COLLECTION, PRESERVATION AND TRANSPORTATION OF PATHOLOGY SPECIMENS

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Medical Staff Directory

Little Rock:

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Dr. Perkins Mukunyadzi Office: 501-552-2934

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Dr. Kristin Dishongh Office: 501-622-2171

Conway:

Dr. David Pope Office: 501-932-3240

Scope of Services

Anatomic Pathology Service

- Breast Pathology
- Cytopathology, including gyn and non-gyn
- Hematopathology
- Surgical Pathology
- GI Pathology
- Urogenital Pathology
- GYN Pathology
- Dermatopathology
- Molecular Pathology
- Flow cytometry interpretation
- Immunohistochemistry and special stains

GENERAL INFORMATION

Location and Telephone Numbers

Arkansas Pathology Associates Laboratories	
Histology Laboratory	Cytology Laboratory
1000 North University Avenue	1000 North University Avenue
Little Rock, Ark 72207	Little Rock, Ark 72207
Phone number 501-687-1301	Phone number 501-664-2595
Fax number 501-664-2593	Fax number 501-664-7134
Arkansas Pathology Associates Administration and Accounting	
1000 North University Avenue	
Little Rock, Ark 72207	
Phone number 501-663-4116	
Toll-free (800)663-8922	
Fax number 501-663-4301	
APA Pathology Department	
#2 St. Vincent Circle	
Little Rock, Arkansas 72205	
Phone number 501-552-2966	
Fax number 501-613-0417	

Hours of Operation

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

Courier Service:

Courier service is available to most Arkansas locations Monday through Friday for specimen pickup

Out of courier service area:

Arkansas Pathology allows providers to send specimens via overnight shipping at no additional cost if you are located outside the courier services area.

STAT service:

Arrangements for STAT service can be made upon request by calling the laboratory, 501-663-4116.

Reporting results:

Pathology and cytology reports can be delivered in a number of ways:

- Via interface with EMR
- Via Courier service
- Via Fax
- Via USPS

Turnaround Time:

Tissue and cytology specimens are processed on the same day as received, with interpretation and reporting accomplished within 24-48 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 on 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 RUSH, 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.

Supplies:

Arkansas Pathology provides supplies necessary for specimen collection for both surgical and cytological specimens. Please call and/or fax your supply request form directly to our office, Fax number 501-664-7134. A supply order form can be found on our website, www.pathassociates.com, or is obtained by calling our office at 501-663-4116 or by courier delivery.

Test Requisitions:

Test requisitions will be provided if requested, these requisitions will have all physicians in a clinic listed at the top of the requisition (place checkmark by which physician is requesting a test). If Arkansas Pathology has an interface set up with your practice and you wish to use orders that come directly from your EMR that will suffice. We asked that all other practices please utilize our test requisitions.

SPECIMEN COLLECTION, PREPARATION, HANDLING AND TRANSPORTATION

SURGICAL SPECIMENS

Once specimen has been collected by the physician, follow the steps below for preparation:

- Properly label the specimen container with 2 patient identifiers (name, DOB or MR#)
- Properly label specimen container with source
- Place specimen into a container with adequate volume of fixative (type of fixative depends on diagnosis, most tissue specimens are placed in 10% formalin). Make sure that container does not leak.
- If **Lymphoma** is clinically suspected after a lymph node collection, place a small portion of the lymph node into a properly labeled container of RPMI solution, then refrigerate until picked up by courier. The remainder of the specimen should be placed in a properly labeled container of formalin. If you don't have RPMI solution available, the specimen can be placed in saline solution. If you store in saline, please call our office for STAT pick up.

BREAST BIOPSY AND RESECTION SPECIMENS

- Specimens should be immersed in fixative within 1 hour of the biopsy or resection procedure. **(This cuts down on "cold ischemic time" which can affect Prognostic Markers: HER2/neu, ER, PgR, Ki67) Please document time specimen is taken out of body/ then time specimen placed into formalin on the requisition.**
- If delivery of a resection specimen to the pathology department is delayed, the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon mark or ink the resection margins prior to bisecting the tumor; alternatively, the margins may be separately submitted.
- Please document on test requisition the time of removal of tissue and time when tissue is immersed in fixative (this helps laboratory determine "cold ischemic time").
- Submit with specimen a copy of the test requisition, physician's name, insurance information, relevant clinical history, and source of tissue.

