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PATHOLOGY SPECIMEN COLLECTION MANUAL

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PATHOLOGY LABORATORY

General Information

Hours of Operation:

Pathology Office - Weekdays	08:30 – 17:00
Pathology Office - Weekends and Statutory Holidays	Closed
Pathologist-on-Call	call locating
Surgical Receiving (CC2-070) - Weekdays	08:00 – 16:30
- Weekends and Statutory Holidays	Closed
Cytology Receiving (CC2-050) – Weekdays	08:00 – 16:00
- Weekends and Statutory Holidays	Closed

After working hours, Pathology specimens are left in a plastic bin located in the Microbiology Laboratory, CC2-044 or the Core Lab, CC2-005.

Surgical specimens placed in 10% Neutral Buffered Formalin should be kept at room temperature (refrigeration slows down the penetration rate of the fixative into the tissue).

Cytology specimens in CytoLyt or PreservCyt should be kept at room temperature..

Fresh Cytology specimens, without fixative, should be refrigerated and brought to the lab as soon as possible.

Cytology CSF specimens must be fresh and received in the Cytology lab within 60 minutes of collection.

Location: Cardinal Carter North Wing, 2nd floor

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SPECIMEN COLLECTION

Surgical and Cytology specimens are collected from a variety of sites for the diagnosis of malignant and benign processes. The site from which the sample is collected dictates the method of collection. The method of collection affects the morphology of the cellular samples. The importance of proper specimen collection and submission is essential.

1. Verifying patient identification and labeling the specimens at the time of collection while in the presence of the patient creates a positive link between patient and specimens. Loss of this link can lead to medical errors, such as switched or mislabeled specimens. The identity of the patient shall be confirmed prior to collection by the person collecting the sample. Patient identity shall be verified using, at minimum, two identifiers and able patients shall be asked to state these identifiers.
2. The container should be labeled during or immediately after the collection. There should be no more than one unlabeled container at a time.
3. No more than one set of patient labels should be present in the specimen collection area. After the collection is completed any unused labels should be discarded.
4. Collect the specimen using the proper technique, supplies and fixative.
5. Place the specimen in a specimen transport bag with a pouch in the bag. The specimen should be placed in the sealed portion of the bag and the requisition should be placed in the pouch.
6. Transport the specimen to the laboratory promptly.
7. Dispose of material used in the collection (following international, national, regional, local and organizational requirements).
8. Proceed to the next patient.

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All specimens should be collected in accordance with Body Substance Precautions. All specimens are considered potentially infectious and should be handled as such.

Specimens should be collected and stored as indicated in the following tables:

Table 1. Specimen Collection - Gynaecological Cytology

Table 2. Specimen Collection - Non-gynaecological Cytology

Table 3. Specimen Collection - Surgical Specimens

Requisitions:

- Each specimen submitted to the Pathology Laboratories (Surgical and Cytology) must be transported in a secondary container, which is usually the specimen transport bag and accompanied by a completed Surgical or Cytology requisition which is inserted into the pouch in the back of the transport bag.
- **Pathology and cytology specimens must be submitted with a written cytology or surgical pathology requisition. VERBAL REQUESTS ARE NOT ACCEPTED.**

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- The requisition form should include the following information: (** Required information)
 - ** Patient's full name
 - Patient's Hospital J #
 - ** Patient's date of birth and sex
 - Patient's Encounter #
 - ** Patient's room number / location
 - ** Requesting Physician's name and physician most responsible for the patient
 - ** Specimen source (s) (In surgical cases with multiple parts, the source of each must be indicated on the requisition)
 - ** Date and time of specimen collection
 - ** Clinical diagnosis, relevant history
 - **If a specimen is known or suspected of having a biohazard agent (Tb, CJD, AIDS, Hepatitis, etc) this should be documented on the requisition**
 - Please note that microbiological cultures cannot be performed on specimens submitted to Pathology

Specimen Containers:

- Specimen containers are provided by pathology and available in various sizes. The clinics are provided with 10% formalin, pre-filled, 90 ml containers. For larger specimens, containers of 10% formalin are available in 500 ml., 1 Litre, 5 Litre, and 15 Litre containers. A ratio of 1:10, tissue size to formalin volume, should be maintained to ensure adequate fixation. (10 to 20 times specimen size)

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- Each specimen container must be labeled with labels as outlined below.

