



**COLLECTION, PRESERVATION AND
TRANSPORTATION
OF
TISSUE SPECIMENS
GYN CYTOLOGY SPECIMENS
NON-GYN CYTOLOGY SPECIMENS
FLOW CYTOMETRY SPECIMENS
HPV SCREENING AND GENOTYPING BY PCR
CHLAMYDIA & GONORRHEA BY PCR
HERPES SIMPLEX I AND II BY PCR
TRICHOMONAS VAGINALIS BY PCR
AUTOPSY REQUIREMENTS**

CYTOLOGY REPORTING TERMINOLOGY

ARKANSAS PATHOLOGY ASSOCIATES, P.A.

Little Rock, AR 72205

Revised 5-8-2017

Dear Doctor:

In an effort to provide efficient, accurate, and timely surgical pathology and cytology services, Arkansas Pathology Associates, P.A., has prepared this manual to serve as a guide for submission of tissue and cytology specimens. Our goal is to aid you in the management of your patients and outlining these procedures will hopefully enable us to do that.

If you have any questions concerns or changes, please contact Arkansas Pathology Associates.

Sincerely,

David Pope, M.D., President
Arkansas Pathology Associates, P.A.

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General Information

GENERAL INFORMATION

Location and Telephone Numbers

Arkansas Pathology Associates Laboratories

Histology Laboratory
1000 North University Avenue
Little Rock, AR 72207
(501) 687-1301
Fax: (501) 664-2593

Cytology Laboratory
1000 North University Avenue
Little Rock, AR 72207
(501) 664-2595
Fax: (501) 664-7134

Arkansas Pathology Associates Administration and Accounting:

1000 North University Avenue
Little Rock, Arkansas 72205
(501) 663-4116
(800) 663-8922
Fax: (501) 663-4301

Arkansas Pathology Associates Pathology:

#2 St. Vincent Circle
Little Rock, AR 72205
(501) 552-2966
Fax: (501) 552-4407

Hours of Operation

Arkansas Pathology Associates Offices are open **Monday through Friday 8:00 am to 5:00 pm.**

*Courier Service:

Courier service is available to most Arkansas locations **Monday through Friday for specimen pickup**, which is best accomplished as part of an established routine run.

*Quick Service:

Arkansas Pathology Associates Quick Service program allows you to send specimens via overnight shipping at no additional cost if you are located outside the courier service areas. Reports can be faxed and/or mailed to your office to insure a fast turnaround time.

*STAT Service:

Arrangements for STAT service can be made upon request by calling the laboratory.

Reporting Results

Delivery of pathology and/or cytology reports can be made a number of ways:

- Interface with EMR
- Arkansas Pathology Associates Courier Service
- US Mail
- Fax

Turnaround Time:

Tissue and cytology specimens are processed on the same day as received, with interpretation and reporting accomplished within **24 to 48 hours upon receipt of specimen for most routine cases**. Reporting times may vary depending on the complexity of the case and the need for special stains, consultation, prolonged fixation, etc. Consultations or difficult cases are made locally or sent to other nationally recognized pathology consultants. Physicians are notified when extended delay in reporting is incurred. When a specimen is labeled as a **RUSH** case, the report can be called to your office upon request.

Professional Consultation

Members of our staff are always available to answer your questions, discuss interpretations, consult on unusual cases, or arrange for special studies.

Please contact Arkansas Pathology Associates or any of the individual Pathologists when professional consultation is needed.

Supplies

When using Arkansas Pathology Associates for diagnosis of your patient's specimens, supplies will be provided to your office to include:

- pre-filled Formalin containers in various sizes
- pre-filled Acetic Zinc Formalin containers
- pre-filled CytoLyt containers in various sizes
- Renal Biopsy Collection Kits
- Michel's Solution for IF stains
- PCR Media with STD Swab Collection and Transport Kit for CTNG, HSV
- M-swab PCR tube for HSV
- RPMI
- ThinPrep Vials (Pap Test, HPV, Chlamydia, Gonorrhea, and Trichomonas Vaginalis)
- Broom-Like Devices
- Endocervical Brush/Spatula
- Specimen bags
- Requisition forms

Other special supplies that you may prefer for your practice may also be supplied upon request. Contact the business office at (501) 663-4116 or (800) 663-8922 if a supply that you need is not listed.



1000 North University Avenue
 Little Rock, Arkansas 72207
 Phone (501) 663-4116 • Fax (501) 663-4301
 Internet: www.pathassociates.com

