

CYTOLOGY SPECIMEN COLLECTION (EPIC Order: Pathology, Cytology, Nongyne)

SPECIMEN	CONTAINER	TEMPERATURE	VOLUME	COMMENTS
BODY FLUIDS – LABEL EACH TUBE OR CONTAINER WITH PATIENT OR CERNER BRIDGE LABEL AND SOURCE OF SPECIMEN. SOURCE ON REQUISITION MUST MATCH SOURCE ON CONTAINER.				
Spinal Fluid	Sterile screw cap tube	Room temperature Refrigerate overnight, weekend and holidays	At least 1 ml, more if available	Deliver to laboratory ASAP, use Cytology or EPIC requisition. ID tube with patient or Cerner Bridge label and source of specimen.
Synovial Fluid	Sterile screw cap tube or urine container.	Room temperature Refrigerate overnight, weekend and holidays	At least 1 ml, more if available	Use Cytology or EPIC requisition. Identify tube/container with patient or Cerner Bridge label and source of specimen.
Pericardial Fluid	Tube, urine container, or glass bottle in plastic bag.	Room temperature Refrigerate overnight, weekend and holidays	1 to 10 ml - more if possible	Use Cytology or EPIC requisition. Identify tube/container with patient or Cerner Bridge label and source of specimen.
Thoracentesis (pleural fluid) Paracentesis (ascitic fluid, peritoneal fluid/wash)	1. Soft vinyl bag preferred, 500 ml or 1000 ml - glass bottles in plastic bag. 2. Urine container 3. Tubes	Room temperature Refrigerate overnight, weekend and holidays	For best results, at least 100mls. Smaller specimens will still be processed.	Use Cytology or EPIC requisition. Identify container with patient or Cerner Bridge label and source of specimen.
RESPIRATORY TRACT (SEPARATE specimens required for Cytology, Histology, and Microbiology)				
LABEL EACH CONTAINER WITH PATIENT OR CERNER BRIDGE LABEL AND EXACT SOURCE OF SPECIMEN				
Sputum (cancer screening)	1. Sterile sputum containers 2. Luki trap tube 3. Urine container	Room temperature Refrigerate overnight, weekend and holidays	At least 1 ml, not more than 10 ml	Use Cytology or EPIC requisition form; give history of patient, reason for sputum cytology screening - deep cough morning specimen preferred.
Sputum (pneumocystis stain)	Sterile sputum container	Room temperature Refrigerate overnight, weekend and holidays	At least 5 ml, more if available	Use cytology or EPIC requisition form. Early morning deep cough specimen preferred.
Bronchial washings (cancer screening)	Sterile Luki trap tube	Room temperature Refrigerate overnight, weekend and holidays	At least 5 ml, more preferred 5 to 40 ml	Use Cytology or EPIC requisition . Separate wash specimen for cytology and microbiology is required (not divided specimen).

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Bronchial washings (pneumocystis stain)	Sterile Luki trap tube	Room temperature Refrigerate overnight, weekend and holidays	20-40 ml	Use cytology or EPIC requisition form.
Bronchial Brushing	Place brush with material into normal saline.	Room temperature Refrigerate overnight, weekend and holidays	1 brush in at least 10 ml of saline. Brush must be submerged	Use Cytology requisition form. Separate form for each specimen submitted. Label each container with patient label and source of specimen..
Fine Needle Aspiration – Lung	Normal saline	Room temperature Refrigerate overnight, weekend and holidays	Whatever can be aspirated safely from lesion	Use Cytology or EPIC requisition. Label container with patient or Cerner Bridge label and source/site of specimen.
URINARY TRACT: LABEL CONTAINERS WITH PATIENT OR CERNER BRIDGE LABEL AND SOURCE OF SPECIMEN.				
Urine	Sterile urine container	Room temperature Refrigerate if end of day, weekend, holiday	10-100 ml	Use Cytology or EPIC requisition form with accompanying patient history.
Bladder , Kidney or Ureter Wash	Sterile urine container.	Room temperature Refrigerate if delay in processing	10-100 ml	Use Cytology or EPIC requisition form.
Fine Needle Aspiration of kidney masses	Normal saline	Room temperature	Whatever can be aspirated	Use Cytology or EPIC requisition form accompanied by patient history.
INTESTINAL TRACT: LABEL CONTAINERS WITH PATIENT OR CERNER BRIDGE LABEL AND SOURCE OF SPECIMEN.				
Brushings Esophageal Gastric Duodenal Colonic	Brush in Saccomanno Fixative provided by Cytology Lab. Use enough fixative to cover brush.	Room temperature	1 brush per area	Use Cytology requisition form - at bottom of page write in source of specimen. Accompany with history and request for candida, herpes and CA.

SPECIMEN	CONTAINER	TEMPERATURE	VOLUME	COMMENTS
Pap Test	Liquid-based test vials/kits are available in the Cytology Lab.	Room temperature	1 vial	Use BWMC Cytology requisition form. Place patients unique label on vial and requisition. LABEL MUST INCLUDE SOURCE Fill out the 3-ply reference laboratory requisition included in the kit. PLACE DEMOGRAPHICS LABELS ON ALL 3 COPIES
Ovary Asp cysts	Saccomanno Fixative, Fresh in sterile container	Room temperature Refrigerate overnight, weekend and holidays	As much as can be aspirated	Use Cytology or EPIC requisition form. Label each container with patient or Cerner Bridge label and exact source of specimen.
Cul de Sac Fluid	Fresh in sterile container	Room temperature Refrigerate overnight, weekend and holidays	1-5 ml	Use Cytology or EPIC requisition form - fill in under fluids (Other).

NOTE:

- (a) All cytology specimens should be refrigerated after 4:00 p.m. on weekdays, and on all weekends and holidays.
- (b) Cytology cases which must be screened as priority or "rush," should be called over to the Cytology Lab, ext. 4215, preferably after completion of test by physician.
- (c) When in doubt, submit specimens in normal saline.
- (d) **Please note: Source of specimen on container label must match source of specimen on requisition. Please label all containers with proper source to avoid error and delay in processing.**

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