Labels:

- Each specimen should have a label firmly attached to the body of the container. Labels should not be placed on the lid or cover any part of the lid. They should contain the following information:
 - Patient's full name (first and last)
 - Hospital J#
 - Encounter #
 - Date of birth (day, month, year) and sex
 - Location / Room number
 - Requesting Physician's name
 - Specimen source (legible)
 - Please note slides for Cytology should be labeled in pencil with the patient's name and source

Consent Forms:

- Required for Autopsy cases (Completed prior to arrival in Pathology)
- Required for all biopsies and surgical resections.
- Implied consent for Cytology is given by the patient for being present for the procedure.

Specimen Transport:

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- All specimens must be transported in specimen transport bags. These are clear bags with a pouch in the back and are labeled as biohazard. Only one specimen should be placed in each bag.
- Specimens are transported regularly throughout the day by the portering system to the laboratory.
- After hours, specimens are placed in Microbiology Laboratory (CC2-044) or Core Lab (CC2-005).

Verbal Requests for Rush examination of Specimens in Pathology:

- The Division of Pathology will be informed of RUSH (STAT) specimens in two manners:
 - RUSH specimen is delivered to/or received at Surgical/ Cytology Receiving.
 - The Division will receive a phone request by physician, resident, CLM etc to RUSH a specimen that has been received by the Division or is in transit to the Division.
- No technical staff have the authority to approve a RUSH specimen. Request for RUSH specimens are brought to the attention of the Pathologist covering that day. In the absence of the Pathologist, the case is brought to the immediate attention of the Director of Pathology.

Specimen Rejection:

- Specimen rejection may occur for any of the following criteria:
 - Specimen(s) **and/or requisition(s)** arrive unlabeled
 - Specimen(s) arrive with a mismatched specimen/requisition
 - Specimen are received grossly leaking
 - Specimen requisition is contaminated by blood or leaking formalin
 - Specimen arrives without a requisition

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- Specimen requisition lacking critical information
 - One of a series of specimens from the same patient on the same requisition is missing
 - Specimen arrives in an inappropriate container/ or fixative
 - Slides(s) are broken or shattered beyond reasonable repair (Cytology)
 - CSF fluids (Cytology) received after 2 hours of collection time or if collection time is undocumented on the requisition (NOT rejected, but becomes a compromised Specimen)
 - Breast biopsies (Surgical) received without date & time of collection
- **Specimens are rejected after documented efforts have been made to contact the clinicians and obtain information.** Pathology specimens are obtained by an invasive procedure, therefore no pathology specimen is disposed of without the authorization from the Director of Pathology.
 - For cases where the Cytology specimens are considered to be replaceable, all Gyn (including Colposcopy) and all urine (including Cystoscopy) compromised specimens will be discarded without attempts to repair the specimen/ requisition, as it is considered that confident identification of the patient/specimen cannot be performed. The clinician/clinic will be notified by telephone and a rejection log will be kept.
 - Pathology staff is not permitted to complete a requisition at the request of a physician and/or nurse. The completion of a Pathology requisition is the sole responsibility of the physician obtaining the specimen.
 - Pathology staff cannot add, alter and or remove patient information on a Pathology requisition. Any changes to the requisition are to be completed by the physician who submitted the specimen or the nurse/resident/fellow who assisted with the handling/labeling of the specimen.
 - An Incident form is completed for each problem / rejected specimen.