Transportation of specimen

- Place specimen in transport bag and seal (provided by Arkansas Pathology)
- Place requisition in the pouch outside of the seal bag
- Transport specimen to courier pick up site
- If specimens are to be mailed via Fed Ex, please contact laboratory for instructions.

CHROMOSOME ANALYSIS SOLID TISSUE

SKIN, ABORTUS, PRODUCTS OF CONCEPTION

Test Synonym: Chromosome analysis, Cytogenetic Analysis, Microarray, Regional Pathology Services

Turnaround time: 7-10 days

Methodology: Microarray analysis

Specimen requirements: Products of conception, chorionic villi, fetus tissue (heart or thigh muscle). Collect tissue immediately from physician and place into container with at least an equal volume of formalin. Make sure container doesn't leak.

Causes of Rejection: Specimen exposed to extreme temperatures or insufficient number of cells

Specimen stability: Specimen stable for 48 hours at room temperature

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

KIDNEY BIOPSY

1. Properly label specimen container with patient's name and source of specimen. Must have 2 patient identifiers.
2. Immediately after biopsy is collected it should be divided as follows:
    - 1 core of kidney in formalin for Light and Electron Microscopy
    - 1 core of kidney in Michel's fixative for immunofluorescence
    - Note Single core/scant material should be divided in half or submitted entirely in formalin
3. Complete tissue requisition

Transport Specimen

1. Place specimen in Kidney Needle biopsy kit and place it in transport bag and seal
2. Place the requisition in the pouch outside the sealed bag
3. Transport the specimen to the laboratory by courier.

BONE MARROWS

- Collect bone marrow specimen.
- Use the Neogenomics Bone marrow kits provided, they should include 2 EDTA tubes, 2 Sodium Heparin tubes, and 2 AZF for clot and biopsy specimens.
- Add 2-3 mls of bone marrow aspirate to an EDTA (lavender top) tube and 2-3 mls of bone marrow aspirate into two separate Sodium Heparin (green top) tubes and mix well (if short specimen, then use only 1 sodium heparin tube).
- Slides need not be made for bone marrow specimens; slides will be made at our laboratory.
- Allow a very small amount of bone marrow aspirate to clot in syringe and then add this portion to an AZF vial once clotted. Then add bone marrow core biopsy to a separate AZF vial. Once all specimens have been put in proper collection devices, label all specimens with 2 patient identifiers.
- **Place specimens back into the Neogenomics box. Make sure to place AZF vials back into the bag provided. (this prevents formalin fumes from contaminating tubes of blood) OR you may: When placing specimens in transport bags, please use two different bags. In one bag, place the lavender and green top tubes; in the second bag add the two AZF vials. Staple the two bags together and place patient's paperwork in outside pouch of one bag. This is a very important step as the fumes from the AZF vials have been known to cause specimens in the collection tubes to fix. If this fixation occurs in the lavender and green top tubes, these tubes will be useless for other testing.**
- Submit a peripheral blood smear labeled with a patient's first and last name and date of birth with a copy of the latest CBC result. Please do not put sticker labels on the peripheral blood smear, this label will interfere with our staining process. Alternatively, you may send a peripheral blood sample with a CBC result.

Any questions call Terry Ray at 501-350-5386.

PERIPHERAL SMEAR FOR PATHOLOGY REVIEW

Procedure:

1. Make peripheral smear, please do not stain, allow slides to dry thoroughly
2. Label slides with a patient's name and one other patient identifier.
3. Place slides into slide holders
4. Include a copy of the most recent CBC results and any other pertinent lab results.
5. Complete APA requisition to include history and clinical findings.

