GENERAL GUIDANCE:

- Ensure that recommended personal protective equipment (PPE) is worn when collecting specimens. This includes gloves, a gown, eye protection (face shield or goggles), and an N-95 or higher-level respirator (or surgical mask if a respirator is not available).
- Gloves must be changed to a new pair for each patient; properly remove old pair and discard into a biohazard waste container.

PROPER PPE

ANATOMICAL REFERENCE

NP SWAB

PROPER SWAB PLACEMENT

IMPROPER SWAB PLACEMENT

Find additional testing guidance, resources and training by visiting www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html
**Nasopharyngeal (NP) swab specimen collection**

**STEP 1**
Tilt patient’s head back 70 degrees. Gently and slowly insert a minitip swab with a flexible shaft through the nostril parallel to the palate until resistance is encountered.

The distance is equivalent to that from the nostril to the ear of the patient, indicating contact with the nasopharynx.

**STEP 2**
Gently rub and roll the swab, leaving it in place for several seconds to absorb secretions.

If a deviated septum or blockage creates difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril.

**STEP 3**
Slowly remove swab while rotating it.

Specimens can be collected from both nostrils, but it is not necessary if the minitip swab is saturated with fluid from the first nostril.

**STEP 4**
Place swab, tip first, into the transport tube provided.

Once the tip is near the bottom, break the swab handle at the swab breakpoint by bending back and forth or cut it off with sterile scissors.

The swab should fit in the tube comfortably so that the cap can be screwed on tightly to prevent leakage and contamination.