Dignity Health Central Coast Service Area

**SUBJECT**: Wet Mounts (Saline)

**ORIGIN:** Clinical Laboratory/Microbiology

| **Document Category:** |
| --- |
| ☒ Policy | ☒Procedure | ☐Standardized Procedure | ☐Other:  |

| **Applies to:** |
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| ☒ Santa Maria Campus,Marian Regional Medical Center | ☒Arroyo Grande Campus,Marian Regional Medical Center | ☒French Hospital Medical Center |
| ☐St. John’s Pleasant Valley Hospital | ☐St. John’s Regional Medical Center |

# purpose:

A saline wet mounts of genital specimens provides information regarding the presence or absence of clue cells, yeast, Trichomonas, and WBCs in the female genital tract.

# REAGENTS/SUPPLIES:

### 0.85% saline 1-2 ml tubes

### Disposable pipettes

### Microscopic slides

### Cover slips

### Microscope

# QUALITY CONTROL:

N/A

# procedure:

1. Wet mounts must be performed within 1 hour of collection.
2. Place 1 drop of well mixed patient sample, in 0.85% saline, on a clean slide.
3. Affix cover slip to the slide.
4. Examine for motile Trichomonas, clue cells, white cells, and yeast.

# reporting results:

### If the wet mount is positive, enter POS and enumerate cells as follows:

* Few: 1-2 cells/high power field
* 1+ to 4+ for the value that is positive. Type in NO for values not seen.
* Note number for WBCs seen (No WBCs seen to 4+ WBCs).

### If the wet mount is negative, report: NO and “No yeast, no Trichomonas, and no clue cells seen” will populate. Note the number of WBCs present.

# LIMITATIONS:

### Trichomonas lose motility after 1 hour outside the body.

### Calcium Alginate swabs should not be used in specimen collection due to tight adherence of the specimen to the swab.

# references:

1. Isenberg, H. 1992. Clinical Microbiology Procedure Handbook. American Society for Microbiology. Volume 1.
2. Cumitechs #4, 17: Laboratory Diagnosis of Gonorrhea and Female Genital Tract Infections. American Society for Microbiology.
3. Koneman, E. 1997. 5th Edition. Color Atlas and Textbook of Diagnostic Microbiology. Lippincott Williams & Wilkins.