SPECIMENS FOR ISOLATION OF *Mycobacterium tuberculosis*

SPUTUM

In suspected cases of pulmonary tuberculosis, the most commonly examined material is patient sputum.
It is recommended to submit three separate samples (up to six if the first two are microscopy-negative), all collected under the same conditions: in the morning, after proper oral hygiene, as a deep cough-up sputum, not saliva.

The sample should be placed into a sterile, screw-cap container and delivered to the laboratory within 2 hours.
If immediate delivery is not possible, it may be stored at +4 °C for up to 24 hours.

URINE

The second most common sample type examined for *M. tuberculosis* is urine. Urine is collected in the same way as for standard bacteriological testing, but in a volume of 10 ml. The number of samples is critically important, as the bacillus may not be excreted continuously via the urinary tract.
The recommended number of samples is 5 to 10 consecutively collected specimens.

- Collect the **midstream portion** of the **first morning urine**.
- "First morning urine" refers to urine passed after at least 4 hours of not urinating (usually after sleep).
- Wash the genital area with soap and water before urination; do not wipe or dry afterward.
- Discard the first part of the urine stream into the toilet, as it may be contaminated with normal flora from the urethra and skin.
- Collect the midstream portion into a sterile container.
- Carefully close the container, avoiding contact with the inner surface of the lid or container.
- Wash hands with soap and water after collection.
- Deliver the sample to the laboratory within 2 hours. If this is not possible, store the sample at +4 °C and bring it the same day.