NasoSwab®

When Rapid Testing Doesn't Provide the Full Clinical Picture

Ordering & Collection Quick Reference Guide

PCR testing can provide valuable diagnostic information when rapid antigen testing is negative, inconclusive, or insufficient to explain a patient's symptoms.

Consider Respiratory PCR Testing For:

Persistent Symptoms: Respiratory symptoms that continue despite negative rapid influenza, COVID-19, or strep test results.

High-Risk Patients: Older adults, immunocompromised individuals, and patients with underlying respiratory conditions such as COPD or asthma.

Severe Respiratory Illness: Suspected pneumonia or other significant respiratory infections.

Prolonged or Atypical Symptoms: Persistent cough or clinical suspicion of an atypical respiratory pathogen.

Suspected Bacterial Infections: Concern for pathogens such as *Mycoplasma pneumoniae* or *Bordetella pertussis*.

Possible Coinfections: When additional respiratory pathogens may be contributing to illness, even after a positive rapid test.

Unexplained Pediatric Illness: Respiratory symptoms not adequately explained by initial rapid testing.

The *NasoSwab*® Advantage

- Nylon flocked swab improves cellular collection
- Approximately 80% analyte release into media
- Higher diagnostic sensitivity than fiber swabs (99%)
- No refrigeration required
- Stable for 5 days after collection
- Mid turbinate design improves patient comfort (ped & adult swabs)
- One vial, multiple respiratory pathogens
- 30-day test additions

Collection Instructions

1. Remove sterile swab without touching the swab tip.
2. Tilt patient's head slightly upward.
3. Insert swab downward toward throat (not upward toward forehead).
4. Advance to mid turbinate region and rotate swab 360 degrees.
5. Remove swab and place into transport tube.
6. Break swab at break point and secure cap tightly.
7. Label with two identifiers (Name and DOB).

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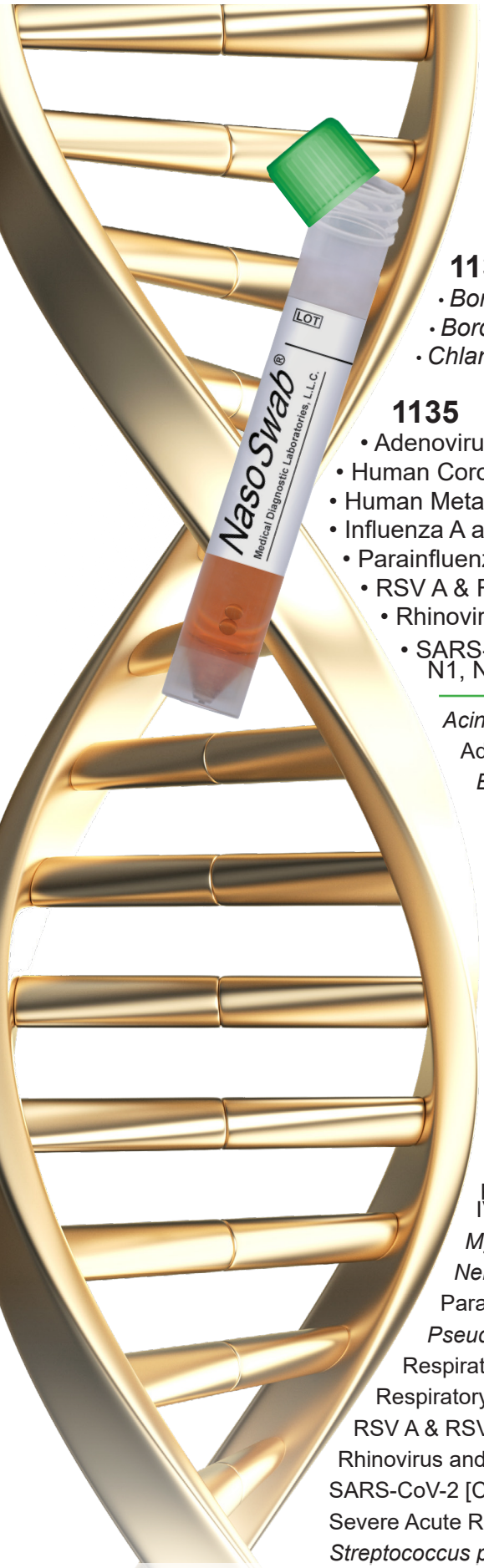

Available from the NasoSwab®

1139 Bacterial Respiratory Panel

- *Bordetella parapertussis*
- *Bordetella pertussis*
- *Chlamydophila pneumoniae*
- *Mycoplasma pneumoniae*
- *Streptococcus pneumoniae*

1135 Viral Respiratory Panel

- Adenovirus
- Human Coronavirus (Human Coronaviruses 229E, OC43, NL-63)
- Human Metapneumovirus
- Influenza A and Influenza B by Multiplex CFX rRT-PCR
- Parainfluenza Viruses 1-4
- RSV A & RSV B by Multiplex Real-Time PCR
- Rhinovirus and Enterovirus
- SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets)

Acinetobacter baumanii complex
Adenovirus
Bordetella parapertussis
Bordetella pertussis
Chlamydophila pneumoniae
Coxsackie virus A & B
Group A Streptococcus
Haemophilus influenzae
Human Bocavirus
Human Coronavirus (229E, OC43, NL-63)
Human Metapneumovirus
Influenza A and Influenza B by Multiplex CFX rRT-PCR
Moraxella catarrhalis
MRSA: Methicillin Resistant and Methicillin Susceptible (MSSA) *Staphylococcus aureus* by Conventional PCR CA-MRSA: Community-Associated MRSA.
Panton-Valentine Leukocidin (PVL) DNA [Community Associated MRSA = Type IV MRSA+ and PVL+]
Mycoplasma pneumoniae
Neisseria meningitidis
Parainfluenza Viruses 1-4
Pseudomonas aeruginosa
Respiratory Syncytial Virus A (RSV A)
Respiratory Syncytial Virus B (RSV B)
RSV A & RSV B
Rhinovirus and Enterovirus
SARS-CoV-2 [COVID-19] by Real-Time Reverse Transcription PCR (CDC N1, N2, RP targets)
Severe Acute Respiratory Syndrome (SARS)
Streptococcus pneumoniae

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