



Department of Health and Human Services
Health and Environmental Testing Laboratory
47 Independence Drive
12 State House Station
Augusta, Maine 04333-0012
Tel: (207) 287-2727; Fax: (207) 287-6832
TTY: 1-800-606-0215

Mycobacterium Species Detection by Smear and Culture

Laboratory Submission Information Sheet

Reporting of suspect case to Maine CDC	<ul style="list-style-type: none">• Yes: M. tuberculosis complex is a notifiable condition. If you have not already done so, please report suspect or confirmed cases to the Maine CDC via the disease reporting line: 1-800-821-5821 (24hrs/day 7 days/week.)
Required To Submit Laboratory Specimen	<ul style="list-style-type: none">• Yes: Specimens that are AFB positive or specimens from suspect Mycobacteria tuberculosis must be submitted.
Required Information	<ul style="list-style-type: none">• Information on requisition must include: Patient name, date of birth, date of collection, specimen source, submitter name and contact information.• Important: all specimens must be labeled with patient name, DOB or other unique identifier, and be accompanied by a HETL requisition.
Specimen Requirements	<ul style="list-style-type: none">• Please see page two
Collection Instructions	<ul style="list-style-type: none">• Please see page two
Turn Around Time	<ul style="list-style-type: none">• AFB smear results will be reported within 1-3 business days upon receipt of specimen.• AFB culture results will be reported once growth is detected/identified or when the 6 week hold time is reached (i.e. No Growth).
Rejection Criteria	<ul style="list-style-type: none">• Specimens received without a requisition form, clinical details or with insufficient material to analyze. Specimens in poorly labeled, unlabeled, or leaking containers. Specimens transported at incorrect temperature. Specimens not incubated appropriately. Specimens with insufficient quantity will be tested and flagged as having an unsatisfactory amount which could adversely affect test results.
Results	<ul style="list-style-type: none">• Results will only be reported to the submitter listed on the requisition.• Smear: No Acid Fast Bacilli Found, Rare AFB Seen 3-9/Smear, Few AFB Seen 10 or More/Smear, Many AFB Seen - More Than One/Field; Culture Report to Follow.• Culture: AFB Seen: Further ID to Follow, Mycobacterium Species Identified, No Growth at 6 Weeks.
Laboratory Testing Fee	<ul style="list-style-type: none">• Fee Waived if testing is part of an outbreak investigation by Maine CDC/TB Control• AFB Smear: \$20• Culture: \$35• Mycobacterial Identification by 16S Sequencing: \$163
Applicable CPT Codes	<ul style="list-style-type: none">• AFB Smear: 87206• Culture: 87116• Mycobacteria Identification by 16S Sequencing: 87153
Additional Information	<ul style="list-style-type: none">• Contact Mycobacteriology and Rabies Department at 207-287-1706• Contact TB Control/Maine CDC at 1-800-821-5821



Blood	<ul style="list-style-type: none"> Aseptically collect blood using either sodium polyanetholsulfonate (anticoagulant often used in blood culture bottles) or heparin as anticoagulants. Coagulated blood or blood collected in EDTA is unacceptable. Refer to “Whole Blood and Bone Marrow Preparation.”
Bone	<ul style="list-style-type: none"> Collect aseptically and place in a sterile container. Once received in the mycobacteriology section, add 7H-9 broth to cover and incubate at 35 to 37 °C.
Bone Marrow	<ul style="list-style-type: none"> Aseptically collect bone marrow using either sodium polyanetholsulfonate (anticoagulant often used in blood culture bottles) or heparin as anticoagulants. Refer to “Whole Blood and Bone Marrow Preparation.”
Bronchial Brush	<ul style="list-style-type: none"> Place in sterile container with up to 5 mL sterile saline. Bronchoalveolar Lavage, Bronchial Washings, Endotracheal and Transtracheal Aspirates Collect 5 to 10 mL of fluid in a sterile 50 mL conical tube. Avoid contamination with tap water that may contain saprophytic mycobacteria. If more than 10 mL of fluid is received by the TB laboratory, pour off excess prior to processing.
Gastric Lavage	<ul style="list-style-type: none"> Collect 5 to 10 mL of fluid from a fasting morning specimen. Place in a sterile container without preservatives. Collect one specimen, per day, on three consecutive days. Transport at room temperature. Once received in the TB laboratory, neutralize 5 to 10 mL of sample with 100 mg sodium carbonate if >1 hour from collection. Centrifuge fluid for 30 minutes at 3,000 x g. Re-suspend sediment in sterile distilled water prior to processing. Process same as sputum.
Reference Cultures	<ul style="list-style-type: none"> Transport digested sediment, broth culture or solid media culture in double mailer provided by the HETL. Once received in the mycobacteriology section, incubate at 35 to 37 °C. For digested sediments, refer to “Mycobacterial Culture” procedure. For solid media and broth cultures, refer to “Identification” procedure.
Sputum	<ul style="list-style-type: none"> Collect 5 to 10 mL of an early morning specimen from a deep cough. Ideally three sputum specimens collected 8 to 24 hours apart. Pooled sputa are unacceptable. If more than 10 mL is submitted to the TB laboratory, pour off the excess prior to processing.
Sterile Body Fluids (CSF, Pleural (lung), Peritoneal (abdominal), Ascites, Pericardial (heart), Synovial (joints))	<ul style="list-style-type: none"> Aseptically collect at least 2 mL in a sterile container. Once received in the mycobacteriology section, if sample volume is >5mL, centrifuge for 15 minutes at 3,000 x g, using only the sediment for testing.
Stool	<ul style="list-style-type: none"> Stool specimens are primarily submitted to diagnose disseminated M. avium disease. Collect at least 1g in a sterile, disposable container. Refer to “Feces Preparation.”
Tissue and Lymph Nodes	<ul style="list-style-type: none"> Aseptically collect at least 1g of tissue. Place in a sterile container with a small amount of sterile saline. Do not submit sample in formalin. Once received in the mycobacteriology section, grind tissue using a sterile disposable tissue grinder, adding DIH2O if necessary to reach 5 to 10 mL volume.
Urine	<ul style="list-style-type: none"> Clean the genitalia and collect the first morning specimen on three consecutive days. Place a minimum of 40mL of urine in a sterile 50 mL conical tube. Twenty-four-hour specimens and catheter bags are unacceptable for testing. Once received in the mycobacteriology section, centrifuge for 15 minutes at 3,000 x g, using only the sediment for testing. Refer to “Urine Preparation.”