Transporting specimen

1. Place slides with EDTA specimen in transport bag and seal.
2. Place the requisition and CBC result in the outside pouch of the transport bag
3. Place transport bag for APA courier pickup

FLOW CYTOMETRY SPECIMENS

Flow Cytometry orders:

- CD4
- CD4/CD8
- Lymphocyte subsets
- CLL
- Lymphoma
- Leukemia
- Or just Flow Cytometry

Peripheral Blood Flow Cytometry:

1. Please collect specimen in either EDTA or Sodium Heparin tubes. Minimum amount of blood 1ml. Preferred amount 1-2 tubes in case additional testing is needed.
2. Make sure that all specimens are labeled properly with 2 patient identifiers
3. Obtain a copy of a CBC report
4. Include clinical information with APA requisition filled out
5. Store tubes at room temperature***, DO NOT REFRIGERATE***.
6. Make a peripheral blood smear but do not stain.
7. Package specimen along with blood smear and CBC with clinical information into a transport bag.
8. Place in area for courier pickup

Bone Marrows for Flow Cytometry:

1. Please follow Bone Marrow collection procedure

Tissue or Body Fluid Flow Cytometry:

1. Fresh tissue should be collected and stored in RPMI solution. (If you don't have RPMI please call APA. If you know you will be having a surgery scheduled for possible lymphoma and don't have any RPMI, please call so RPMI can be delivered prior to surgery).

2. Make sure that specimen is properly labeled with patient identifiers, fill out APA requisition.
3. Store in refrigerator until picked up by APA courier.

STONES FOR ANALYSIS

- Properly label specimen container with patient's name and date of birth and specimen source.
- **Place tissue into a container without fixative.**
- Complete test requisition with following information:
    a) Patient demographics
    b) Insurance information
    c) Relevant clinical history
    d) Source of tissue
    e) Request for "stone analysis"
- place specimen container into transport bag and seal
- place requisition into outside pouch of transport bag

GYNECOLOGIC CYTOLOGY SPECIMENS – PAP TEST

Specimen Collection Preparation

Patient Preparation

1. Schedule an appointment approximately two weeks after the first day of her last menstrual period.
2. Instruct patient not to douche 48 hours prior to test
3. Instruct patient not to 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 test.

Completing Test Requisition

1. Patient's name, DOB
2. Menstrual status (LMP, hysterectomy, pregnant, postpartum, hormone therapy)
3. Previous PAP history, abnormal cervical cytology results, previous treatment, biopsy or surgical procedure and results.
4. Source of specimen (cervical, vaginal)
5. Relevant clinical findings (abnormal bleeding, grossly visible lesion, etc)

Labeling Specimen Container

1. The Thin Prep vial must have two patient identifiers, including but not limited to patient's name, DOB, SSN or Medical record number***. (Permanent marker should be used on Thin Prep vial to ensure identifiers are not washed off during transport).***
1. Lubricant jellies should not be used to lubricate the speculum. Even though lubricant jellies are water soluble, excessive amounts of jelly may compromise the test and possibly lead to an unsatisfactory result.
2. Remove excess mucus or other discharge present before taking the sample. This should be gently removed with ring forceps holding a folded gauze pad. The excess cervical mucus is essentially devoid of meaningful cellular material and when present in the sample vial may yield a slide with little or no diagnostic material present.
3. Remove inflammatory exudates from the cervical canal before taking the sample. Remove by placing a dry piece of gauze over the cervix and peeling it away after it absorbs the exudates or by using a dry protoswab or scopette. The excess inflammatory exudate is essentially devoid of meaningful cellular material and when present in the sample vial may yield a slide with little or no diagnostic material present.
4. The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
5. The sample should be obtained before the application of acetic acid.

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 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 "carbomer" 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. 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 AND TRANSPORTATION THIN PREP PAP TEST

Techniques for Sample Collection

Endocervical Broom Technique

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 one other unique identifier on the vial. Record the patient information and medical history on the cytology request form.
5. Place the vial and requisition in a specimen bag for transport to the laboratory.

Endocervical Brush/Spatula Device Technique

1. Obtain an adequate sampling from the ectocervix using a plastic spatula.
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 ¼ or ½ 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 a second unique identifier to the vial, record the patient information and medical history on the cytology requisition form.
7. Place the vial and requisition in a specimen bag for transport to the laboratory.

