



SPUTUM

INDICATIONS:

For the detection and characterization of premalignant/malignant pulmonary lesions or to detect infectious organisms such as *Pneumocystis jiroveci*. The adequacy of a sputum specimen is determined by the presence of alveolar macrophages indicating that the specimen obtained is a deep cough specimen producing material from the lower airways. In addition, the specimen should not be obscured by oral or upper airway contaminants and have minimal amount of saliva present.

SPECIMEN:

5 ml (about one teaspoon) or more, if possible, of sputum obtained from a deep cough specimen.

SUPPLIES:

1. Sterile specimen cup (plastic container).
2. Specimen Requisition
3. Specimen Bag with biohazard label

COLLECTION:

When clinically feasible, sputum specimens should be obtained as follows: The optimum time for specimen collection is within 15 to 30 minutes after waking and before eating breakfast. Brushing of teeth or rinsing of the mouth thoroughly with water will reduce contamination by saliva. Instruct the patient to inhale and exhale deeply forcing air from the lungs using the diaphragm. Repeat until the patient coughs and is able to produce a sputum specimen. For patients who are unable to produce a satisfactory specimen, inhalation of a heated aerosol solution may be used to induce coughing. This technique (induced sputum) should only be performed with a trained attendant present to assist the patient. Collect the specimen in the container, attempting to obtain at least one teaspoon of sputum. Specimen should be a deep cough and not saliva. Saliva is of no diagnostic value.

Sputum Specimen Transport

Send the specimen immediately to the laboratory, FRESH WITHOUT FIXATIVE. If microbiology studies are desired, indicate tests requested on the requisition slip. The specimen will be divided by the laboratory for microbiology studies (currently sent to Quest Diagnostics) and cytology studies. If transport of the specimen will be delayed, the specimen should be refrigerated until transported to the lab. Greater diagnostic yield may be obtained if specimens are submitted on three successive mornings. Label the container with correct patient information and submit the specimen along with the completed requisition to CPA.



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COLLECTION CONTINUED:

Post Bronchoscopy Sputum

Collect one good deep cough specimen at any time during the 24-hour period following bronchoscopy as outlined above. Submit the specimen to CPA, along with a completed request form.

Complete test requisition including last and first name of patient, patient's date of birth and social security number, body site and source of specimen collected. Label specimen container (using the labels provided on the requisition) with patient's first name and last name, and body site/source. The container must have at least two (2) unique identifiers. Examples of unique identifiers: patient name, DOB, unique bar code, etc. Include pertinent clinical information, i.e., previous malignancy, radiation therapy, drugs, etc. Place container in a specimen bag with a biohazard label. Place the requisition in the side pocket of the specimen bag.