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Table 1: Specimen Collection - Gynaecological Cytology

	Collection		Transport/ Storage				
Specimen Type	Guidelines	Devices and/or Min. Vol.	Transport	Storage	Replica Limits	Location of Testing	Comments
Pap Smear (liquid) <u>Preferred</u>	<p>Collected by physician or authorized personnel</p> <p>Using the <u>Broom-Like Device:</u> Obtain an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction 5 times.</p> <p>Rinse the broom as quickly as possible into the PreservCyt Solution by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the</p>	<p>Gynae samples collected using a broom-type or endocervical brush/plastic spatula combination collection devices. Specimen rinsed in prefilled PreservCyt Solution vials.</p>		<p>Room temperature</p>	<p>N/A</p>	<p>SMH</p>	<p>The patient should be tested 2 weeks after the first day of her menstrual period, and not when she is menstruating.</p> <p>The patient should not use vaginal medication, vaginal contraceptives, or douches during the 48 hours before the pap exam.</p> <p>Lubricant jellies should not be used to lubricate the speculum.</p> <p>Remove excess mucus or other discharge present before taking the sample. This should be gently removed with ring forceps holding a folded gauze pad.</p> <p>The cervix should not be cleaned by washing with saline or it may</p>

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Specimen Type	Collection Guidelines	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
<u>Preferred</u>	<p>collection device.</p> <p>Tighten the cap so that the torque line on the cap passes the torque line on the vial.</p> <p>Using the <u>Endocervical Brush/Spatula Device:</u> Obtain as adequate sampling from the ectocervix using a <i>plastic</i> spatula.</p> <p>Rinse the spatula as quickly as possible into the PreservCyt Solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.</p> <p>Obtain an adequate sample from the endocervix using an endocervical brush device. Insert brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. DO NOT OVER-ROTATE.</p> <p>Rinse the brush as quickly as</p>						<p>result in a relatively acellular specimen</p> <p>The sample should be obtained before the application of acetic acid.</p> <p>See Appendix B for Quick Gyn Reference Guide</p> <p><i>NOTE: for Gyn specimens, Ontario Cervical Screening Cytology Guidelines (May 2012), Ontario Cancer Care, recommends repeat Cytology after 3 months for time for cell regeneration.</i></p>

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	Collection		Transport/ Storage				
Specimen Type	Guidelines	Devices and/or Min. Vol.	Transport	Storage	Replica Limits	Location of Testing	Comments
	<p>possible in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl vigorously to further release material. Discard the brush.</p> <p>Tighten the cap so that the torque line on the cap passes the torque line on the vial.</p> <p>Record the patient's name and J number on the vial. Record the patient information and medical history on the cytology requisition form.</p>						
Pap smear (conventional) if liquid PreservCyt is not available.	Collected by physician or authorized personnel	Specimen spread evenly on slide labeled, in pencil, with patient's name and fixed immediately (within seconds) with Cytology fixative. Slide should not be allowed to air dry.	Submitted on slides and fixed immediately. Slide placed in cardboard slide holder for transportation to the Cytology lab.	Room temperature	N/A	SMH	Spray fixatives should be held 6 – 10 inches (15 – 25 cm) from the glass slide when applied. Immediate fixation of the cellular sample is necessary to prevent air-drying which obscures cellular detail and compromises specimen evaluation.

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Table 2: Specimen Collection - Non-gynaecological Cytology

Specimen Type	Collection Method	Collection		Transport/Storage		Replica Limits	Location of Testing	Comments
		Guidelines	Devices and/or Min. Vol.	Transport	Storage			
Body Fluid	Drainage or aspiration	Collected by physician or authorized personnel. Body fluids usually collected with aseptic technique by needle puncture and aspiration of the body cavity fluid	Clean, dry container	Submitted in fresh state to the Cytology lab	Room temperature, if delay unavoidable refrigerate up to 72 hours.	N/A	SMH	<p>Adding 3 – 5 IU heparin/ml to a container prior to obtaining a bloody sample will usually inhibit clotting and not adversely affect morphology.</p> <p>For small fluid accumulation – submit entire specimen for evaluation.</p> <p>For large specimens, total volume 100 ml of well-mixed fluid should be sent to the Cytology lab for examination.</p> <p>Refrigeration reduces the rate of degeneration.</p>
CSF	Fluid	Collected by physician or authorized personnel.	Small clean, dry tube	Submitted in fresh state to the Cytology lab within 1 hour of collection.	Room temperature or refrigerated	N/A	SMH	<p>CSF should be collected fresh and delivered to the Cytology lab as quickly as possible to prevent cellular deterioration.</p> <p>For optimal CSF sample, the time between collection and preparation should be < 1 hour . > 1 hour, the CSF sample may be compromised.</p> <p>CSF collection after hours or on the weekend, should be deferred to the next</p>

