

## Frequently Asked Questions (FAQs)

Below are some frequently asked questions about liquid swabs and urine tubes, covering timelines, training and other key information.

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### Timeline and roll-out

#### When will the transition take place?

Secondary care clinicians have been using the new liquid swabs since the start of the year, and the boric acid urine tubes for some time. Practices in Southwark, Lambeth and Bromley have switched over, and Bexley, Greenwich and Lewisham will switch in September as part of the repatriation to the hub.

#### Where has this rollout been successfully implemented elsewhere?

This rollout is happening across the world and the closest to your locations would be South West London Pathology (SWLP), which completed the  $\Sigma$ -TRANSWAB MRSA change earlier this year and is now changing to the Wound Swabs ( $\Sigma$ -TRANSWAB®).

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### Swab technology and efficiency

#### How does the new liquid swab improve efficiency compared to gel swabs?

Liquid swabs allow for automated processing, reducing manual handling, increasing testing speed and improving accuracy in microbiology diagnostics.

#### What is the main handling difference between the current swab and the new swab?

The current TRANSWAB® is a gel and the newer  $\Sigma$ -TRANSWAB® is a liquid swab, so contains no agar. The other main difference for MRSA testing is the current double or triple MRSA process (depending on your current clinical process) will move to a 2 in 1, or 3 in 1, sample process.

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### Stock management and transition

#### How do we order the new liquid swabs and urine bottles?

The way you order consumables will not change, but the product codes will.

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### Sample collection and handling

#### What is the main handling difference between the current swab and the new swab that users will have to adapt to?

The new swabs contain a liquid which is the key component for testing, therefore it is important that it is not spilled. If it is, you will need to start the swabbing process again. The laboratory cannot use a dry swab.

The other main difference is that the current pre-admission/pre-assessment triple or double MRSA process (depending on your current clinical process) will move to a 2 in 1 (KCH), or 3 in 1 (GSTT) sample process, which is quicker and more precise.

It works by a) swabbing the first site (e.g. groin) with a red swab and swishing it in the liquid, before discarding it; b) repeating this process for the second site (e.g. armpit); and c) swabbing the final site with the white swab (e.g. nasal), putting it in the vial, snapping off the non-swab end and screwing on the vial cap, leaving just one swab and sample within.

### **Does the order of swab collection matter for MRSA testing?**

Yes, the nasal swab must be collected last to prevent cross-contamination. The order of groin and armpit swabs can be flexible.

### **How should the discarded swabs be disposed of?**

Use a sharps bin or other designated biohazard disposal.

### **Is there a risk of spillage during swab handling? What would be the impact?**

There may be a risk of spillage, as the new swabs contain a liquid rather than a gel. However, there are no hazardous materials present in the swab. If there is a spill, we suggest you use a new swab and vial to ensure the correct results, as it is the liquid element we need to be able to perform automated testing in our laboratories.

### **What happens if the liquid in the swab vial is spilled before processing?**

If the liquid is spilled, the test cannot be conducted, as the liquid medium is essential for processing the sample.

### **What are the risks associated with the new swab method?**

There are no new risks, other than if the red swabs used for the MRSA testing are left in the  $\Sigma$ -TRANSWAB® Liquid when sent to the labs, this would render the test as void. Only the white (nasal) swab should be left in the tube.

### **What precautions should be taken when collecting samples using liquid swabs?**

The same precautions for the gel and  $\Sigma$ -TRANSWAB® Liquid swabs should be taken (i.e. wear gloves and dispose of the waste safely).

### **If screening three individual locations for MRSA, how should samples be sent?**

Please send three separate swabs, one for each location being screened. Use the single, purple-topped liquid swab for each site to ensure accurate individual results.

### **Do liquid swabs need to be pre-moistened?**

No. Liquid swabs are designed for direct use and do not need to be pre-moistened. Use the swab as provided in the kit.

