





## A combined viral specimen collection & transport system

**Virocult® offers significant advantages over other commercially available transport systems and is used and endorsed by virologists throughout the world.**

- **Easy and safe to use.** Simply sample the site of infection and insert the swab directly into the tube.
- **No hazardous ampoules to crush or seals to puncture.** Overcomes the need for a separate vial of transport medium and having to break off the swab stick.
- **Specimens transport safely at ambient temperature<sup>1</sup>.**  
Typical survival times at 22-23°C
- **Bacteria and fungi inhibited.** Chloramphenicol and Amphotericin antibiotics suppress growth of bacteria and fungi.
- **Pre-labelled colour coded transport tubes.**
- **Very economical.** 12 month shelf life, stored at room temperature.

Each Virocult® unit consists of a sterile swab and a pre-labelled transport tube which contains a foam pad saturated with 1.2ml of transport medium (balanced salt solution plus glucose, lactalbumin hydrolysate and antibiotics).

### In use

1. Peel open the sterile pack.
2. Take the sample.
3. Insert the swab into the transport tube.
4. Gently squeeze the base of the tube to bathe the swab with medium.



### Processing specimens

Virocult® is designed so that samples can be quickly processed in the laboratory. A suggested procedure for specimen treatment is as follows:-

1. Add approximately 2.0ml of Eagle's or Hanks' solution to the transport tube with the swab in situ.
2. Mix thoroughly using a vortex mixer or by squeezing the foam pad in the base of the tube several times.
3. Using a pipette withdraw the liquid and add approximately 0.2ml of the suspension to each culture tube.

### Using Virocult®

Often the clinical worker is required to send virus-containing specimens to a dedicated laboratory for further investigation.

This may be for assessment of possible treatments, detailed identification of the strains or documentation of novel strains, or as part of general surveillance and epidemiology.

In a variety of circumstances, swab sampling may be indicated for

Herpes Simplex Virus, Varicella-Zoster Virus, influenza, respiratory syncytial virus, mumps virus, adenovirus, rhinovirus and various enteroviruses. Virocult® provides a ready-to-use, high quality, CE-marked sterile swab for sampling, and a stable Virocult® transport medium for safe transport of the sample to the laboratory.<sup>1,2,3</sup>

### When to sample

The best time to isolate live virus particles is as soon as possible after the patient first presents with symptoms. Virus is usually present in maximum concentration at this stage, and then falls away. The patient may recover, but the opportunity will be lost for satisfactory specimens for epidemiology. Also, taking samples after a period of unsuccessful treatment with antibiotics is unlikely to be of use.<sup>4</sup>

### Where to sample

Determined by clinical symptoms and signs, and the known pathogenesis of the suspected virus. Generally the epithelial surface that is the normal entry point and primary site of viral replication should be sampled. The most important specimen, routine in respiratory infections as well as in many generalised infections is a nasal or throat swab. The second specimen, routine in enteric and many generalised infections is faeces.

Swabs may also be taken from the genital tract, from the eye, or from vesicular skin lesions.<sup>4</sup>

### Order Details



Code	Description	Quantity
MW950	STANDARD PLASTIC SHAFT <b>GENERAL PURPOSE</b>	125
MW974	STRAIGHT ALUMINIUM WIRE <b>URETHRAL, ENT</b>	125
MW975	TWISTED FLEXIBLE WIRE <b>ENT, PERNASAL &amp; NPG</b>	125

### References

1. Porterfield J.N., Hume R.D. Evaluation of Virocult collection and transport device. American Society of Microbiology AGM 1979
2. Johnson F.B., Leavitt R.W., Richards D.F., Evaluation of Virocult transport tube for isolation of Herpes simplex virus from clinical specimens. J. Clin. Microbiol. 1984; 20: 120-122.
3. Arvin A.M., Prober, C.G. Herpes Simplex Viruses in Manual of Clinical Microbiology, 7th Edition, 1999, American Society of Microbiology.
4. White D., Fenner F.J., Laboratory Diagnosis of Viral Diseases in Medical Virology, 4th Edition, 1994, Academic Press.

