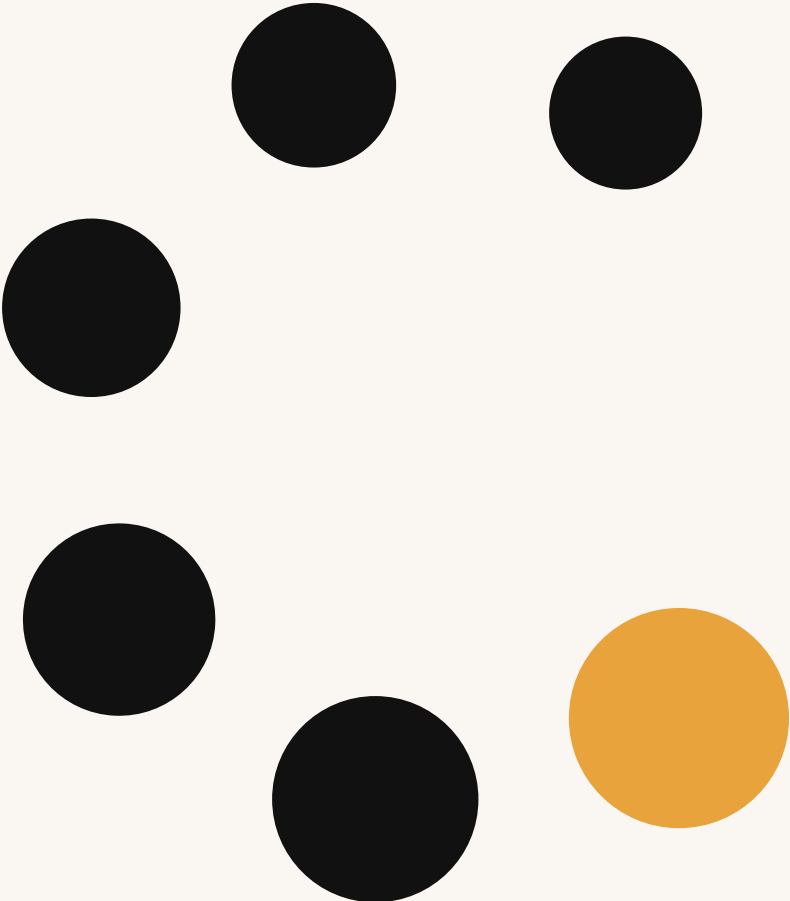




# SPECIMEN COLLECTION INSTRUCTIONS

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**Specimen Acceptance Criteria**



**To ensure safety and validity of the sample it is important to follow these instructions. Ensure all proper Personal Protective Equipment (PPE) measures are taken.**

## Oropharynx or Throat Swab

1. Guide the swab tip toward the tonsillar area of the posterior oropharynx.
2. Thoroughly and firmly swab the tonsillar area, posterior oropharynx, as well as any area of abnormal redness, inflammation, white patches, or pus.
3. Immediately place the swab in the molecular transport tube.
4. Break the swab at the indentation mark and secure cap on the tube with the swab remaining in the tube.

## Nasopharynx or Nasal Swab

1. Insert the swab into the nose parallel to the palate until resistance is encountered or the distance is equivalent to that from the patient's ear to nostril, indicating contact with the nasopharynx.
2. Thoroughly swab the nasal passage by rotating the swab 5 – 10 times.
3. Immediately place the swab in the collection tube, break the swab at the indentation mark, and secure cap on the tube with the swab remaining in the tube.



# Urinary Tract Infection and Genitourinary Specimen

**To ensure safety and validity of the sample it is important to follow these instructions. Ensure all proper Personal Protective Equipment (PPE) measures are taken.**

## Voided Urine Specimens

A first morning sample or sample collected more than 1 – 2 hours since prior urination maximizes sensitivity of detecting urinary system pathogens.

### *Patient Collection Instructions – Female*

1. Wash hands thoroughly with warm water and soap.
2. Collection
  - a. Clean Catch: Urinate a small amount into the toilet. Collect ~10 – 15 mL of midstream sample. Finish urinating into the toilet.
  - b. Non-Clean Catch: Holding labia apart, collect first ~10 – 15 mL urine into sterile urine cup.
3. Securely place cap on urine cup and return to the medical assistant or provider.

### *Patient Collection Instructions – Male*

1. Wash hands thoroughly with warm water and soap.
2. Retract foreskin (if present), collect first ~10-15 mL urine into sterile urine cup.
3. Securely place cap on urine cup and return to the medical assistant or provider.

