

A guide for specimen collection and transport for fungal studies

All the samples should be properly labeled and sent to the laboratory **as soon as possible** after collection in **room temperature** along with a properly filled request form

*The quality of the report depends mainly on the quality of specimen. Inappropriate specimen would result in erroneous results and waste of resources.

Indication	Specimen	Container / medium	Remarks
Suspected disseminated fungal infections (eg: candidaemia, fusariosis)	Blood or Bone marrow	BHI broth Or Automated blood culture bottle	Volume of blood Neonates (< 4 kg): 1 ml per bottle Children: 3 – 5 ml of blood per bottle Collect venous blood aseptically as for microbiological studies
Suspected cryptococcal meningitis	CSF	Sterile screw capped container	India ink stain & culture will be done
Suspected fungal pneumonia (eg: <i>Aspergillus fumigatus</i> , pulmonary mucormycosis)	Sputum * ET secretions Gastric lavage	Sterile screw capped container	*Early morning specimen is preferable. Chest physiotherapy/ saline nebulization may be required to induce sputum. Salivary samples will be rejected.
	BAL Bronchial wash		If invasive aspergillosis is suspected clinically or radiologically, galactomannan test can be done in BAL or serum
Suspected pneumocystis pneumonia	Sputum / ET secretions / BAL / Bronchial wash	Sterile screw capped container	Toluidin blue O stain is done
Biopsies from internal organs (intra operative samples or radiologically guided biopsies)	Tissue biopsy	Sterile screw capped container Add sterile normal saline to keep it moist Do not add formalin	Swabs are unsatisfactory specimens. Biopsy and pus are preferred.

ENT specimens			
Abscesses (superficial /deep)	Pus	Sterile screw capped container	
Subcutaneous lesions, chronic ulcers Suspected mycetoma	Tissue biopsy Grains from sinuses	Sterile screw capped container	Tissues should be collected from deep sites within the lesion as close as possible to healthy tissues
Eye specimens	Corneal scraping	Inoculate a SDA plate & make a smear on a slide at bed side immediately after collection	Get down SDA media & microscopic glass slides from the laboratory beforehand
	Intra ocular fluid, Vitreous humour	Inside the syringe (Plunge should be plastered to keep it in-situ)	
	Corneal buttons	Sterile screw capped bottles without additives	
Premature, LBW babies suspected Candidaemia, catheterized patients	Urine	Sterile screw capped container Procedure of collection is the same as for bacterial cultures	Send the sample to the microbiology laboratory, LRH
Oral candidiasis	Oral swab	Moist the swab with sterile saline before collection	
Superficial fungal infections	Skin Scrapings, Nail & Hair	Collect skin scrapings/ nail clippings/ plucked hair onto a clean, dry paper, fold & secure with a clip.	Avoid topical antifungals 2weeks & oral antifungals 4weeks before sample collection
ABPA screening	Serum (whole blood 3ml)	Total IgE Aspergillus specific IgG Aspergillus immunodiffusion test	

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