234636

DATE RECEIVED _____

ACCESSION # _____

DATE COLLECTED		PHYSICIAN SIGNATURE / INITIAL		DUPLICATE REPORT TO		RUSH CALL / FAX NUMBER						
P A T I E N T	PATIENT NAME (LAST)			(FIRST)	(M.I.)	SEX						
	STREET ADDRESS			CITY	STATE	ZIP						
	CHART # / MEDICAL RECORD #		SOCIAL SECURITY NO.	DATE OF BIRTH	TELEPHONE NO.	WORK NO.						
I N S U R A N C E	PLEASE ATTACH COPY OF INSURANCE CARD		PRIMARY INSURANCE		SECONDARY INSURANCE							
	Insurance Company Name											
	Insurance Company Street Address											
	Insurance Company City, State, Zip											
	Patient ID# or SSN											
	Group#											
Responsible Party and Relationship												
Employer/Address/Phone#												
H I S T O L O G Y / N O N - G Y N C Y T O L O G Y	SOURCE						ANCILLARY TESTING					
	<input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> Punch <input type="checkbox"/> Curettage <input type="checkbox"/> Scissor <input type="checkbox"/> Shave <input type="checkbox"/> Other _____						<input type="checkbox"/> FISH					
	<input type="checkbox"/> Sputum <input type="checkbox"/> Bronch Brush (Right) (Left) <input type="checkbox"/> Bronch Wash (Right) (Left) <input type="checkbox"/> BAL <input type="checkbox"/> Urine <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized						<input type="checkbox"/> _____					
	<input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Ascitic Fluid <input type="checkbox"/> CSF <input type="checkbox"/> Breast Smear (RL) <input type="checkbox"/> FNA (Source) _____ <input type="checkbox"/> Other _____						ICD-10:					
	Specimen(s) Submitted		A. _____		D. _____							
			B. _____		E. _____							
			C. _____		F. _____							
	Clinical History											
	Pre-Op Diagnosis				Post-Op Diagnosis							
	G Y N C Y T O L O G Y / M O L E C U L A R T E S T I N G	PAP		SOURCE		ANCILLARY TESTING						
<input type="checkbox"/> Liquid Based Pap Test		<input type="checkbox"/> Cervical/Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Other _____		<input type="checkbox"/> HPV-High Risk <input type="checkbox"/> Chlamydia Trachomatis/ <input type="checkbox"/> Neisseria Gonorrhoeae		<input type="checkbox"/> Herpes Simplex 1 & 2 <input type="checkbox"/> Trichomonas Vaginalis		Liquid Based <input type="checkbox"/> Maturation (Index Vag Smear Only)				
CLINICAL HISTORY												
LMP		PREVIOUS PAP HISTORY				PREVIOUS BIOPSY						
Abnormal History <input type="checkbox"/> Yes <input type="checkbox"/> No		Result & Date		<input type="checkbox"/> Normal		Date		Result & Date				
MENSTRUAL/PREGNANCY HISTORY				HORMONAL HISTORY				TREATMENT HISTORY				
<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Hysterectomy (cervix intact) <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Pregnant/Wks _____ <input type="checkbox"/> Post Partum/Wks _____ <input type="checkbox"/> Abnormal Bleeding/Spotting <input type="checkbox"/> Other _____		<input type="checkbox"/> Estrogen Replacement Therapy <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> Depo-Provera <input type="checkbox"/> Other _____		<input type="checkbox"/> Cryosurgery <input type="checkbox"/> Conization <input type="checkbox"/> D&C <input type="checkbox"/> Date _____		<input type="checkbox"/> Leep <input type="checkbox"/> Radiation <input type="checkbox"/> Other _____						
<input type="checkbox"/> IUD <input type="checkbox"/> Colpo Abnormality <input type="checkbox"/> Discharge <input type="checkbox"/> Lesion or Mass				<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Immunosuppressed				<input type="checkbox"/> Prior Carcinoma <input type="checkbox"/> Other _____				
ADDITIONAL HISTORY												
NOTES												
REFERRING DIAGNOSIS		Diagnosis Code _____										

FOR MEDICARE PATIENTS WHO HAVE HAD ROUTINE SCREENINGS WITHIN THE LAST TWO YEARS, AN ABN IS REQUIRED.

Specimen Preparation and Handling

ANATOMICAL SPECIMENS

Fixation of Tissue Specimen

MATERIALS NEEDED

1. Gloves, lab coat, and eye protection.
2. Tissue container which will hold the specimen and an adequate amount of fixative.
3. 10% Neutral buffered formalin.
4. Tissue requisition.
5. Transport Bag

SPECIMEN COLLECTION

1. Wear gloves, lab coat, and eye protection.
2. Properly label specimen container with patient's name and ***source of specimen***. Per CAP guidelines, each specimen **MUST** have two specimen identifiers (ie., Patient Name and Date of Birth or MR#, along with the source of specimen).
3. Collect tissue immediately from physician and place into container with at least an equal volume of fixative. Make sure container does not leak.
4. If Lymphoma is clinically suspected for a lymph node specimen, place a small portion of the lymph node into properly labeled container of RPMI solution and refrigerate until courier pickup. The remainder of the lymph node should be placed in a properly labeled container of formalin or AZF.
5. **BREAST BIOPSY AND RESECTION SPECIMENS:**
FIXATION GUIDELINES:
 1. Specimens should be immersed in fixative within 1 hour of the biopsy or resection procedure.
 2. If delivery of a resection specimen to the pathology department is delayed (e.g. specimens from remote sites), the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted.
 3. The time of removal of the tissue and the time of immersion of the tissue in fixative should be recorded and submitted to the laboratory.
6. Complete tissue requisition with the following information:
 - ◆ Patient's name, age, date of birth, SSN, and gender.
 - ◆ Address
 - ◆ Doctors office or hospital and phone number

- ◆ Insurance information
- ◆ Relevant clinical history
- ◆ Source of tissue
- ◆ Doctor's signature

TRANSPORT SPECIMEN

1. Place specimen in transport bag and seal.
2. Place the requisition in the pouch outside the sealed bag.
3. Transport specimens to the laboratory by courier.
4. If specimens are to be mailed, contact the laboratory for instructions.

**Chromosome Analysis Solid Tissue
(Skin, Abortus, Products of Conception)**

Test Synonym: Chromosome Analysis, Cytogenetic Analysis, Microarray, CombiMatrix

Turnaround Time: 7 – 10 days

Methodology: Microarray Analysis

Specimen Requirements: Products of conception, chorionic villus, fetus: heart or thigh muscle

Collect tissue immediately from physician and place into container with at least an equal volume of Neutral Buffered Formalin. Make sure container does not leak.

Cause of Rejection: Specimen exposed to extreme temperature or insufficient number of cells.

Specimen Stability: Specimen stable for 48 hours at 18 - 25°C

Storage and Handling: Ship ambient overnight; ship Friday and Saturday for Monday delivery if sample is protected from temperature extremes.

Reference Range: 46, XY: normal male / 46, XX: normal female

BONE MARROW FIXATION AND HANDLING

MATERIALS NEEDED

1. Gloves, lab coat, and eye protection.
2. Tissue container which will hold the specimen.
3. Acetic Zinc Formalin
4. Transport Bag.
5. Frosted end slides for blood smears.
6. Positive Charged slides for bone marrow smears.
7. Bone marrow study or differential slide evaluation requisition slip, which includes blood indices, iron levels, etc.
8. EDTA and 2 Sodium Heparin collection tubes.