### **What swab should be used for tests that require only one swab, such as Low Vaginal Swabs (LVS) and High Vaginal Swabs (HVS)?**

Use the new purple-topped liquid swab for any test that involves a single-swab process. These swabs will replace the current blue and black-topped gel swabs for all microbiology culture swab tests, e.g. wounds, nasal, genital and throat, and are designed for optimal sample preservation and processing.

The only exception to this is for sexual health screening. If chlamydia or gonorrhea are suspected, you should continue to send Aptima swabs for the nucleic acid amplification test (NAAT) or the old Amies charcoal swabs (black top) for gonorrhea culture only. The NAAT test is more sensitive for the detection of chlamydia and gonorrhea than culture.

Candidozyma auris (C. auris) screening is not affected by these changes. Please continue to use the blue-topped Amies gel swabs.

### **Are the new liquid swabs used for chlamydia and gonorrhoea culture testing?**

No. If chlamydia or gonorrhea are suspected, you should continue to send Aptima swabs for the nucleic acid amplification test (NAAT) or the old Amies charcoal swabs (black top) for gonorrhea culture only. The NAAT test is more sensitive for the detection of chlamydia and gonorrhea than culture.

Candidozyma auris (C. auris) screening is not affected by these changes. Please continue to use the blue-topped Amies gel swabs.

Similarly, viral swabs are not changing. Virology tests should continue to be sent to us using the existing green viral transport medium (VTM) or red universal transport medium (UTM) swabs.

### **Are printable patient information sheets provided for patient collecting their own swabs?**

Yes. Printable patient information sheets are available to guide patients through the self-swabbing process and can be given to the patient along with the swab. These include clear instructions and diagrams for correct sample collection and can be [downloaded here](#).

### **If the last courier collection is missed, can swabs be kept in the fridge overnight?**

Yes. If immediate transport to the laboratory is not possible, liquid swab specimens can be stored in a refrigerator overnight. Please ensure they are sealed properly and kept at the correct temperature. Samples should be sent to the laboratory as soon as possible the next day to maintain their integrity.

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### **Green-topped boric acid urine tubes**

#### **Why are we switching to green-topped boric acid urine tubes?**

Boric acid helps to preserve urine samples for microbiology testing by preventing bacterial overgrowth. This ensures more accurate culture results, especially when there is a delay between collection and processing.

### **We already use green-topped boric acid tubes – what should we do?**

We are standardising the type of urine tubes used across all Synnovis services by introducing green-topped boric acid tubes, helping to bring consistency for all service users. If you are already using these tubes to send samples for processing, you won't need to do anything different. However, if you are using either red-topped boric acid or white-topped plain universal containers, you will need to switch to the green-topped boric acid tubes for all microbiology urine samples following your switchover date.

### **Is the green-topped urine tube replacing the white universal container?**

No. White-topped plain universal containers should continue to be used for other urine tests, e.g. biochemistry Albumin Creatinine Ratio (ACR), urine protein and osmolality. This is because boric acid renders these tests unsuitable for analysis.

Do not use the boric acid tube for pregnancy or chemistry tests. Boric acid is a preservative intended for microbiology (culture) testing only and may interfere with other test results.

If multiple tests are required:

- Collect urine in a standard sterile collection cup.
- Draw off the urine for microbiology testing first using the inbuilt syringe in the green boric acid tube
- Perform the pregnancy test (or other non-microbiology tests) using fresh urine.

### **What if a patient struggles to transfer urine from a collection cup to a boric acid tube using the syringe system?**

Healthcare staff or carers may assist with transferring urine from the collection cup to the boric acid tube using the syringe, where possible. If self-collection is required, provide clear step-by-step instructions – [this downloadable diagram](#) may help.

### **Must the urine collection cup be sterile?**

Yes. A sterile collection cup is essential to prevent contamination of the urine sample, which could lead to inaccurate test results. Patients should be advised to always use a sterile container provided by the clinic or purchased from a medical supplier. They should not re-use household containers or non-sterile cups.

### **How should urine tubes be stored after sample collection?**

Samples should be stored at room temperature – do not refrigerate unless specifically instructed by your local protocol. Avoid exposure to direct sunlight or extreme temperatures.