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Specimen Type	Collection Method	Collection	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
		Guidelines		Transport				
								business day, if possible. If the CSF sample cannot be prepared immediately, it should be refrigerated at 4°C. If a delay of more than 48 hours is anticipated, the sample can be preserved by adding an equal volume of 50% ethanol. A CSF sample for cytology exam should never be frozen.
CSF (for Flow Cytometry)		Collected by physician or authorized personnel after initial cytologic evaluation , upon the recommendation of the pathologist.		Submitted directly in fresh state to Special Haematology.				Please contact Special Haematology at ext. 2141, for specimen requirements.
Urinary Tract	Voided Urine	Pass directly into clean, dry container	Clean, dry container (50 ml orange top)	Submitted in fresh state to the Cytology lab	Room temperature or refrigerate if delay unavoidable	N/A	SMH	20 – 50 ml preferred amount. The first void of the day is unsuitable for cytological exam because urothelial cells that have been sitting in urine for long periods will show degenerative changes that may compromise assessment.
	Bladder / ureteral or renal pelvis washings	Balance salt solution	Total volume	Submitted in fresh state to the Cytology lab	Room temperature or refrigerate if delay unavoidable	N/A	SMH	Any instrumentation or unusual anatomic alteration should be noted on the requisition (e.g. Presence of on ileal conduit).
GI Tract (including: esophagus, intestine, pancreas, bile duct)	Brushings	Collected by physician or authorized personnel. After the brushing is performed, the brush is rolled across the slide in an area approximately 2.5 centimeters in diameter (size of a quarter) to produce a thin evenly layered smear. The slide is spray	20 ml If brush tip submitted, it must be covered with saline. Alternatively, the tip may be swirled in the	Submitted in saline or CytoLyt fixative to the Cytology lab. Cytology fixative has an expiry date. This date should be checked to ensure optimal effectiveness.	Room temperature or refrigerate if delay unavoidable	N/A	SMH	Spray fixatives should be held 6 – 10 inches (15 – 25 cm) from the glass slide when applied. Immediate fixation of the cellular sample is necessary to prevent air-drying which obscures cellular detail

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		fixed immediately with Cytology fixative.	media without submitting the brush.					and compromises specimen evaluation. Any added CytoLyt fixative should be documented on the specimen container/requisition.
GI Tract (including: esophagus, intestine, pancreas, bile duct) cont.	Washings	<p>Collected by physician or authorized personnel.</p> <p>Small aliquots of balanced saline solution are washed over a directly visualized area and removed immediately with suction.</p> <p>If delay is expected, washing may be placed into CytoLyt (transport medium). Note: CytoLyt is not used in place of saline for the wash.</p>	Clean container with saline or if delay expected, place into CytoLyt	Submitted in saline to the Cytology lab	Room temperature	N/A	SMH	Any added CytoLyt fixative should be documented on the specimen container/requisition.
Respiratory	Sputum	Place directly into clean, dry container	Clean, dry container (50 ml orange top)	Submitted in fresh state to the Cytology lab	Room temperature	N/A	SMH	<p>Early morning, deep cough specimens are preferred.</p> <p>Collecting multiple (3) sputum samples over several days optimizes sensitivity.</p> <p>See Appendix A: for out-patient sputum collection.</p>
	Bronchial brushings	<p>Collected by physician or authorized personnel.</p> <p>After the brushing is performed, the brush is rolled across the slide in an area approximately 2.5 centimeters in diameter (size of a</p>	<p>20 ml</p> <p>If brush tip submitted, it must be covered.</p> <p>Alternatively, the tip</p>	<p>Submitted in saline or CytoLyt fixative to the Cytology lab.</p> <p>Cytology fixative has an expiry date. This date should be checked to ensure optimal effectiveness.</p>	Room temperature	N/A	SMH	<p>Spray fixatives should be held 6 – 10 inches (15 – 25 cm) from the glass slide when applied.</p> <p>Immediate fixation of the cellular sample is necessary to prevent air-drying which obscures cellular detail</p>

