## Specimen Collection and Submission Instructions

**TB, NAAT (Nucleic Acid Amplification Test) (Version 1)**

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| Sputum, expectorated or induced                    | NA             | NA                   | • Instruct the patient to cough deeply to produce sputum not spit.  
• **Minimum volume:** 3 ml.  
• Transport in a sterile 50 ml container.                                                          | NA              | • Ship as soon as possible.  
• **Transport device:** See Collection Procedures.                                                    |
| Respiratory, Bronchoalveolar lavage, brush or wash; Endotracheal, transtracheal aspirate                  | NA             | NA                   | • Collect in sputum trap and transfer to a 50 ml sterile plastic transport container.  
• Place brush in 50 ml sterile container with 5ml of sterile saline.                                  | NA              | • **Rejection Criteria:** Not following listed Collection and/or S&H Methods. Please see General Rejection Criteria below.                                                                 |
| Digested / Decontaminated respiratory sample                                                 | NA             | NA                   | • Process specimen according to digestions/decontamination protocol.  
• Submit sediment in 2ml screw cap tube or 50ml conical tube.  
• **Minimum volume:** 0.5 ml.                                                                        | NA              | • **Transport:** Ship at room temperature. If previously refrigerated, ship cold (2-8°C) on ice packs.  
• **Storage:** If shipping is delayed, refrigerate at 2-8°C.                                          |
General Rejection Criteria (for additional details, see S&H)

- Specimens other than respiratory.
- Unaccepted specimen type.
- Not refrigerated properly.
- Insufficient specimen volume.

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

- Available.
- Please contact the WAPHL Mailroom for TB specimen collection kits.
  
  **Telephone** (206) 418-5579
  **Fax** (206) 418-5405
  **Email** phl.mailroom@doh.wa.gov

Comments