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Owner Theresa Hunter:
Director
Laboratory
Policy Area Lab - Cytology
Applicability UM Baltimore
Washington
Medical Center

Cytology Specimen Collection

SPECIMEN	CONTAINER	TEMPERATURE	VOLUME	COMMENTS
BODY FLUIDS – LABEL EACH TUBE OR CONTAINER WITH PATIENT 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 by hand to Laboratory as soon as possible (ASAP), use Cytology requisition form. Identify tube with patient label and source of specimen.
Synovial Fluid	Sterile screw cap tube or specimen container.	Room temperature Refrigerate overnight, weekend and holidays	At least 1 mL, more if available	Use Cytology requisition form. Identify tube/ container with patient 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 requisition form Identify tube/container with patient label and source of specimen.
Thoracentesis (pleural fluid) Paracentesis (ascitic fluid,	1. Soft vinyl bag or 1000 mL - bottle	Room temperature Refrigerate overnight,	At least 100 mL for best results, not more than	Use Cytology requisition form. Identify container with patient label and source

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peritoneal fluid/wash)	submitted in large specimen bag. 2. Specimen container 3. Tubes (if large volume sample cannot be obtained)	weekend and holidays	1000 mL	of specimen.
RESPIRATORY TRACT (SEPARATE specimens requested for Cytology/Histology/Microbiology) LABEL EACH CONTAINER WITH PATIENT LABEL AND EXACT SOURCE OF SPECIMEN				
Sputum (cancer screening)	1. Sterile sputum containers 2. Luki trap tube 3. Specimen container	Room temperature Refrigerate overnight, weekend and holidays	At least 1 mL, not more than 10 mL	Use Cytology 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 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 requisition form. Separate wash specimen for cytology and microbiology (not divided specimen).
Bronchial washings	Sterile Luki trap tube	Room temperature Refrigerate overnight, weekend and holidays	20-40 mL	Use cytology requisition form.
Bronchial Brushing	Place brush with material into normal	Room temperature	1 brush in at least 10 mL of	Use Cytology requisition form. Separate form for

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	saline or Saccomanno fixative.	Refrigerate overnight, weekend and holidays	saline. Brush must be submerged	each specimen submitted. Label each container with patient label and source of specimen..
Fine Needle Aspiration – Lung	Normal saline or Saccomanno fixative.	Room temperature Refrigerate overnight, weekend and holidays	Whatever can be aspirated safely from lesion	Use Cytology requisition form. Label container with patient label and source/site of specimen.
URINARY TRACT: LABEL CONTAINERS WITH PATIENT'S LABEL AND SOURCE OF SPECIMEN.				
Urine	Sterile urine container	Room temperature Refrigerate if end of day, weekend, holiday	30-100 mL	Use Cytology 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 requisition form.
Fine Needle Aspiration of kidney masses	Sacomanno Fixative container (from Cytology Lab)	Room temperature	Whatever can be aspirated	Use Cytology requisition form accompanied by patient history.
INTESTINAL TRACT: LABEL CONTAINERS WITH PATIENT'S UNIQUE 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 cancer.
Pap Test	Liquid-based test vials/kits are available in the Cytology Lab.	Room temperature	1 vial	Use 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

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				kit. PLACE DEMOGRAPHICS LABELS ON ALL 3 COPIES
Ovary Cyst Fluid	Saccomanno Fixative, Fresh in sterile container	Room temperature Refrigerate overnight, weekend and holidays	As much as can be aspirated	Use Cytology requisition form. Label each container with patient 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 requisition form - fill in under fluids (Other).

NOTE:

- All cytology specimens should be refrigerated after 4:00 p.m. on weekdays, and on all weekends and holidays.
- When in doubt, submit specimens in normal saline.
- 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.**

Approval Signatures

Step Description	Approver	Date
VP Approver	John Greely: Senior Vice President & Chief Operations Officer	04/2025
MEC Approval	Jason Heavner: Senior Vice President and Chief Medical Officer	04/2025
Approver	Sabrina Sopha: Physician	03/2025
Approver	Theresa Hunter: Director Laboratory	03/2025

Applicability

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