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		quarter) to produce a thin evenly layered smear. The slide is spray fixed immediately.	may be swirled in the media without submitting the brush.					and compromises specimen evaluation. Any added CytoLyt fixative should be documented on the specimen container/requisition.
	Bronchial washing	<p>Collected by physician or authorized personnel.</p> <p>Small aliquots of balanced saline solution are washed over a directly visualized area and removed immediately with suction.</p> <p>If delay is expected, washing may be placed into CytoLyt (transport medium). Note: CytoLyt is not used in place of saline for the wash.</p>	Clean container with saline or if delay expected, place into CytoLyt fixative		Room temperature	N/A	SMH	<p>The brush may be submitted in solution or discarded after vigorously removing the adherent cellular material into the medium.</p> <p>Any added fixative should be noted on the requisition.</p>

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Specimen Type	Collection Method	Collection	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
		Guidelines		Transport				
Fine Needle Aspiration Biopsy (FNAB) -breast -thyroid -lung -etc		<p>FNAB may be performed on any body site that can be reached with a fine needle (defined as 22 or higher gauge).</p> <p>The procedure as well as minor complications of bruising and bleeding should be explained to the patient.</p> <p>Written consent should be obtained where the procedure is performed.</p> <p>The skin should be cleansed with an alcohol swab prior to puncture for superficial FNAB. For percutaneous biopsy of deep lesions, sterile or aseptic technique is used.</p> <p>Sedation is rarely used, possibly for a deep-seated FNAB when the patient is uncomfortable or anxious.</p> <p>For solid lesions multiple passes with separate needles are performed. Staying within the lesion, the needle is moved in a cutting motion needed to obtain an adequate sample must be adjusted for the body site and characteristics of the lesion. These biopsies may be performed with suction or by the "non-suction" techniques. Once the cellular material is seen in the</p>	Cellular material smeared on slides labeled, in pencil, with patient's name and fixed immediately or needle is rinsed in CytoLyt (transport medium) to remove residual cellular material		Room temperature	N/A	SMH	<p>For cystic lesions, remove as much fluid as possible. The cyst fluid can be handled as a liquid specimen. If there is a residual mass, the procedure for solid lesion should be followed.</p> <p>Local pressure is usually adequate to control post procedural bleeding for superficial sites. Patients who have undergone deep FNAB should be followed for complications as clinically appropriate. All patients who undergo FNAB should be</p> <p>observed during and following the procedure until they are stable.</p>
		<p>needle hub, suction is released and the needle is withdrawn.</p>						

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Specimen Type	Collection Method	Collection	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
		Guidelines		Transport				
Tzanck Smear		Collected by physician or authorized personnel	Spread on slide labeled, in pencil, with patient's name and fixed immediately or specimen placed in CytoLyt	Direct scrape procedure is preferred and slides are submitted to Cytology smeared and fixed.	Room temperature	N/A	SMH	<p>The suspect lesion is premoistened with saline. If possible, a fresh vesicle should be chosen that has not ruptured and crusted.</p> <p>With a disposable needle a fresh vesicle is carefully opened or the crust from a ruptured lesion is removed.</p> <p>Using the edge of a metal spatula, scalpel blade, or glass slides, the margin of the lesion is scraped. The edges of the lesion will have the best yield of cells.</p> <p>The obtained material is carefully spread on an alcohol moistened microscopic slide and fixed. It is imperative that the material be fixed immediately after smearing.</p> <p>Alternatively, the scraping tool may be rinsed in CytoLyt and processed on the ThinPrep.</p>
Synovial Fluid (for crystals)		Collected by physician or authorized personnel	Small, clean, dry container (red top)	Submit in fresh state to the Cytology lab	Room temperature	N/A	SMH	
Fat Pad Aspirate		Collected by physician or authorized personnel	Small, clean, dry container	Submit in fresh state to the Cytology lab	Room temperature	N/A	MH	Do not fix specimen with alcohol.

