Collection and Transport of Specimens for Respiratory Syncytial Virus (RSV)

A. Nasopharyngeal Wash/Aspirate (preferred specimen)

1. Draw up 1 cc of normal saline (NS) in TB syringe, and 5 cc NS in 10 cc syringe. Dispose of needles in appropriate container.

2. Instill 0.3 to 0.5 cc NS in each naris from the TB syringe.

3. Immediately suction both nares with DeLee or mucoid suction trap.

4. Inject the 5 cc NS from the 10 cc syringe into the mucus trap through the collection tubing to wash the aspirate from the tubing.

5. Remove plastic cap from bottom of trap. Dispose of plastic tubing and carefully cap mucus trap.

6. Label specimen in accordance with Laboratory labeling policy. Note source of specimen on label.

7. Circle “RSV Direct Antigen” on a Microbiology (#4) requisition and send to Laboratory with the specimen.

8. If delay in transport to lab is anticipated, refrigerate specimens.

B. Nasal Swabs

Note: Swab specimens are sub-optimal and may not yield accurate results. Use only if nasopharyngeal wash is contraindicated.

1. Using culturettes, obtain two routine nasal secretion specimens. Be sure to break capsule on culturettes.

2. Label specimen in accordance with Laboratory labeling policy. Note source of specimen on label.

3. Circle “RSV Direct Antigen” on a Microbiology (#4) requisition and send to Laboratory with swabs.

4. If delay in transport to lab is anticipated, refrigerate specimens.