SPECIMEN COLLECTION

1. Wear gloves, lab coat, and eye protection.
2. Properly label specimen container with patient's name and source of specimen. Per CAP guidelines, each specimen **MUST** have two specimen identifiers (ie., Patient Name and Date of Birth or MR#, along with the source of specimen).
3. Aspirate marrow
4. Immediately after bone marrow aspirate has been collected, add 2-3 mL of bone marrow to an EDTA (lavender top) tube and 2-3 mL of bone marrow into two separate Sodium Heparin (green top) tubes and mix well. Bone marrow smears should be made from the EDTA tube at CHI ST. VINCENT AND CHI ST. VINCENT HOT SPRINGS. All other facilities will send the bone marrow aspirate tubes to APA and slides will be prepared at APA.
5. Allow very small amount of bone marrow to clot in syringe. Add the clotted aspirate to an AZF vial and label clot. The bone marrow biopsy should be added to a separate AZF vial. **NOTE: The two AZF vials should be placed in a separate bag from the lavender and green top tubes and any slides.** Please stable the two bags together and send with paperwork in the outside pouch of either bag.
6. Transport with wet ice or cool pack all year. DO NOT FREEZE.
7. **Always send peripheral blood smear labeled with patient's first and last name with date of birth and copy of CBC report.** Please do not use sticker labels on smears. If peripheral blood is available, please send the EDTA tube labeled "peripheral."
8. Please send pertinent clinical information. This will enable us to more rationally and economically select antibodies.

9. IF YOU HAVE QUESTIONS, CALL TERRY RAY AT (501) 350-5386 OR KIM HANDLOSER AT (501) 517-6107 DR. DAVID POPE (501) 552-2966.
10. Complete the requisition with the following information.
- ◆ Patient's name, age, date of birth, SSN, and gender.
 - ◆ Address
 - ◆ Doctors office or hospital and phone number
 - ◆ Insurance information
 - ◆ Relevant clinical history
 - ◆ Source of tissue
 - ◆ Doctor's signature
 - ◆ Peripheral blood indices, iron levels, etc

TRANSPORT SPECIMEN

1. Place AZF specimens in one transport bag and all other tubes and slides in a second bag. Please staple bags together. Do not place EDTA tube, Heparin tube, or smears in same bag as AZF vials.
2. Place the requisition in the pouch outside either of the sealed bags.
3. Transport specimens to the laboratory by courier.
4. If specimens are to be mailed, contact the laboratory for instructions.

****All CHI St. Vincent Hot Springs Bone Marrow Specimens must be in the hospital laboratory by 2:30 pm for courier pick up****

STONES FOR ANALYSIS

MATERIALS NEEDED:

1. Gloves, lab coat, and eye protection.
2. Tissue container which will hold the specimen.
3. Tissue requisition.
4. Transport bag.

SPECIMEN COLLECTION

1. Wear gloves, lab coat, and eye protection.
2. Properly label specimen container with patient's name and source of specimen. Per CAP guidelines, each specimen **MUST** have two specimen identifiers (ie., Patient Name and Date of Birth or MR#, along with the source of specimen).
3. Collect tissue from physician and place into container *without fixative*.
4. Complete tissue requisition with the following information:
 - ◆ Patient's name, age, date of birth, SSN, and gender
 - ◆ Address
 - ◆ Doctors office or hospital and phone number
 - ◆ Insurance information
 - ◆ Relevant clinical history
 - ◆ Source of tissue
 - ◆ Doctor's signature
 - ◆ Request "stone analysis" on the requisition

TRANSPORT SPECIMEN

1. Place specimen in transport bag and seal.
2. Place the requisition in the pouch outside the sealed bag.
3. Transport specimens to the laboratory by courier.
4. If specimens are to be mailed, contact the laboratory for instructions.

DIFFERENTIAL SLIDE FOR EVALUATION

MATERIALS NEEDED

1. Microscope Slides
2. Requisition
3. Slide holder
4. Transport bag.

SPECIMEN COLLECTION

1. Make peripheral blood smear on slides. Please do not stain. Allow slides to dry thoroughly.
2. Label slides with patient's name and one other patient identifier (i.e., Date of Birth or MR#).
3. Place slides into slide holder
4. Label holder with patient's name and specimen
5. Include a copy of the most recent CBC results and any other pertinent lab results.
6. Complete requisition to include:
 - ◆ Patient's name, age, date of birth, SSN, and gender
 - ◆ Address
 - ◆ Doctor's office or hospital
 - ◆ Diagnosis
 - ◆ Brief patient history
 - ◆ Comments

TRANSPORT SPECIMEN

1. Place slides and EDTA specimen in transport bag and seal.
2. Place the requisition in the pouch outside the sealed bag.
3. Transport specimens to the laboratory by courier.
4. If specimens are to be mailed, contact the laboratory for instructions.

KIDNEY BIOPSY

MATERIALS NEEDED:

1. Gloves, lab coat, and eye protection.
2. Kidney Biopsy Kit
3. Tissue requisition
4. Transport bag

SPECIMEN COLLECTION

1. Wear gloves, lab coat, and eye protection
2. Properly label specimen container with patient's name and source of specimen. Per CAP guidelines, each specimen **MUST** have two specimen identifiers (ie., Patient Name and Date of Birth or MR#, along with the source of specimen).
3. Immediately after biopsy is taken, tissue should be divided as follows:
 - 1 core of kidney in Formalin for Light and Electron Microscopy
 - 1 cores of kidney in Michel's fixative for immunofluorescenceNote: Single core/scant material:
The core should be divided in half for Light and IF or submitted entirely for Light Microscopy.
4. Complete tissue requisition with the following information:
 - ◆ Patient's name, age, date of birth, social security number, and sex
 - ◆ Address
 - ◆ Doctors Office or Hospital and phone number
 - ◆ Insurance Information
 - ◆ Relevant Clinical History
 - ◆ Source of Tissue
 - ◆ Doctor's Signature

TRANSPORT SPECIMEN

1. Place specimen(s) in Kidney Needle Biopsy Kit and place kit in transport bag and seal.
2. Place the requisition in the pouch outside the sealed bag.
3. Transport specimens to the laboratory by courier.

BREAST PROGNOSTIC MARKERS

HER2/neu, ER, PgR, Ki67

FIXATION GUIDELINES:

1. Specimens should be immersed in fixative within 1 hour of the biopsy or resection procedure.
2. If delivery of a resection specimen to the pathology department is delayed (e.g. specimens from remote sites), the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted.
3. The time of removal of the tissue and the time of immersion of the tissue in fixative should be recorded and submitted to the laboratory.

SPECIMEN REQUIREMENTS FOR PARAFFIN EMBEDDED TISSUE:

1. Formalin fixed paraffin embedded tissue block
2. 1 - H & E slide per tissue block
3. Completed pathology report or completed Immunohistochemistry staining request form.
4. Provide prognostic information for breast tumors.
5. Provide hours of formalin fixation on requisition.