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Table 3 Specimen Collection – Surgical

Specimen Type	Collection		Transport/Storage		Replica Limits	Location of Testing	Comments
	Guidelines	Devices and/or Min. Vol.	Transport	Storage			
Fresh Tissue Biopsy for frozen section	Collected by physician / surgeon		Submitted in fresh state to the Pathology OR lab (located on CC 5) for Quick Sections		N/A	SMH	
Lymph node or core biopsy for Suspect Lymphoma	Collected by physician/ surgeon		Call pathologist (ext 5851) for lymphoma protocol. Specimen submitted as fresh tissue or in normal saline.		N/A	SMH	
Small Tissue Biopsy	Collected by physician / surgeon	Appropriate size container, to accommodate specimen : 10% NBF fixative (1:20) ratio	Submitted in fixed state to Pathology	Room temperature	N/A	SMH	For optimum results, ratio of specimen to fixative should be 1:20. Exact time of specimen collection of breast biopsies is critical on surgical pathology requisitions. NBF: (Neutral Buffered Formalin).
Large Tissue Specimen	Collected by physician/ surgeon	Appropriate size container to accommodate specimen: 10% NBF fixative (1:10) ratio	Surgical samples are deposited within the 5 th floor OR Pathology collection window Lab, Room 601, in the vented formalin cabinet designated for specimens.	Room temperature	N/A	SMH	Pathology must be made aware of any late samples after 5 pm that do not fit into the standard formalin pre-filled containers available. On-call pathologist to be paged.
Large Surgical Breast Samples	Collected by physician/ surgeon	Appropriate size container to accommodate specimen : 10% NBF fixative (1:10) ratio	Surgical samples are Placed within the formalin cabinets in OR Pathology Lab, Donnelly 5-601. Breast Tissue only - call the Pathology office at x5915 for pickup	Room temperature	N/A	SMH	Pathology must be made aware of any late samples after 5 pm. On-call pathologist to be paged.

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Specimen Type	Collection	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
	Guidelines		Transport				
Bone Marrow Biopsy	Collected by physician	Specimen immediately placed in B plus fixative (10 ml container)	Submitted in fixed state to Pathology	Room temperature	N/A	SMH	Exact time of specimen collection is critical on surgical pathology requisition
Tissue Fragments for Uric Acid Crystals	Collected by physician	Specimen placed into absolute alcohol.	Submitted in fixed state to Pathology	Room temperature	N/A	SMH	
Fresh Fetus and placenta (for genetic testing)	Collected by physician/surgeon		Submitted in fresh state to Pathology collection window CC 2-072	Refrigerator 4°C	N/A	SMH	Must indicate on the Pathology requisition that specimen is for genetic testing. The Pathology lab sends to Mount Sinai Hospital. A Mount Sinai Hospital Cytogenetics Requisition - Perinatal must accompany the specimen.
Placenta/fetus	Collected by physician/ Surgeon	Submitted fresh	<ul style="list-style-type: none"> During work hours to pathology collecting window CC 2-070 After work hours either kept in 15th floor fridge or transported to fridge in core lab 2CC 	Refrigerated	N/A	SMH	
Tissue for (EM) Electron Microscopy Tumors- brain, pituitary	Collected by physician	Tissue placed into 2.5% gluteraldehyde	Specimen is picked up by EM technologist from OR Pathology lab	Refrigerated	N/A	SMH	
Tissue for EM/LM/IF (kidney) EM/LM/EH	Collected by physician		Submitted in fresh state. Technologist will assess specimen adequacy and divide specimen appropriately	Room temperature	N/A	SMH	Must make arrangement with technologist (ext 5915) prior to kidney specimen collection.