THE BETHESDA SYSTEM, GYNECOLOGIC CYTOLOGY CLASSIFICATION

Our laboratory uses the Bethesda System for Gynecologic Cytology Classification, if you wish to have further information about the Bethesda System, please contact our Cytology department at 501-663-4116.

MOLECULAR TESTING

HPV – SCREENING AND GENOTYPING

ThinPrep Pap Test Procedure

Material needed:

- Vial of ThinPrep PreservCyt Solution. Write the patient's name and one other identifier on the vial
- Collection devices – broom-like device or endocervical brush/spatula
- Speculum – use water, not lubricant, on speculum and shake off excess
- 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, physicians' name and billing information. Mark HPV as the test requested on the form.
- Specimen transport bag – place specimen in the specimen transport bag and seal. Place the requisition form in the outside pouch part of the bag.

Specimen Collection and Preservation

- Specimens should be collected in the same manner as a ThinPrep Pap test
- PreservCyt Solution specimens may be held for up to three weeks following collection and prior to processing for the HPV test.

Transportation

- Place the vial in the specimen transport bag and seal. Place the requisition form in the outside pouch of the bag.
- Transport specimens to the cytology laboratory by courier. If specimens are to be mailed, contact the cytology lab for instructions.

Chlamydia / Gonorrhea / Trichomonas/Mycoplasma gentialium

Precautions

- **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.**
- Transport tubes in manner to prevent any spill or leak
- Do not use PCR media STD Swab Specimen Collection and Transport Kit or PreservCyt beyond expiration date
- Some spermicidal agents, feminine powder sprays, powdered gloves, and lubricants may interfere with PCR assays and should therefore not be used for collection of swab samples
- Swab specimens that are moderately bloody should not be tested since they may cause inhibition in PCR assays.
- Swab specimens that are grossly mucoid, should not be tested since they may cause inhibition in PCR assays. Therefore, it is important that the cervix be wiped free of mucus prior to collection of the swab specimen to ensure optimal specimen collection.
- 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

Material needed

- PCR media STD Swab Collection and Transport Kit or PreservCyt ThinPrep
- Speculum – use water, not lubricant on speculum and shake off excess
- 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, physicians' name and billing information. Mark HPV as the test requested on the form.
- Specimen transport bag – place specimen in the specimen transport bag and seal. Place the requisition form in the outside pouch part of the bag.

Specimen Collection and Preservation

- Remove excess mucus from the exocervix with the large-tipped cleaning swab provided in the PCR media collection kit and discard. ***NOTE: DO NOT USE THE LARGE-TIPPED CLEANING SWAB FOR SPECIMEN COLLECTION***
- Insert the small-tipped swab into the endocervix and rotate the swab for 15-30 seconds to ensure adequate sampling.

- 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 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.
- Label the transport tube with the patient's name and one other identifier and date of collection.

Transportation

- Place the tube in the specimen transport bag and seal. Place the requisition form in the pouch outside the sealed bag.
- Transport specimens to the cytology lab by courier. If specimens are to be mailed, contact the lab.
- Swab specimens can be shipped to the laboratory at 2-30^{0}C. Swab specimens must arrive at the lab within 24 hours.

URINE SPECIMENS

- Prior to sampling, patient should not have voided for at least one hour.
- Direct patient to collect first-catch urine (approximately 10-50ml) into a urine collection cup
- Urine must be transferred into Cobas PCR Media tube within 24 hours.
- Tighten cap securely on media tube. Invert 5 times to ensure mixing of specimen and reagent.
- Keep refrigerated during transport.
- Specimen transport bag – place specimen in the specimen transport bag and seal. Place the requisition form in the outside pouch part of the bag.
    - Swab specimens that are moderately bloody should not be tested since they may cause inhibition in PCR assays.
    - 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.

