## Specimen Submission Instructions

**AFB Sensitivities, First Line Drugs (Version 1)**

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| MTB confirmed Isolates on solid media | NA | NA | NA | Slants only: Lowenstein Jensen 7H10 or 7H11 Middlebrook | • **Transport device:** See Transport Media.  
• **Rejection Criteria:**  
  o Pure cultures only; mixed cultures will be rejected.  
  o Send slants only; do not ship plates. Please call the lab if questions.  
  o Not following listed Transport Media and/or S&H Methods.  
  o Please see General Rejection Criteria below.  
• **Transport:** Ship at room temperature. Do not refrigerate or freeze. Transport as Category A package.  
• **Storage:** Do not refrigerate or freeze. |
| MTB confirmed Isolates in liquid media | NA | NA | NA | Broths: MGIT, BactAlert, VersaTrek 7H9 Middlebrook | • **Transport device:** See Transport Media.  
• **Rejection Criteria:**  
  o Pure cultures only; mixed cultures will be rejected.  
  o Specimens requiring sharps will not be tested.  
  o Leaky samples will not be tested.  
  o Not following listed Transport Media and/or S&H Methods.  
  o Please see General Rejection Criteria below.  
• **Transport:** Ship at room temperature. Do not refrigerate or freeze. Transport as Category A package.  
• **Storage:** Do not refrigerate or freeze. |

*Preferred specimen type, if applicable  **All specimens must be shipped meeting IATA, OSHA, and USPS requirements.  NA: Not Applicable  
Last Revised: March 2015*
General Rejection Criteria (for additional details, see S&H)

- Unaccepted specimen type.
- Specimen that is refrigerated or frozen.
- Leaky specimen.
- **MTB confirmed isolates on solid media**: Pure cultures only; mixed cultures will be rejected. Send slants only; do not ship plates. Please call the lab if questions.
- **MTB confirmed isolates in liquid media**: Pure cultures only; mixed cultures will be rejected. Specimens requiring sharps will not be tested. Leaky samples will not be tested.

**NOTE:**
Specimens will not be processed until ALL of the following information are provided on requisition form:

- Patient name, patient’s county of residence, and second identifier.
- Two matching identifiers on both the tube and the laboratory requisition form.
- Specimen type, date of collection, and test requested.
- Submitter name, address, and telephone/FAX numbers.

**Collection kit availability**

Not available.

**Comments**