Cytology Specimen Collection

GENERAL INFORMATION:
A. All specimens are to be sent immediately to Laboratory after collection.
B. All specimens are to be labeled with two patient identifiers (patient’s name, medical record number, and/or date of birth).
C. All surgical pathology forms are to identify specimen as to type and source.

NON-GYN SPECIMENS:
A. Pulmonary:
   1. Sputum
      A. Collected by: Nursing Staff
      B. Collection time: Anytime (early a.m. specimens preferred)
      C. Fixative or preservative: None
      D. Miscellaneous information: Label container with two patient identifiers
   2. Bronchial Washing/Brushings
      A. Collected by: Surgery or Bronch laboratory
      B. Collection time: Anytime
      C. Fixative or preservative: None or CytoLyt®
      D. Miscellaneous information: Label all containers with two patient identifiers

B. Effusion (Body Fluids):
1. Collected by: Doctor
2. Collection time: Anytime
3. Fixative or preservative: None or CytoLyt®
4. Miscellaneous information: Label all containers with two patient identifiers. Identify type of fluid and location fluid was drawn from on request slip

C. Urinary:
   1. Urines
      A. Collected by: Nursing Staff
      B. Collection time: Anytime (voided or catheterized specimens)
      C. Fixative or preservative: None or CytoLyt® (equal volume)
      D. Miscellaneous information: Label all containers with two patient identifiers and note on request form if urine is catheterized
   2. Renal Cyst
      A. Collected by: X-ray Staff or Surgery Staff
      B. Collection time: Anytime
      C. Fixative or preservative: None or CytoLyt® (equal volume)
      D. Miscellaneous information: Label all containers with two patient identifiers
   3. Kidney Washing
      A. Collected by: Surgery Staff
      B. Collection time: Anytime
      C. Fixative or preservative: None or CytoLyt® (equal volume)
      D. Miscellaneous information: Label all containers with two patient identifiers

D. Gastrics:
1. Collected by: Doctor
2. Collection time: Anytime
3. Fixative or preservative: Spray fixative on slides immediately to prevent drying of specimen
4. Miscellaneous information: Label all slides in pencil with two patient identifiers. On request form identify location from which slides were made from.

E. Oral
1. Collected by: Doctor
2. Collection time: Anytime
3. Fixative or preservative: Spray fixative on slides immediately to prevent drying of specimen
4. Miscellaneous information: Label all slides in pencil with two patient identifiers. On request form identify location from which slides were made from.

F. Breast:
1. Aspirate (example: breast cyst fluid)
   A. Collected by: Doctor
   B. Collection time: Anytime
   C. Fixative or preservative: Equal volume 95% alcohol, air-dried for Wright’s stain, or CytoLyt®
   D. Miscellaneous information: Label all containers with two patient identifiers
2. Smears (example: nipple secretions)
   A. Collected by: Doctor
   B. Collection time: Anytime
   C. Fixative or preservative: Spray fixative on slides immediately to prevent drying of specimen
   D. Miscellaneous information: Label all slides in pencil with two patient identifiers

G. Needle Aspirates:
1. Collected by: Pathologists or Physician
2. Collection time: Anytime
3. Fixative or preservative: Spray fixative on slides immediately to prevent drying of specimen for Cytology. Wet fixation (95% alcohol) of needle aspirates may also be used. Air dry slides for Bacteriology and Wright’s stain. Place rest of specimen in container with no fixative. Needle can be rinsed into container containing CytoLyt®.
4. Miscellaneous information: Label all slides in pencil with two patient identifiers. On request form identify location from which aspirate slides were made from.

GYN SPECIMENS:
1. Collected by: Physician or nurse practitioner
2. Collection time: Anytime
3. Fixative or preservative: Spray fixative on slides immediately to prevent drying of specimen, or wash cytobrush in a ThinPrep® vial.
4. Miscellaneous Information: Label all slides in pencil and label all vials in ink, with two patient identifiers. On request forms record in detail patient’s age, LMP, hormones, clinical history and radiation treatment.