RHINOSTICS™

ATTENTION: General Guidelines Pertaining to Rhinostics Swab Evaluation and Testing Protocols

Join the Swab Revolution! Rhinostics swabs, including the RHINOstic™ Automated Nasal Swab, Rhinostics Standard Nasal Swab, and GrooveSwab™ Nasopharyngeal Swab, represent a new standard in polypropylene swab technologies. As polypropylene is nonabsorbent, contrived samples need to be created using a different protocol versus traditional swabs while true patient samples can be collected as you would normally do based on the Instructions for Use. Rather than dipping the swab in the contrived sample, we recommend that you apply 1-2 µL of known concentration sample onto a swab lying on the lab bench, allow it to dry, and move forward with your assay. If you are comparing to a flocked swab, repeat the same protocol with the flocked swab. This way, you know the exact amount of material on each swab as part of your evaluation.

The recommended guidelines below are based on "Accessioning and automation compatible anterior nares swab design", published in the Journal of Virological Methods (doi.org/10.1016/j.jviromet.2021.114153), and are appropriate for swab evaluation and testing protocols using contrived samples. Recommendations for remnant or clinical samples may be found in Sections 2.7 and 2.10 respectively in the paper.

Recommended Guidelines

1. Pipet the 1-2 µL of control or contrived sample onto the appropriate Rhinostics swab and comparison swab. Repeat replicates as desired.
2. Air dry each swab in a biosafety cabinet (BSL2+) for 20 minutes.
3. Place each dried swab into a 1.5 mL microtube containing 200 µL of 1x nuclease-free phosphate-buffered saline (PBS) or your assay buffer of choice and manually spin, swirl, or vortex for 10 seconds in the liquid.
4. Remove the necessary amount of liquid from each microtube for use in the assay.

For additional information, contact your local Rhinostics representative or email sales@rhinostics.com.