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Specimen Type	Collection	Devices and/or Min. Vol.	Transport/Storage	Storage	Replica Limits	Location of Testing	Comments
	Guidelines		Transport				
(muscle) EM/LM (nerve)							Must make arrangement with technologist (ext 5852) prior to muscle or nerve specimen collection.
Skin Biopsy for IF (Immunofluorescence)	Collected by physician	Tissue collected fresh and vial placed immediately by technologist into liquid nitrogen canister	Vial with biopsy placed into liquid nitrogen container by technologist and taken to the lab	- 70°C	N/A	SMH	Must contact pathology dept (ext 5915), technologist will arrive at point of collection.

REFERENCES

CLSI GP15-A3 Cervicovaginal Cytology Based on the Papanicolaou Techniques; Approved Guideline – 3rd Edition, Nov 2008.

CLSI GP23-A2 Non-gynecological Cytology Specimens: Preexamination, Examination, and Post-examination Processes; Approved Guideline – 2nd Edition, Nov 2014.

CLSI GP20-A2 Fine Needle Aspiration Biopsy (FNAB) techniques; Approves Guideline – 2nd Edition, Oct 2003.

Hologic Cervical Cancer Screening (ThinPrep) Quick Reference Guide

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APPENDICES

Appendix A: Out-Patient Sputum Collection for Cytology

Appendix B: Hologic Cervical Cancer Screening (ThinPrep) Quick Reference Guide

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Appendix A

OUT-PATIENT SPUTUM COLLECTION FOR CYTOLOGY

A series of **three (3) consecutive early morning deep cough specimens**, before breakfast, is recommended for cytologic evaluation.

The patient is to cough up sputum from deep within the lungs and collect the specimen in the specimen container.

An early morning deep cough specimen is optimal.

After the third sample is collected, all three containers should be brought in together and delivered to the **Cytology Laboratory (2CC Wing North, Room 2050)**.

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Appendix B

GYNECOLOGIC SAMPLE PREPARATION

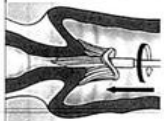






4

SECTION
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SPECIMEN COLLECTION

Collect Gynecologic Sample Using the Broom-Like Device

Physician/clinician instructions for collecting gynecologic samples.

	1. Obtain an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times.
	2. Rinse the broom as quickly as possible into the PreservCyt® Solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.
	3. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
	4. Record the patient's name and ID number on the vial.
	Record the patient information and medical history on the cytology request form.
	NOTE: If the sample is to be processed immediately, allow the sample to stand in the PreservCyt Solution Vial for at least 15 minutes before processing. If the sample is to be sent elsewhere for processing, continue with the next step.
	5. Place the vial and requisition in a specimen bag for transport to the laboratory.

ThinPrep® 5000 Processor Operator's Manual 4.3

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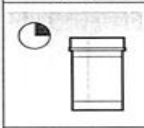

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GYNECOLOGIC SAMPLE PREPARATION

Collect Gynecologic Sample, Using the Endocervical Brush/Spatula Device

Physician/clinician instructions for collecting gynecologic samples.

	1. Obtain an adequate sampling from the ectocervix using a <i>plastic spatula</i> .
	2. Rinse the spatula as quickly as possible into the PreservCyt® Solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.
	3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert brush into the cervix until only the bottom-most fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE.
	4. Rinse the brush as quickly as possible in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl vigorously to further release material. Discard the brush.
	5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
	6. Record the patient's name and ID number on the vial. Record the patient information and medical history on the cytology requisition form.
	NOTE: If the sample is to be processed immediately, allow the sample to stand in the PreservCyt Solution Vial for at least 15 minutes before processing. If the sample is to be sent elsewhere for processing, continue with the next step.
	7. Place the vial and requisition in a specimen bag for transport to the laboratory.

4.4 ThinPrep® 5000 Processor Operator's Manual

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