GYNECOLOGIC CYTOLOGY SPECIMENS

Specimen Collection, Adequacy, Requisition & Transportation

Patient Preparation

To optimize collection conditions, a woman should:

1. Schedule an appointment approximately two weeks (10-18 days) after the first day of her last menstrual period.
2. Not douche 48 hours prior to the test.
3. Not use tampons, birth control foams, jellies, or other vaginal creams or vaginal medications for 48 hours prior to the test.
4. Refrain from intercourse 48 hours prior to the test.

Test Requisition

Under the supervision and guidance of the physician, a laboratory requisition must be legibly and accurately filled out before obtaining the cellular sample. The laboratory requisition is the main communication link between the physician and the laboratory. The requisition form should have the following information as required by CLIA '88.

1. Patient's name (any name change in the past 5 years should be noted)
2. Age and/or date of birth
3. Menstrual status (LMP, hysterectomy, pregnant, postpartum, hormone therapy)
4. Previous Pap history, abnormal cervical cytology results, previous treatment, biopsy or surgical procedure and results
5. Source of specimen, e.g. cervical, vaginal

Appropriate clinical history provided by the physician on the requisition should include:

1. Hormone/contraceptive use; including LMP.
2. Relevant clinical findings (abnormal bleeding, grossly visible lesion, etc.)

Patient's SSN, physician and health facility names, insurance information and medicare information if applicable.

Labeling the Sample

Per CAP Regulations, the patient's name and another patient identifier on the PreservCyt Solution vial. Examples of acceptable identifiers include, but are not limited to: patient's date of birth or SSN, tracking or requisition number. A location (e.g. hospital room) is not an acceptable identifier. The patient identifiers should be written in permanent marker in case the lid is not screwed on tightly and leakage occurs.

Visualization of the Cervix for Collection of an Adequate Sample

1. Collection of a cervical cytology specimen is usually performed with the patient in the dorsolithotomy position.
2. A sterile, or single-use bivalve speculum of appropriate size is inserted into the vagina without lubrication. Warm water may be used to facilitate insertion of the speculum. The position of the speculum should allow for complete visualization of the os and ectocervix. If a lubricant must be used due to patient discomfort or other circumstances, it should be applied sparingly on the outer portion of the speculum with great care to avoid the tip. Hologic (ThinPrep) has evaluated a variety of popular lubricants and found that those containing an ingredient known as "carbomers" or "carbopol polymers" are prone to interfere with liquid based Pap tests.
3. The transformation zone is the site of origin for most cervical neoplasia and should be the focus of cytology specimen collection. The transformation zone may be easily visualized or may be high in the endocervical canal. Location varies not only from patient to patient, but in an individual over time. Factors producing variation include changes in vaginal pH and hormonal changes including pregnancy, childbirth, menopausal status, and hormonal therapy.
4. In postmenopausal patients or women who have received radiation therapy, cervical stenosis may prevent visualization of the transformation zone. It remains important to sample the endocervix in these patients. This may require more extensive clinical procedures.
5. If a patient has had a hysterectomy, a vaginal sample is sufficient, with particular attention to sampling the vaginal cuff.

Specimen Collection, Adequacy, Requisition & Transportation

ThinPrep Pap Test

Techniques for Sample Collection

Spatula and Endocervical Brush Technique

1. The ectocervix should be sampled before the endocervix/transformation zone. First, a sample of the ectocervix is taken using a plastic spatula. The notched end of the spatula that corresponds to the contour of the cervix is rotated 360° around the circumference of the cervical os.
2. The spatula is rinsed in the PreservCyt Solution vial by swirling the spatula vigorously in the vial 10 times.
3. Sampling of the endocervix requires insertion of the endocervical brush into the endocervical canal until the bristles closest to the hand are visible. The brush is rotated 45-90° and removed.
4. The brush is rinsed in the PreservCyt Solution vial by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. If material still remains on the brush, take the spatula and scrape the material from the brush while holding it in the PreservCyt Solution vial. Discard the brush and spatula.
5. The vial cap is tightened so that the torque line on the cap passes the torque line on the vial.

Broom-Like Device Technique

1. The ectocervix and endocervix are collected simultaneously. The central bristles of the broom are inserted into the endocervical canal until the lateral bristles bend fully against the ectocervix. The sampling device is rotated 360° in the same direction five (5) times while maintaining gentle pressure.
2. The broom is removed and rinsed 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, the broom is vigorously swirled to further release material. Discard the device.
3. The vial cap is tightened so that the torque line on the cap passes the torque line on the vial.

Transporting Specimen

1. The vial is placed in the specimen transport bag and sealed. The requisition is placed in the pouch outside the sealed bag.
2. The specimens are transported to the cytology laboratory by courier. If the specimens are to be mailed, contact the cytology laboratory for instructions.

THE BETHESDA SYSTEM 2001

GYNECOLOGIC CYTOLOGY CLASSIFICATION

SPECIMEN ADEQUACY

SATISFACTORY

Satisfactory for evaluation but may include any quality indicators, e.g., absence of endocervical component, partially obscuring blood, inflammation, etc.

UNSATISFACTORY

Unsatisfactory for evaluation of epithelial abnormality because of reason specified and should be repeated.

DESCRIPTIVE INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Negative for squamous cell abnormalities. Organisms and other non-neoplastic findings are included under this category.

