

Endoscopic ultrasound (EUS) has emerged as the principle modality for imaging the pancreas for various pancreatic diseases including pancreatic cyst. But imaging alone cannot accurately identify the exact nature of a pancreatic cyst. EUS-guided fine needle aspiration is a useful adjunctive procedure to differentiate pancreatic cystic lesions. Cystic fluid analysis with cytologic evaluation is important to diagnose etiology of pancreatic cystic lesions, helping the clinician to move accurately assess the presence or potential for malignancy.

**Materials Needed:**

- › Pancreatic cyst fluid specimen is collected fresh and undiluted by the EUS proceduralist in a sterile tube.
- › Inpatient - Use EPIC to enter “Non-Gynecological” cytology order (Test #4001)  
Outpatient - Complete and submit a “Pathology/Cytology” order either through EPIC or completed requisition form. Include customer billing information.

**Specimen Requirements:**

- › Label the container with customer labels which will include: patient name, date of birth, medical record and the date and time collected.

**Collection Technique:**

- › The preferred amount for testing is 2 mL: 1 mL for chemistry and 1 mL for cytology. See required amounts below.
- › When the sample is limited, the endoscopist should prioritize testing and the specimen is brought to the chemistry lab first for testing. When clinical testing is completed the specimen is forwarded to the cytology lab for processing.

**Orderable Tests:**

- A. Amylase (Test# LAB6601): Chemistry- Min vol 0.5ml
- B. CEA (Test# LAB6095): Chemistry Min vol 0.5ml
- C. Non-Gyn Cytology (Test# LAB4001): Cytology Min vol 1.0ml
- D. C19-9 Pancreatic Cyst (LAB Miscellaneous): Send-outs. Specify Pancreatic Cyst C19-9 in the comment field. Min vol 0.5ml

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