



CONTROLLED DOCUMENT:

DOCUMENT TITLE:

DOCUMENT NOTES:

Document Information

Revision:

Vault:

Status:

Document Type:

Date Information

Creation Date:

Release Date:

Effective Date :

Expiration Date

Control Information

Author:

Owner:

Previous Number:

Change Number:

Non-Gynecological Specimen Collection

PRINCIPLE

The importance of proper specimen collection cannot be overemphasized. The primary consideration is that the specimen obtained be representative of the body site to be examined and that sufficient material be collected to ensure a complete and accurate examination. The Cytology Section of the laboratory will provide any necessary additional instruction to assist physicians and paramedical personnel in properly obtaining and submitting the specimen for cytologic testing.

Please adhere to the following general guidelines for all specimens:

1. As with Pap smears, all specimens must be submitted with a Cytology requisition. The specimen cannot be accepted without the required information requested on the requisition.
2. All specimen containers must be labeled with the patient name.
3. Any specimen sent when Cytology is closed **must be refrigerated** and delivered to Specimen Receiving.
4. Shared specimens must be submitted with all pertinent paperwork, e.g., if a bronchial washing is to be shared between Micro and Cytology, the specimen must be sent with Micro **and** Cytology requisitions/MIS transmittals and delivered to Specimen Receiving.
5. Proper registration of the patient with all the appropriate test requests can be done in Meditech instead of using a requisition.

SPECIMEN

- a) Sputum
- b) Bronchial specimens
- c) Body cavity fluids
- d) Esophageal/G-E junction brushings
- e) Gastric washings
- f) Urine
- g) Bladder/ureteral/renal pelvis washings
- h) Tzanck smear for herpetic lesions
- i) Cerebral spinal fluid
- j) Nipple discharge

MATERIALS

Cytology Requisition
Specimen containers
Clean glass slides, labeled with patient name.

All applicable requisitions for shared specimens (orders for micro, heme, chemistry, etc.)

SAFETY

Standard Precautions

QUALITY CONTROL

All cases are evaluated by the pathologist for final diagnosis and specimen quality.

PROCEDURE

Sputum:

Sputum is thick mucus produced by the lungs, and is not to be confused with saliva. The sputum should be collected first thing in the morning, before eating or brushing the teeth. The patient should be instructed to cough deeply, to obtain an adequate sample from the lower respiratory tract.

This procedure should be repeated for three consecutive days (excluding holidays and weekends). The fresh sputum should be collected in a cup containing CytoLyt Solution, and sent to cytology immediately for processing. Alternatively, fresh (i.e., without CytoLyt) sputum may be sent in a plain specimen cup ASAP to cytology for processing.

If the specimen is deemed unsatisfactory (e.g., saliva only determined microscopically by the presence of pulmonary macrophages), the floor should please notify Respiratory Therapy for induction of an acceptable sputum.

Bronchial / Esophageal Specimens

Bronchial brushing material is obtained in Surgery during bronchoscopy procedures. The brush itself must be submitted to the cytology lab in a small container of CytoLyt Solution.

Bronchial washings, obtained at the same time, are also sent to the cytology laboratory, either fresh or in CytoLyt Solution.

Post-bronc sputa may be ordered as a follow-up to bronchoscopy; supply the patient with a cup at bedside and collect sputum for four hours after bronchoscopy; submit to cytology after completion. If a severe cough persists, this may be repeated.

Body Cavity Fluids

All body cavity fluids should be collected in the fresh state and sent to cytology immediately.

These specimens consist of:

- 1) Thoracentesis (pleural fluid)
- 2) Paracentesis (abdominal fluid, ascites fluid)
- 3) Pericardial fluid

Esophageal/Gastro-esophageal Brushings:

Smears are prepared by the surgeon, on slides bearing patient identification, from material obtained during esophagoscopy. Slides should be fixed immediately in coplin jar of 95% alcohol and sent immediately afterwards to cytology. The preferred method would be to place the brush in cytolyte and the cytology area would then prep the specimen.

Gastric Washings:

No barium is to be given by mouth for at least 48 hours prior to procedure; no food or liquid is to be allowed for six to eight hours prior to procedure. A rubber or plastic Levin tube is introduced into the stomach via either the nose or mouth. The lavage is performed in two parts, each using 100ml aliquots of cold normal saline solution (during the second washing, the patient is turned from side to side and the upper abdomen is massaged).

The 100ml portions are collected separately, placed on ice and brought immediately to cytology for processing.

Urine:

1. Instruct the patient to drink as much water as possible the night before the collection.
2. Discard the first voided urine.
3. Patient should void again in 2-3 hours; at least 50 ml urine should be sent fresh to cytology.

Bladder/Ureteral/Renal Pelvis Washings:

Send specimen(s) to cytology immediately after collection.

Cerebral Spinal Fluid:

The aspirated cerebrospinal fluid should be placed in a clean test tube or container. Label the tube with patient's name and date of collection. Send specimen as soon as possible to the cytopathology lab.

Nipple Secretion:

Gently express only the nipple and subareolar area using the thumb and forefinger. If secretion occurs, allow only a drop the size of a pea to accumulate on the apex of the nipple. Smear the secretion on a glass slide and immediately drop slide into 95% alcohol or fix with cytology spray-fixative.

Tzanck Smear Preparation

Tzanck smears are best evaluated when spray or alcohol fixed. Scrape the base of the ulcer of a freshly punctured lesion with the end of a wooden spatula and smear onto glass slides. Place slides in 95% alcohol immediately.

LIMITATIONS

All specimens not fixed or prepared as air-dried slides are subject to degeneration.

REFERENCES

Comprehensive Cytopathology, Marluce Bibbo MD, ScD, FIAC. WB Saunders Company, Philadelphia, PA, 1991.

Signature Manifest**Document Number:** C:SPEC-1.04**Revision:** 1**Title:** Non-Gynecological Specimen Collection**APPROVE Cytology docs #5 of 6****Submit for Release**

| Name/Signature | Title | Date | Meaning/Reason |
|-----------------------|-------|--------------------------|----------------|
| Julie Hayes (JHAYES) | | 23 Jun 2009, 04:58:30 PM | Approved |

Final Approval

| Name/Signature | Title | Date | Meaning/Reason |
|------------------------|-------|--------------------------|----------------|
| RIMA BAKHOS (RBAKHOS) | | 29 Jun 2009, 08:47:16 AM | Approved |