Specimen Collection Guidelines for Non-Gyn and FNA Cytology

**Non-Gyn Cytology Specimens:**

1. Small specimens (50ml or less)
   1. Mix specimen directly with approximately 30 ml of CytoLyt solution.
   2. Any instrument used to obtain the specimen should be swirled or rinsed several times in the CytoLyt solution.
2. Large Specimens (more than 50ml)
   1. Pour approximately 50ml of specimen into 30 ml CytoLyt solution.
   2. Both fixed (in CytoLyt) and remaining unfixed specimens should be taken to the cytology prep lab immediately to prevent possible clotting and degeneration before processing.
3. Small cellular yield specimens (nipple discharge, herpetic lesions, etc.)
   1. Can be collected by touching the slide onto the specimen source.
   2. Occasionally an instrument is required to scrape the specimen. Gently scrape the source and as evenly as possible distribute the specimen onto the slide.
   3. Deposit the labeled slide into a cytology container containing 95% alcohol fixative.
4. Urine/Bladder Wash specimens
   1. If the specimen is to be a voided urine sample, do not collect the first voided urine of the morning as there may be too much cellular deterioration for an adequate assessment. If the order is for a voided urine cytology X3, please collect three morning (not first voided) samples of urine, obtained on three consecutive days.
   2. After the specimen has been collected, pour up to 50ml of the specimen into a container of CytoLyte.
   3. Please indicate whether it is voided urine, catheterized urine, or a bladder wash.
5. Sputum Specimens:
   1. A cytology sputum specimen should be collected by the patient in the early morning before eating or drinking. The deep cough specimen should be deposited in a container of CytoLyt. Up to three specimens may be ordered at one time. Collect a sample each morning and send all the samples at one time to the lab.
   2. A separate requisition is required for each specimen.
6. Biliary tract specimens:
   1. If the specimen is collected for cytology and FISH testing, the specimen can be totally submitted in a labeled Thin Prep vial containing 20ml or PreservCyt or CytoLyt. The cytology prep room has a supply of these containers.
   2. All specimens should be taken to the cytology prep lab as soon after collection as possible.
7. Anal Brushing\Anal Pap:
   1. Insert the cytobrush or water moistened Dacron swab into the anal canal until resistance is not met.
   2. Rotate the cytobrush or swab 360 degrees while gentle pressure is applied to the walls of the anal canal as the brush or swab is gradually withdrawn.
   3. Immediately rinse the cytobrush or swab in the ThinPrep PreServCyt Solution by rotating the collection device in the solution 10 times while pushing against the PreServCyt vial wall. Swirl the brush vigorously to further release material.
   4. Discard brush or swab.
   5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.
   6. Lubricants which may interfere with the processing and interpretation of the specimen should not be used prior to obtaining the cytology sample.

**Fine Needle Aspiration (FNA) Specimens**

After each aspirate is obtained, express syringe contents into the CytoLyt container. Aspirate the CytoLyt into the syringe and expel back into the container several times to clear the needle.

**Thyroid FNA collection**

For thyroid specimens at least 3 aspirations should be collected in CytoLyt and 2 aspirations should be collected in Afirma per the instructions of the Afirma kit. Slides might be made if desired. The Afirma media with specimen should be snap-frozen immediately after collection. Do not freeze the CytoLyt specimen.