Obtaining a SARS-CoV-2 PCR Lab Specimen
(Main Campus Locations)

There are three options for obtaining a SARS-CoV-2 PCR Lab Specimen. Bilateral nares, Nasopharyngeal (NP) or Oropharyngeal specimens (OP).

1. Obtain Universal Viral Transport Medium and 1 FLOQSwab from the lab.
2. Collect bilateral nares, single nasopharyngeal (NP), or single oropharyngeal (OP) swab specimen.
3. Break the handles at the red line and place the swab into the container of viral transport medium.
4. Ensure the vial cap is securely closed & label the specimen. Any leaking specimens will be rejected.
5. Double bag the specimen OR use a single sealed 95kPa bag. Place a red dot on the sample if it qualifies as rapid [see below].
6. Tube sample to the lab.

Specimens that require RED dotting (will be run as rapid within the lab)

- Symptomatic ED patients/requiring inpatient admission
- Asymptomatic screening for patient who require for
  - Patient going to the OR in next 24 hrs (inpatient and ED only)
  - Asymptomatic – Approved Pre-procedure testing – Procedure in next 12 hours
  - Pre-transplant evaluation
  - Pre-receipt of severely immunosuppressive anti-neoplastic therapy
  - Requirement for post-acute care placement
  - Admission to an ICU, L&D, Trauma unit, or VPH
- All other testing indications should not be dotted and will be run routinely.
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How should a swab for COVID-19 testing be collected?
A bilateral nares, single nasopharyngeal, or single oropharyngeal swab can be used. When collecting the swab on patients with symptoms, you should wear the recommended PPE for COVID-19 suspects (gown, gloves, surgical mask and eye protection). Those collecting the swab on patients as part of asymptomatic screening should wear standard precautions PPE (gloves, surgical mask and eye protection). A Dot may need to be placed on the sample for prioritization.

Nasopharyngeal Swab
- Insert a minitip swab with a flexible shaft (wire or plastic) through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx.
- Swab should reach depth equal to distance from nostrils to outer opening of the ear. Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions.
- Slowly remove swab while rotating it.
- If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril.
- To watch a video: https://www.youtube.com/watch?v=DVJNWefmHjE

Oropharyngeal Swab
- Insert swab into the posterior pharynx and tonsillar areas.
- Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.

Anterior Nares Swab
- Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril
- Firmly sample the nasal membrane by rotating the swab around the inside of the nose.
- Leaving this in place for 10 to 15 seconds.
- Sample both nostrils with same swab.
- To watch a video: https://vumc.box.com/s/t4jztexv0zux4ppejs0eheqamr7hwrnd