ORGANISMS:

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with Candida spp.
- Bacteria morphologically consistent with Actinomyces spp.
- Cellular changes consistent with Herpes simplex virus

OTHER NON-NEOPLASTIC FINDINGS

- Reactive changes
- Radiation changes
- Parakeratosis and/or hyperkeratosis
- Atrophy
- Endometrial cells present in a woman 45 years and older

EPITHELIAL CELL ABNORMALITIES

SQUAMOUS CELL

- Atypical squamous cells
 - of undetermined significance (ASC-US)
 - cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL)
encompassing: HPV/mild dysplasia/CIN 1
- High grade squamous intraepithelial lesion (HSIL)
encompassing: moderate and severe dysplasia, CIS/CIN 2 and CIN 3
 - with features suspicious for invasion (if invasion is suspected)
- Squamous cell carcinoma

GLANDULAR CELL

- Atypical
 - endocervical cells (NOS or specify in comments)
 - endometrial cells (NOS or specify in comments)
 - glandular cells (NOS or specify in comments)
- Atypical
 - endocervical cells, favor neoplastic
 - endometrial cells, favor neoplastic
 - glandular cells, favor neoplastic
- Endocervical adenocarcinoma *in situ*
- Adenocarcinoma
 - endocervical
 - endometrial
 - extrauterine
 - not otherwise specified (NOS)

OTHER MALIGNANT NEOPLASMS (SPECIFY)

MATURATION INDEX

The Maturation Index (MI) expresses the relationship of parabasal to intermediate to superficial squamous cells. The MI will be reported as relative percentages of these cells and written as a ratio: parabasals %: intermediates %: superficiaals % . The response of the squamous epithelium of the vagina to various hormonal stimuli can show great variations from patient to patient. The only two absolute cell patterns are (1) a predominance of superficial cells that indicates the presence of estrogen and a (2) a predominance of parabasal cells that indicates absence of estrogenic stimulation.

MATURATION INDEX MUST BE TAKEN FROM THE LATERAL VAGINAL WALL

MATERIALS NEEDED

1. ThinPrep Vial – Write the patient’s name and one other identifier on the vial label. If a cervical/endocervical sample is being collected as well, place samples in two separate vials. Write the specimen source on each vial.
2. Speculum – Use water, not lubricant, on speculum and shake off excess.
3. Collection Device – Wooden or Plastic Spatula
4. Gyn Cytology Form – Complete the form with patient information and mark Maturation Index under Ancillary Testing.
5. Specimen Transport Bag – Place specimen in bag and seal. Place the completed requisition form in the pouch outside the sealed bag.

SPECIMEN COLLECTION AND PRESERVATION

Vaginal Scrape

1. Scrape the lateral wall of middle third of vagina.
ThinPrep Method – Place specimen in ThinPrep PreserCyt Vial. Write specimen source (Vaginal) on the vial label if a cervical/endocervical specimen is submitted also.

NONGYNECOLOGIC CYTOLOGY SPECIMENS

MATERIALS NEEDED

1. Instruments for Collection
2. APA requisition form - Complete the form with the following information; patient's name, age, gender, physician's name and health facility submitting the specimen, billing information, date of collection, source of specimen and clinical history.
3. Container with cytology fixative – CytoLyt Solution for fluid specimens and cytology spray fixative for smear preparation specimens. All fluid cytology specimens must be collected in cytology fixative or add the fixative shortly after collection. Write the patient's name, source of specimen and doctor's name on the specimen container label.
4. Microscopic glass slides with frosted end and slide holder for prepared slide specimens - Write the patient's name on the frosted end of the slide with an ordinary lead pencil. Do not use an ink pen. It washes off in the staining procedure.
5. Specimen transport bag

SPECIMEN COLLECTION AND PRESERVATION

Sputum

When a pulmonary lesion is suspected, a complete sputum series should be examined. This consists of a fresh morning specimen each day for three days. A post bronchoscopy specimen may be included in the series.

Method I: Early Morning Spontaneous Deep Cough Technique

1. Patient is given a labeled specimen collection cup containing 30ml of CytoLyt Solution. One cup should be provided each morning for three consecutive days. DO NOT COLLECT THREE SPECIMENS IN ONE DAY.
2. Caution the patient that only sputum is to be collected, not material from sinus drainage or saliva.
3. Patient should rinse mouth with water.
4. Instruct the patient to cough deeply several times the first hour after awakening and expectorate into the collection cup.
5. Place lid tightly on specimen cup and shake for a few seconds.

Method II: Sputum Induction Technique

If the patient is non-productive of satisfactory specimens, the induction technique should be administered. Various aerosol instruments are available and instructions for use accompany each. The object of the aerosolization is to introduce a significant amount of water into the lungs. Irritants or mucolytic agents can be added.

1. Explain the procedure to the patient.
2. Before beginning, ask the patient to clear his throat and wash his mouth out with water.
3. Administer the aerosol.
4. Sputum should be expectorated into a collection cup containing 30ml of CytoLyt Solution.
5. Sometimes, if an adequate sample cannot be produced using an aerosol, the patient will have a productive cough within the next 24 hours. The patient should be given a collection cup containing CytoLyt Solution and instructions for collecting a sputum sample during this period of time.

Bronchial Washings and Bronchoalveolar Lavage

After the specimen is collected, put the entire specimen into a collection cup of 30ml CytoLyt Solution. The specimen can be sent fresh to the cytology laboratory, if it can be sent immediately after collection.

Bronchial Brushing

Method I

Immediately after the brush is withdrawn from the bronchoscope, cut the wire a short distance from the brush and insert into CytoLyt Solution.

Method II

Direct smears may be made by quickly rotating the brush gently on a glass slide labeled with the patient's name. Fix immediately with cytology spray fixative. Follow the directions on the spray can. Allow to dry (5 to 10 minutes) and place in slide container for transportation to the cytology laboratory.

Our laboratory prefers the first method rather than the slide preparation technique.

Breast Nipple Secretions

Nipple secretions should be collected by applying the slide directly to the nipple and then smearing the material collected. Immediately fix the smear with cytology spray fixative. Follow the directions on the spray can. Allow to dry (5 to 10 minutes) and place in slide container for transportation to the cytology laboratory.

Gastric and Esophageal Brushing

Method I

Immediately after the brush is withdrawn from the instrument, cut the wire a short distance from the brush and insert into CytoLyt Solution.

Method II

Direct smears may be made by quickly rotating the brush gently on a glass slide labeled with the patient's name. Fix immediately with cytology spray fixative. Follow the directions on the spray can. Allow to dry (5 to 10 minutes) and place in slide container for transportation to the cytology laboratory.

**Our laboratory prefers the first method rather than the slide preparation technique.

Gastric and Esophageal Washings

After the specimen is collected, put the specimen for cytologic exam into a collection cup of CytoLyt Solution. The specimen can be sent fresh to the cytology laboratory, if it can be sent immediately after collection.

Body Cavity Fluids, Urine, and Other Fluids

After the specimen is collected, add the specimen to an approximately equal volume of CytoLyt Solution.

Body Cavity Fluids and Other Fluids: If the volume of specimen exceeds 30ml, add only 30ml of the specimen to the 30 ml of fixative in the collection cup and submit the remaining specimen unfixed. Keep the unfixed portion of specimen refrigerated until picked up by the courier.