TRICHOMONAS VAGINALIS/Mycoplasma genitalium

Acceptable specimens

- Fresh urine
- PreservCyt ThinPrep vial
- PCR STD Swab

Specimen Collection and Preservation

1. Collect specimen in acceptable media
2. For urine collection, do not urinate for at least one hour prior to collection.
3. Collect 20ml of first-catch urine into a collection cup and transfer to the PCR media Urine collection system or submit fresh urine

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 cytology lab by courier.
3. Swab and Urine specimens can be shipped to the lab at 2-30^{0}C. Specimen must arrive at lab within 24 hours.

Hematology Molecular Testing

Our laboratory is now offering Factor V and II testing. The Xpert Factor II & V test includes reagents for the detection of Factor II and Factor V normal and mutant alleles.

Specimen requirements:

- 3ml of whole blood collected in EDTA or sodium citrate (light blue) anticoagulant tubes.
- Minimum volume is 1ml of whole blood
- Room temperature storage of blood must be processed within 24 hours
- Samples stored at 2-8^{0}C are stable for 15 days.
- Samples may also be stored frozen at -20 up to -80^{0}C for up to 3 months.

BCR-ABL Ultra Quantification of BCR-ABL p210 transcript

Intended use: The Xpert BCR-ABL Ultra test is an FDA-cleared, *in vitro* diagnostic test for the quantitation of the p210 fusion transcript (e13a2 and/or e14a2) in peripheral blood specimens of known chronic myeloid leukemia (CML) patients.

Specimen requirements:

- Minimum 4ml of whole blood collected in EDTA, preferred more than 4ml.
- Storage in refrigerator for up to 3 days.
- Rejection for short sample and/or hemolysis or not indicated for intended use of this test.

AUTOPSY REQUIREMENT AND PERMISSIONS

Autopsies are no longer provided by Arkansas Pathology with the exception for fetuses that weigh in excess of 500 grams. All other autopsies will be performed at UAMS. Please call 501-552-2966 for Autopsy permit and instructions.

NONGYNECOLOGIC CYTOLOGY SPECIMENS

SPECIMEN COLLECTION AND PRESERVATION

Sputum

Method I Early Morning Spontaneous Deep Cough Technique

1. Patient is given a labeled specimen collection cup containing 30 ml of Cytolyt Solution. One cup should be provided each morning for 3 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 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

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 can't 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 Washing and Bronchoalveolor Lavage

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

Bronchial Brushing

Method 1

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

Method 2

Direct smear 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 (5-10 minutes) and place in slide container for transportation to the cytology laboratory.

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 (5-10 minutes) and place in slide container for transportation to the cytology laboratory**.**

Gastric and Esophageal Brushing

Method 1

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

Method 2

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 (5-10 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 Washing

After the specimen is collected, put the specimen for cytological 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: If the volume of specimen exceeds 30 mils, add only 30 ml of the specimen to the 30 ml of fixative in the collection cup and submit the remaining specimen unfixed. Keep the unfixed portion of the specimen refrigerated until picked up by courier.

Urine: Add the specimen to the 30ml 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 the requisition form.

Cerebrospinal Fluid

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

Fine Needle Aspiration

Method 1

1. Have nearby a collection cup with 30 ml 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, and 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.
3. Expel the remaining specimen into the collection cup of CytoLyt Solution. Then draw the fixative into the syringe to wash out the remaining specimen. Expel into collection cup.

Method 2

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.
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 can. Allow to air dry (5-10 minutes) and place in slide container for transportation to cytology laboratory.

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

***** Our laboratory prefers Method 1 rather than the slide preparation technique.***

IMPORTANT NOTES

- Whenever there is any doubt regarding specimen handling, call 501-663-4116 or 501-687-1305.
- Refrigerated specimens should be identified when calling Arkansas Pathology 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. Any billing questions please call, 501-663-4116 or (800) 663-8922.
- To ensure proper reporting and diagnosis, all slides must be labeled with the patient's full name and one other identifier. If multiple containers are submitted from one patient, please label the contents as: 1,2,3, etc.
- The specimen site of origin must be written on each requisition submitted and on the container itself. Without this information the specimen may be delayed in reporting.

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