



Wet Mount Test

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PRINCIPLE

A vaginal wet mount (sometimes called a vaginal smear) is a test to find the cause of vaginitis or inflammation of the vagina and the area around the vagina.

Microscopic examinations of slides prepared from genital sources are examined for yeast cells, *Trichomonas vaginalis*, and "clue" cells. This information may be useful to the clinician in the diagnosis of certain genital infections and may lend information as to a course of treatment.

SCOPE

All McLaren Health Care physicians, including McLaren Medical Group (MMG) Managed sites and practices managed by their subsidiary hospital performing Provider Performed Microscopy testing.

SPECIMEN

Vaginal or urethral exudate.

MATERIALS

Bright field microscope
 Glass microscope slides
 Cover slips
 Sterile tubes
 Normal saline
 Culturette or sterile swabs

SPECIMEN COLLECTION

1. Collect vaginal/urethral exudate on Culturette or sterile swab.

QUALITY CONTROL

Commercial controls are unavailable. Reference material and/or the intranet can be used as a resource for identification.

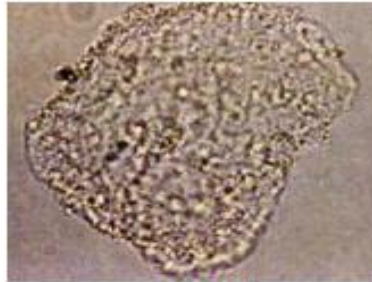
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PROCEDURE

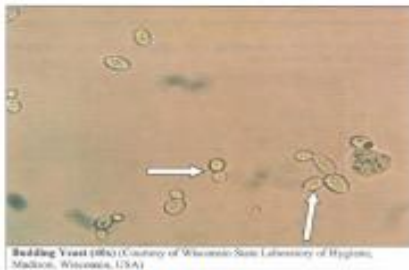
1. Dispense approximately 0.5 ml normal saline into a sterile tube.
2. Express exudate into the saline tube and swirl the swab vigorously to dislodge any particulates. (Appearance of the saline solution prior to the addition of the specimen should be clear and colorless. If not, obtain fresh saline).
3. Transfer one drop to a glass microscope slide.
4. Carefully cover with a cover slip.
5. Examine under 10x and 40x using bright field microscopy the slide carefully for epithelial cells completely covered with bacteria (Clue cells) and for the presence of hyphae, budding yeast, or mobile trichomonads.



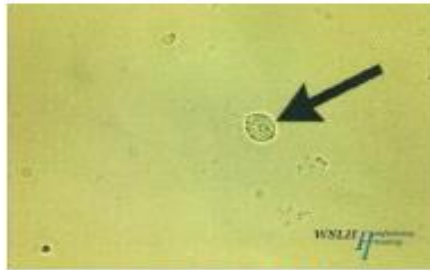
Normal Epithelial Cells



Clue Cell



Budding Yeast



Trichomonas vaginalis

REPORTING

1. Microscopic examination shall be performed by the provider.
2. Report the presence or absence of yeast cells, *Trichomonas vaginalis*, and/or "clue" cells. See Procedure Notes.
3. Documentation – document the test results in the patient's chart or (EMR) Electronic Medical Record.

PROCEDURE NOTES

1. Yeast cells are oval, refractile bodies approximately 6 microns in length.
2. Trichomonads are flagellated protozoa usually recognized by their shape and motility.
3. "Clue" cells are squamous epithelial cells with their entire surface border covered with small rod shaped bacteria. This is said to be predictive of *Gardnerella vaginalis*.
4. Non-motile trichomonads could be mistaken for white blood cells. To preserve the motility of the organisms, the specimen should not be refrigerated but examined immediately.

5. Failure to vigorously swirl the swab in the saline to dislodge particulates may lead to erroneous results.
6. Oil droplets from intravaginal medications may be mistaken for yeast. Oil droplets show great variation in size and are highly refractile. Yeast cells often show budding.

POLICY

1. The Wet Mount procedure is a moderate complexity test. Staff must follow all Provider Performed Microscopy (PPM) guidelines. See Provider Performed Microscopy (PPM) procedure.
2. An online, image-based program called Med-Training Solutions is used to distribute competency and proficiency assignments, track test completion, test scores, and provide printable reports for documentation. An Email notification is sent to the Providers and provides an autologin link. The Provider clicks on this link to go directly to their test menu and assignments.
3. Results will be documented in the Med Training Solutions online program. Reports can be downloaded to PDF or copied to an Excel file. Real time printable reports and documentation are available by the POC administrators of the Med Training Solutions program.
4. If staff does not meet the minimum requirements of 80% on the proficiency or competency, the staff will be reassigned training modules with review of testing procedures. Staff will repeat proficiency or competency testing.
5. The off-site POC Coordinator will assign the staff competency annually upon hire and each year thereafter. Alternate Proficiency material will be assigned 2 times per year to all staff performing PPM (Provider Performed Microscopy) testing.
6. All testing personnel must be tested for colorblindness before performing patient tests.

REFERENCES

Clinical Microbiology Procedures Handbook, ASM Press, 1995.

Wisconsin State Laboratory of Hygiene, Proficiency Test Photos, 2012

CLSI Physician and Nonphysician Provider Performed Microscopy Testing; Approved Guideline-Second Edition. POCT10-A2 2011

9/17: alternate proficiency
1/18 Scope
2/19 Updated procedure with pics
6/19 MTS Program