Urine: Add the specimen to the 30 ml of fixative in the CytoLyt Solution collection cup. If there is more specimen than the collection cup will hold, discard the remaining specimen.

Urine for UroVysion studies

Collect urine specimen as specified in the above nongynecologic cytology specimens. Mark FISH orders under ancillary testing on requisition form.

Cerebrospinal Fluid

After the specimen is collected, send immediately to the lab if possible. If immediate submission is not possible, the specimen must be refrigerated. An unfixed specimen can be submitted if it is sent to the cytology laboratory the same day it is collected. If the specimen cannot be sent to the cytology lab the day of collection, CytoLyt Solution is added to the specimen.

Fine Needle Aspiration

Method I

1. Have nearby a collection cup with 30ml of CytoLyt Solution and 2 glass slides for air-dried smears.
2. After the aspiration biopsy has been completed and the needle withdrawn, detach the needle from the syringe, fill the syringe with air, reattach the needle. The bevel of the needle should be placed directly on the glass slide near the label end. Advance the plunger of the syringe to express a

small drop of aspirate onto the slide. Invert a second glass slide over the drop, and as it spreads gently pull the two slides apart horizontally. Let these slides air-dry.

2. Expel the remaining specimen into the collection cup of CytoLyt Solution. Then draw the fixative into the syringe to wash out remaining specimen. Expel into collection cup.

Method II

1. After the aspiration biopsy has been completed, the needle is detached from the syringe and air is drawn into the syringe barrel.
2. The needle is reattached to the syringe. The material in the needle is carefully expelled in a single drop toward the label end of a glass slide. The open edge of the needle bevel is directed down toward the slide during expression of material.
3. Another slide is placed face to face with slide containing specimen. The specimen is allowed to spread without applying pressure. If tissue fragments are present, they may be flattened with very slight pressure. The ends are grasped and the slides are pulled apart in opposite directions.

CAUTION: When detaching and reattaching the needle, use a needle recapping device.

4. Let 1 or 2 slides air-dry for Diff-Quik staining and spray the remaining smears immediately with cytology spray fixative. Follow the directions on the spray can. Allow to dry (5 to 10 minutes) and place in slide container for transportation to the cytology laboratory.

**Our laboratory prefers Method I rather than the slide preparation technique.

TRANSPORTATION

1. Place specimen in a specimen transport bag and seal. Place the completed requisition in the pouch outside the sealed bag.
2. Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology laboratory for instructions.

HPV – SCREENING AND GENOTYPING

PRECAUTION

Collect Pap smear specimen before obtaining specimen for DNA testing if using the Cervical Sampler Procedure. Collect DNA specimen prior to application of acetic acid or iodine if a colposcopy will be performed. **NOTE: HPV CAN BE PERFORMED IN THINPREP VIAL OR SUREPATH MEDIA.**

ThinPrep Pap Test Procedure

MATERIALS NEEDED

1. Vial of ThinPrep PreservCyt Solution or SurePath Media – Write the patient’s name and one other identifier (i.e., Date of Birth or MR#) on the vial.
2. Collection Devices – Broom-Like Device or Endocervical Brush/Spatula
3. Speculum – Use water, not lubricant, on speculum and shake off excess.
4. Patient Requisition Form – Complete the form with the following information: patient’s name, age or date of birth, SSN, source of specimen, LMP, menstrual/pregnancy history, previous Pap history, treatment history, physician’s name and billing information. Mark HPV as the test requested on the form.
5. Specimen Transport Bag – Place specimen in the specimen transport bag and seal. Place the requisition form in the pouch part of the bag.

SPECIMEN COLLECTION AND PRESERVATION

1. Specimens should be collected in the same manner as a ThinPrep Pap Test.
2. PreservCyt Solution specimens may be held for up to three weeks following collection and prior to processing for the HPV TEST. SurePath Media can be held for one week.

TRANSPORTATION

1. Place the vial in the specimen transport bag and seal. Place the requisition form in the pouch outside the sealed bag.

2. Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology laboratory for instruction.

Chlamydia & Gonorrhea

PRECAUTIONS

1. Use only the swabs and transport tubes that come with the PCR media STD Swab Collection and Transport Kit, Urine (CT/NG only) or PreservCyt vial.
2. Transport Tubes in manner to prevent any spill or leak.
3. Do not use PCR media STD Swab Specimen Collection and Transport Kit or PreservCyt beyond expiration date.
4. This product contains sodium azide as a preservative and is classified as HARMFUL (see SDS for details). Sodium azide has been reported to form lead or copper azide in plumbing and may explode on percussion, such as hammering. Flush drains thoroughly with water after disposing of solutions containing sodium azide.
5. Some spermicidal agents, feminine powder sprays, powdered gloves, and lubricants may interfere with PCR Assays and should therefore not have been used prior to collection of swab specimens.
6. Swab specimens that are moderately bloody should not be tested since they may cause inhibition in PCR Assays.
7. Swab specimens that are grossly mucoid should not be tested since they may cause inhibition in PCR Assays. Therefore, it is important that the exocervix be wiped free of mucus prior to collection of the swab specimen to ensure optimal specimen collection.
8. The effects on PCR Assays by other potential variables such as vaginal discharge, use of tampons, douching, etc., and specimen collection variables have not been determined.

Endocervical Swab Procedure

MATERIALS NEEDED

1. PCR media STD Swab Specimen Collection and Transport Kit or PreservCyt ThinPrep Vial Collection.
2. Speculum – Use water, not lubricant, on speculum and shake off excess.
3. Patient Requisition Form – Complete the form with the following information: patient’s name, age or date of birth, SSN, source of specimen, LMP, menstrual/pregnancy history, previous Pap history, treatment history, physician’s name and billing information. Mark the Test Requested – Chlamydia and/or Gonorrhea . If the requisition form you are using does not have a place to request this test, write it on.
4. Specimen Transport Bag – Place specimen in the bag and seal. Place the requisition form in the pouch outside the sealed bag.

