Swab specimens should be obtained from the posterior nasopharynx. Swab shaft should be aluminum or flexible plastic. Cotton-tipped or calcium alginate swabs are not acceptable. Ask patient if he/she has a deviated septum and then have patient clear nasal passages by blowing his/her nose.

Gently insert the swab straight back into a nostril aiming posteriorly along the floor of the nasal cavity until reaching the posterior wall of the nasopharynx. Keep the swab near the septum floor of the nose while gently pushing the swab into the post nasopharynx (swab should reach depth equal to distance from nostrils to outer opening of the ear). Be careful not to insert swab upwards. Do not force the swab. If there is an obstruction, try the other nostril.

Leave swab in place for up to 10 seconds to absorb secretions.

While holding the swab in hand, unscrew the tube cap. Do not spill the tube contents. Place the swab specimen into 3mL of VTM/UTM.

VTM/UTM That Can Be Used:
- Remel MicroTest M4, M4RT, M5 or M6 formulations
- Copan Universal Transport Medium
- BD Universal Viral Transport Medium

Acceptable Alternatives:
- Liquid Amies
- Saline
- Specimen Transport Medium

Immediately place the swab into the transport tube and seal. If score line is present, break swab at the score line at the top of the tube. The swab will drop to the bottom of the vial. Discard the top portion of the shaft. Tightly screw the cap onto the tube.

Use label to provide a unique identification for the specimen.
After collection, specimens can be stored at 2°C to 8°C up to 96 hours.