

Collecting a Genital swab (High Vaginal, Endocervical or Urethral Swab) for Bacterial Culture

Routine High Vaginal Swabs (HVS) are not generally recommended because of the high numbers of commensal flora, but they are sufficient for the diagnosis of bacterial vaginosis or *trichomonas* infection or Group B Streptococcal screening in pregnancy.

Collecting a HVS:

- Label the HVS swab provide (Blue or black top) swab provided with the patient's name, date of birth, GP surgery/location and date collected.
- Remove all excessive amount of secretions or discharge.
- Insert swab about 5cm into vaginal opening to obtain a sample from the mucosal membrane of the vaginal wall. (See diagrams for collecting genital swabs for Chlamydia and Gonorrhoea testing that follow).

Collecting an Endocervical swab:

- Label the Endocervical swab provided (black top) with the patient's name, date of birth, GP surgery/location and date collected.
- Remove any excess mucus or vaginal secretions.
- Insert the swab into the cervix and leave it inside the cervix for a few seconds before removing the swab carefully to try and avoid contact with the vaginal mucosa.

Collecting a urethral swab:

- Label the urethral swab (Orange top) provided with the patient's name, date of birth, GP surgery/location and date collected.
- Express exudate from the urethra and collect it on a swab or if no exudate is available, insert the swab into the male urethra and rotate.

Storage:

Genital swabs should be delivered to the laboratory as soon as possible, but if you can't hand the sample in immediately, place the swab in a sealed plastic bag first and store it in a fridge. Charcoal based transport media prolongs the survival of *gonococci* compared to non-charcoal medium.

Chlamydia and Gonorrhoea Testing

There is a separate sheet available providing advice on the collection of samples for this test.