SPECIMEN COLLECTION AND PRESERVATION

1. Remove excess mucus from the exocervix with the large-tipped cleaning swab provided in the PCR media STD Swab Collection Kit and discard. **NOTE: DO NOT USE THE LARGE-TIPPED CLEANING SWAB FOR SPECIMEN**
2. Insert the small-tipped specimen swab into the endocervix and rotate the swab for 15 to 30 seconds to ensure adequate sampling.
3. Verify that all swab specimen transport buffer is at the bottom of the tube. If necessary, tap or shake the solution down to the bottom of the tube. Unscrew the cap of the transport tube, insert the swab into the transport tube and break the swab at the score line. Replace the cap securely making sure that the swab fits into the cap and then screw on the cap until it clicks into place.
4. Label the transport tube with the patient’s name, one other patient identifier (i.e., Date of Birth or MR#), and date of collection.

TRANSPORTATION

1. Place the tube in the specimen transport bag and seal. Place the requisition form in the pouch outside the sealed bag.
2. Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology laboratory for instructions.
3. Swab specimens can be shipped to the laboratory at 2-30°C. Swab specimens must arrive at the laboratory within 24 hours of shipment.
4. Urines may be placed in PCR media to the fill line or fresh urine may be sent to APA in sterile collection cup. Keep refrigerated during transport.

HERPES SIMPLEX VIRUS I AND II

PRECAUTIONS

1. Use only the swabs and transport tubes that come with the PCR media STD Swab Collection and Transport Kit or M-swab Collection, Transport, and Preservation System.
2. Transport Tubes in manner to prevent any spill or leak.
3. Do not use PCR media STD Swab Specimen Collection and Transport Kit or M-swab Collection, Transport, and Preservation System beyond expiration date.
4. Some spermicidal agents, feminine powder sprays, powdered gloves, and lubricants may interfere with PCR Assays and should therefore not have been used prior to collection of swab specimens.
5. Swab specimens that are moderately bloody should not be tested since they may cause inhibition in PCR Assays.
6. Swab specimens that are grossly mucoid should not be tested since they may cause inhibition in PCR Assays.
7. The effects on PCR Assays by other potential variables such as vaginal discharge, use of tampons, douching, etc., and specimen collection variables have not been determined.

MATERIALS NEEDED

1. PCR media STD Swab Specimen, Collection, and Transport Kit or M-swab Collection, Transport, and Preservation System.
2. Patient Requisition Form-Complete the form with the following information: patient's name, age or date of birth, SSN, source of specimen, LMP, menstrual/pregnancy history, previous Pap history, treatment history, physician's name and billing information. Mark the Test Requested-Herpes Simplex I/II. If the requisition form you are using does not have a place to request this test, write it on.
4. Specimen Transport Bag-Place specimen in bag and seal. Place the requisition form in the pouch outside the sealed bag.

SPECIMEN COLLECTION AND PRESERVATION

Proper specimen collection from the patient is extremely critical for optimal results. Specific guidance regarding specimen collection and the detection of viruses can be found in published reference manuals (CLSI M41-A).

For optimal results, specimens for COBAS HSV 1 and 2 Test should be collected in the acute stage of the disease whenever possible, preferably within 3 days and less than 7 days after onset of illness (eruption of lesions).

Specimens should be collected according to your institution's standard operating procedures and/or the following: (The following collection criteria is used for both M-swab transport tubes and PCR transport tubes).

1. Wash/wipe the surface of the lesion with sterile saline.

2. Carefully uncap (disrupt) the vesicle with a FLOQSwab (preferred), needle, or scalpel and collect the fluid with the FLOQSwab.
3. With the same FLOQSwab, vigorously rub the base of the vesicle to collect cells at the base of the lesion.
4. Transfer the swab to its M-swab or PCR swab transport tube. Leverage the swab shaft against the edge of the tube to break at pre-scored point.
5. Close the cap firmly while ensuring that the upper end of the swab shaft is in the center of the cap.

TRANSPORTATION

1. Place the tube in the specimen transport bag and seal. Place the requisition form in the pouch outside the sealed bag.
2. Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology laboratory for instructions.
3. Swab specimens can be shipped to the laboratory at 2-30°C. Swab specimens must arrive at the laboratory within 24 hours of shipment.

TRICHOMONAS VAGINALIS

PRECAUTIONS

1. Testing for *Trichomonas vaginalis* is only acceptable for fresh urines and cervical/vaginal specimens received in PreservCyt vial.
2. Transport tubes in manner to prevent any spill or leak.

MATERIALS NEEDED

1. PreservCyt vial or urine container
2. Patient Requisition Form-Complete the form with the patient's name, age or date of birth, SSN, source of specimen, LMP, menstrual/pregnancy history, previous Pap history, physician's name and billing information. Mark the Test Requested-*Trichomonas vaginalis*. If the requisition form you are using does not have a place to request this test, write it on.
3. Specimen Transport Bag-Place specimen in the bag and seal. Place the requisition form in the pouch outside the sealed bag.

SPECIMEN COLLECTION AND PRESERVATION

1. Collect specimen in PreservCyt vial as noted in Pap Test collection instructions if using this collection type.
2. For urine collection, do not urinate for at least one hour prior to collecting the specimen.
3. Collect approximately 20 mls of first-catch urine (initial urine stream) into a urine collection cup or container free of any preservatives. Collection of larger volumes of urine may result in rRNA target dilution, which may reduce test sensitivity. Keep specimen at 2-30°C for storage and transport.
4. Label the transport container with the patient's name, one other patient identifier (i.e., Date of Birth or MR#), and date of collection.

TRANSPORTATION

1. Place the tube in the specimen transport bag and seal. Place the requisition form in the pouch outside the sealed bag.
2. Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology laboratory for instructions.
3. Swab specimens can be shipped to the laboratory at 2-30°C. Swab specimens must arrive at the laboratory within 24 hours of shipment.

FLOW CYTOMETRY SPECIMENS

Specimen Collection, Preservation, and Transportation Practice aseptic techniques to collect blood from the patient's arm. Label all specimens with patient's complete name, collection date and time, and initials of person collecting specimen. All EDTA samples must contain at least 1 mL of whole blood and well mixed to prevent clotting. Please include pertinent clinical information.

CD4, CD4/CD8 OR LYMPHOCYTE SUBSETS MUST BE SENT TO REFERENCE LAB OF FACILITIES CHOICE.. APA no longer performs the testing or handles the peripheral blood for these tests.

