

Collection of sputum samples for the diagnosis of tuberculosis (TB)

To expedite the diagnosis and facilitate the appropriate use/or discontinuation of Infection Prevention and Control (IPAC) precautions, the following guidelines are recommended.

1. Three sputum specimens must be collected in patients with suspicion of tuberculosis, either spontaneous or induced. This is a minimum, more may be necessary.
2. These three samples may be collected on the same day with the following caveats:
 - a. One sample should be a first thing in the morning specimen, prior to eating.
 - b. Subsequent samples can be on the same day with as little as one hour between specimens.
 - c. Specimens should be of sufficient quantity for proper processing in the laboratory.
3. Specimens must be received in the laboratory by 9:30 am to have same day processing.

The best way to make a diagnosis of tuberculosis is to maintain a high index of suspicion when relevant. Patients for whom there is a strong clinical suspicion for tuberculosis may need additional or more invasively collected samples before the diagnosis can be excluded. The need for isolation is dependent on both smear positivity and clinical suspicion; smear negative patients with high clinical suspicion for tuberculosis should remain isolated. The IPAC team reviews patient daily and will discuss with clinical teams if IPAC precautions are advisable despite negative test results.