### *Medical Assistant / Provider Instructions*

1. Don gloves and select one of the following options for specimen preparation.
2. Open the urine collection cup, molecular transport tube, and the plastic transfer pipette.
3. With the lid on, swirl the urine in the collection cup 10 times to ensure the sample is thoroughly mixed.
4. Transfer 1 mL of urine from the collection cup to the molecular transport tube.
5. Securely tighten the cap of the transport tube.

## Vaginal Swab

1. Insert the swab approximately 2 inches into the vagina and rotate the swab for a minimum of 10 seconds, ensuring that the swab has contact with the vaginal wall. Ensure that any visible lesions are swabbed.
2. Visually confirm the swab is fully saturated.
3. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.



## Genital Lesions

### *Open Ulcer/Ulcerated Lesion*

1. Thoroughly swab the base of lesion.
2. Place the swab into the molecular transport tube.
3. Snap off excess handle and securely tighten tube cap with the swab remaining in the tube.

### *Vesicular Lesion*

1. Carefully open the lesion with a scalpel blade.
2. Collect fluid contents on the swab. The 'roof tissue' of the vesicle can be carefully removed and submitted in same molecular transport tube.
3. Thoroughly swab the base.
4. Place all material in the molecular transport tube.
5. Snap off excess handle and securely tighten tube cap with the swab remaining in the tube.

## Rectal Swab

1. Don gloves.
2. Insert the tip of the swab at least 1 inch beyond the sphincter and rotate the swab 5–10 times within an anal pocket/groove.
3. If the swab is grossly contaminated with feces, i.e. >50% of the swab head covered in feces, discard the swab and repeat the collection.
4. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube with the swab remaining in the tube.



# Gastrointestinal Tract Infection Specimen

**To ensure safety and validity of the sample it is important to follow these instructions. Ensure all proper Personal Protective Equipment (PPE) measures are taken.**

## Stool Sample from Bedpan

1. Don gloves. Do not handle the bedpan, collection tubes, etc. without gloves.
2. Open sterile bag and wrap around bedpan.
3. Collect the stool sample in a wrapped bedpan. Verify that the stool sample is not contaminated with urine.
4. Remove sterile swab from collection kit.
5. Insert the tip of the swab into the stool sample and rotate the swab 5 – 10 times.
6. Visually confirm the swab is saturated with fecal material, ~0.5 mL (pea-sized) is required. If sample is diarrheal, ensure swab is fully saturated with liquid fecal material.
7. **DO NOT provide more stool than required, as the presence of too much fecal matter can interfere with nucleic acid extraction and lead to an inconclusive result.**
8. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.

## Stool Sample from Toilet Hat

1. Wash hands before touching toilet hat.
2. Place toilet hat with the round end at the back of the toilet seat (instructions available on the inside of the hat itself).
3. Collect the stool sample in the toilet hat ensuring that the stool sample is not contaminated with urine.
4. Remove sterile swab from collection kit.
5. Insert the tip of the swab into the stool sample and rotate the swab 5 – 10 times.
6. Visually confirm the swab is saturated with fecal material, ~0.5 mL (pea-sized) is required. If sample is diarrheal, ensure swab is fully saturated with liquid fecal material.
7. **DO NOT provide more stool than required, as the presence of too much fecal matter can interfere with nucleic acid extraction and lead to an inconclusive result.**
8. Place the swab in the transport tube. Snap off excess handle and securely tighten top of the transport tube.

## Sample Note

Stool samples from disposable diapers or undergarments should NOT be submitted for testing as the absorbant matrix is known to interfere with PCR detection of pathogens.



To provide high quality test results, the performing laboratory requires specimen meet all the minimum criteria outlined below. If you have questions, please contact CheetahCare Customer Care at **1-877-243-5050**.

## Specimen Labeling

***Use a fine-tip permanent (non-smudging) pen or marker whenever labeling a specimen tube.***  
This will ensure samples are easily identifiable.

## Specimen Identification

***Specimens must be clearly labeled with two unique patient identifiers (Patient's first and last name and date of birth) or have patient identifiers embedded in a barcoded label.***

Patient identifiers used must exactly match the information provided on the accompanying requisition or e-order. Providers must verify the patient identifiers on the tube **with the patient** at the time of collection.

## Specimen Integrity Disclosure

Samples received outside of the viability conditions listed below will be rejected as the integrity of the specimen cannot be determined.

## Broken or Leaked Specimens

Samples received which have leaked due to the tube being cracked or broken, or samples which are received without a cap will be rejected, as there will not be enough sample nucleic acid for definitive testing and the integrity of the sample will be compromised.



### **White Tube**

**Specimens** are stable post-collection in the white/clear top tube for 7 days at ambient temperature.

## Patient Identifiers

Due to the significant risk of specimen mix-up and mislabeling, all specimens received without patient identifiers (PIDs) will be rejected. Rejected specimens will be discarded after 3 days. A rejection report will be issued to the client.