CLL, HCL, small lymphocytic lymphoma, cell surface markers, flow cytometry on peripheral blood, acute leukemia on peripheral blood:

Collect 1-2 purple top tubes and store at room temperature. DO NOT REFRIGERATE. Send CBC with diff. Must have WBC and lymph%. Please make a peripheral blood smear.

BONE MARROWS FOR FLOW CYTOMETRY: Make sure bone marrow aspirate is in an EDTA tube, mix and store at room temperature. Send a purple top tube peripheral blood if available, peripheral blood smear (unstained), and most recent CBC results.

TISSUES or FLUIDS FOR FLOW CYTOMETRY: Fresh Tissue should be placed in RPMI solution (stored in refrigerator) as soon as possible. Label and transport refrigerated.

****NOTE:** RPMI is found in APA Gross Lab or APA sendout area. RPMI solution must be refrigerated.

Autopsy Requirements and Permissions

Purpose: Inform personnel of:

- Requirements leading to approval for autopsies.
- How autopsies are scheduled.

Autopsies are performed for the benefit of the medical staff and the family. Known Medical-legal autopsies are not performed. Autopsies are performed to:

- Determine the cause of death
- Determine the sequence of events in the terminal illness (the pathogenesis of the disease and factors that may have complicated or contributed to individual's demise)
- Confirm or correct a clinical diagnosis, discover all active and healed lesions and determine the causes and relationship, if any, to the terminal illness.

Policy

- All autopsies must be authorized (requested) by the patient's physician. APA does not perform private autopsies (patient must have expired in hospital).
- APA must receive an appropriately signed and witnessed Autopsy Permit, the Notification of Death (death certificate), and the patient's chart.
- All autopsies are performed by contract at the UAMS morgue.
- For autopsies originating in all hospitals besides CHI, arrangements for transportation of the deceased (and all paperwork and a copy of the medical chart) will be made by the referring hospital and the intended funeral home.
- For fetal/newborn autopsies, the weight must exceed 500 grams. If <500 grams, the case will be accessioned as a surgical pathology case and a gross examination performed.
- For fetal/newborn cases, a disposal permit is required if the mother/family would like SVIMC to bury the deceased.
- When an autopsy is completed, the performing physician should contact the funeral home for pick-up of the deceased. The funeral home will notify security when the deceased is to be released to the funeral home.
- Retain a copy of the Autopsy Permit and the Notification of Death form to file with the final autopsy report.

ARKANSAS PATHOLOGY ASSOCIATES does not notify the next of kin of the autopsy findings. When family members call for autopsy results they are instructed to contact the attending physician. The attending physician is responsible for the interpretation and communication of autopsy findings to the family. The next of kin should contact the attending physician or the medical records department for a copy of the autopsy report.

Note

Notification of Death to County Coroner (phone # 340-8355) must occur when any of the following apply (This section is typically completed by the nurse. Pathologist will verify done and complete if necessary). Fill in appropriate information on Notification of Death form.

- Death occurs within 36 hours of admission
- Death occurs suddenly when the deceased was in apparent good health.
- Death occurs within 5 days of a patient admitted from a long-term care facility.
- Death due to violence may be, but not limited to homicide, suicide, accidental or industrial injury, suspected or actual child abuse, thermal, chemical, electrical or radiation injury, criminal abortion (self-induced or not).
- Death occurs under any suspicious or unusual circumstances.
- Death occurs due to violence.
- Death of nursing home patient.

AUTHORIZATION FOR AUTOPSY

Patient: _____ Date: _____ Time: _____ AM/PM

In the hope and with the expectation that this authorization will inure to the advancement of medical knowledge and progress, the undersigned, being one of the following persons authorized by law to direct disposition of the remains of the above-named patient, does hereby authorize the performance of a post-mortem examination upon the said patient:

- Patient
- Parent
- Spouse
- Brother/Sister
- Child
- _____

In the further hope that the above-authorized examination may benefit others by protecting or preserving their lives and well-being, the undersigned also authorizes the examining physician and surgeon to remove such specimens, tissues and/or organs, and to retain, preserve and/or contribute the same for such diagnostic, therapeutic or other scientific purposes, as he/she shall deem proper.

This authorization shall be subject to the following restrictions: _____

Signed: _____ Witness: _____

_____ Witness: _____

AUTORIZACION PARA AUTOPSIA

Paciente: _____ Fecha: _____ Hora: _____ AM/PM

Esperando que esta autorización ayude al conocimiento y progreso médico, el firmante, siendo una de las siguientes personas habilitadas por la ley para dar derechos de disponer de los restos del paciente arriba mencionado, autoriza por la presente la realización de un examen post-mortem sobre el citado paciente:

- Paciente
- Padre o Madre
- Cónyuge
- Hermano/Hermana
- Niño
- _____

Confiando además en que el examen arriba autorizado pueda beneficiar a otros protegiendo o conservando sus vidas y bienestar, el firmante también autoriza al médico y cirujano examinador de extirpar las muestras, tejidos y/o u órganos y de retenerlos, conservarlos y/o aportar los mismos para propósitos terapéuticos, de diagnósticos, u otros propósitos científicos, como él lo considere conveniente.

Esta autorización deberá sujetarse a las siguientes restricciones: _____

Firma: _____ Testigo: _____

_____ Testigo: _____

IMPORTANT NOTES

IMPORTANT NOTES

- ◆ **WHENEVER** there is doubt regarding specimen handling, **call 501-687-1305.**
- ◆ **REFRIGERATED SPECIMENS** should be identified when calling Arkansas Pathology Associates for pickup.
- ◆ **BE SURE TO INCLUDE** all insurance information on the requisition form. It is helpful to attach a photocopy of the patient's insurance card to the requisition form in order to assist our accounting office in filing a claim. The accounting office handles questions concerning insurance or billing information. They can be reached at (501) 663-4116 or (800) 663-8922.
- ◆ **TO ENSURE PROPER REPORTING AND DIAGNOSIS,** all slides must be labeled with the **patient's full name.** All specimen containers must be labeled with the patient's full name , a second patient identifier (DOB or MR#), and specimen site. If multiple containers are submitted from one patient, please label the containers: 1, 2, 3 etc.
- ◆ **THE SPECIMEN SITE OF ORIGIN** must be written on each requisition submitted; without this information the specimen may be delayed in reporting.

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