




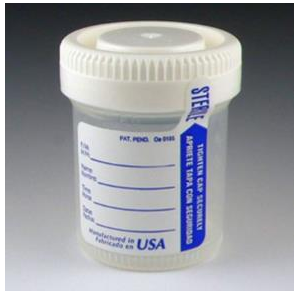


**Specimen Guide for Collections  
Culture Collections**

Test Ordered	Inpatient/ED	Outpatient/Clinic/Urgent Care
<p>Varicella – Herpes Zoster detection by PCR</p> <p>Viral Culture, Non-respiratory</p> <p>Herpes Simplex Virus 1 &amp; 2 Molecular detection by PCR</p> <p>* CSF and Body Fluid samples must be submitted in a sterile collection container.*</p>	<p><b>HSV/VZV, Viral Culture kit</b></p> 	<p><b>HSV/VZV, Viral Culture kit</b></p> 
<p>Ear Culture Eye Culture Wound Culture Lesion Culture</p> <p>Includes: Aerobic, Anerobic and Gram Stain</p> <p>Yeast Culture Fungal Culture</p> <p>*CSF and Body Fluid samples must be submitted in a sterile collection container.*</p>	<p><b>ESwab</b></p> 	<p><b>ESwab</b></p> 
<p>Yeast and Fungal Culture for Dermatophytes</p> <p>*submit hair, skin scrapings or nails*</p>	<p><b>Sterile Container</b></p> 	<p><b>Sterile Container</b></p> 

Please see [Laboratory Specimen Labeling](#) policy for instructions on labeling specimens.