the swab several times and remove from nostril.
4. Sample should be tested as soon as possible.



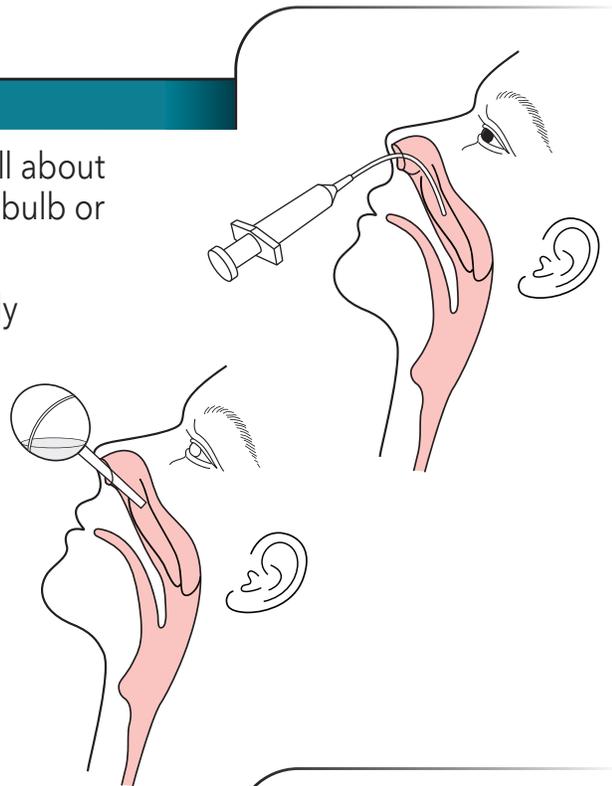
See reverse side for nasal/nasopharyngeal wash/aspirate specimen collection

# How To ...

## Obtain nasal/nasopharyngeal wash/aspirate specimens\*

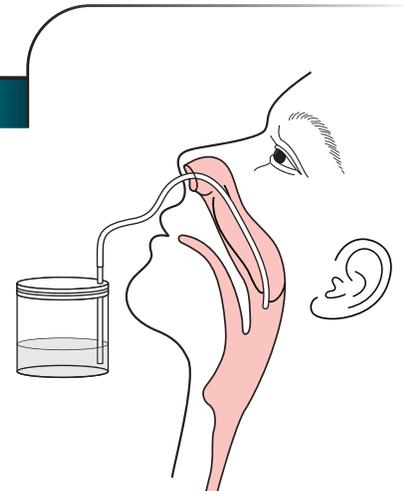
### NASAL/NASOPHARYNGEAL WASH

1. With the patient's head hyper-extended (see other side), instill about 1 mL to 2.5 mL of sterile, normal saline into one nostril with a bulb or syringe.
2. To collect wash, place a clean, dry specimen container directly under the nose with slight pressure on the upper lip.
3. Tilt the head forward and allow the fluid to run out of the nostril into the specimen container.
4. Repeat for the other nostril and collect the fluid into the same specimen container.



### NASOPHARYNGEAL NASAL ASPIRATE

1. Attach mucus trap to suction pump and catheter, leaving wrapper on suction catheter; turn on suction and adjust to appropriate pressure.
2. Without applying suction, insert catheter into the nostril, directed posteriorly and toward the opening of the external ear. **NOTE:** *Depth of insertion is equivalent to distance between anterior nares and external opening of the ear.*
3. Apply suction. Using a rotating movement, slowly withdraw catheter. Catheter should remain in nasopharynx for no longer than 10 seconds.
4. Hold trap upright to prevent secretions from going into pump.
5. Rinse catheter (if necessary) with approximately 2.0 mL viral transport medium; disconnect suction; connect tubing to arm of mucus trap to seal.



Source:  
\*Henretig F.M., MD, King C., MD.  
Textbook of Pediatric Emergency  
Procedures, Chapter 123: Obtaining  
Biologic Specimens. Williams and  
Williams (April 1997).



QUIDEL

quidel.com  
0923ID1105D-7 (02/14)