CYTOLOGY, Brushings Non-Gyn

SPECIMEN

To establish the presence of normal to malignant cells, inflammatory processes, or abnormal or unusual features relative to each body site.
Bronchial, esophageal, gastric, common bile duct, pancreatic duct, duodenal *brushings*

SUPPLIES

- Cytolyt/PreservCyt collection vial
- Spray fixative
- Glass slides
- Cytology requisition

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- ABN for Medicare patients
- Patient demographics

PATIENT PREPARATION

- Patient will be prepped in Radiology for procedure.

COLLECTION

- Specimen will be collected by the radiologist in a procedure room via sterile technique.
- Specimens/brushes maybe rinsed out in the cytolyt collection fluid or smeared across a glass slide(immediate spray fixative applied).

PROCESSING AND STORAGE

- Label vial with patient name.
- Place specimen in biohazard bag.
- Insert request in outside pocket of biohazard bag.
- Deliver specimen and request to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.
- Specimens in PreservCyt may be stored at 39-98.6^{o} F for approximately 3 weeks. PreservCyt solution vials have an expiration date and should be stored at 59-86^{o} F.

TURNAROUND TIME

1-2 working days.

CAUSES FOR REJECTION

Improperly labeled or unlabeled test vial, incomplete requisition, or specimen leaked into the bag.

INTERPRETIVE REFERENCE RANGE

To establish the presence of dysplastic premalignant lesions, primary or metastatic malignant neoplasms, infectious agents and other nonneoplastic processes.

MERCYHEALTH

CYTOLOGY, HERPES NONGYN OR GYN

SPECIMEN

Applies to lesion scrapings from various body sites for microscopic examination to detect Herpes virocytes.

SPECIAL NOTE

One of two methods may be utilized to submit the sample:

- Direct smears prepared
  or
- Material submitted in PreservCyt solution for thin prep sample

CONTAINER AND SUPPLIES

- PreservCyt solution for thin prep
- Pap fixative for prepared slides
- Frosted and slides for direct smears and slide folder
- Sterile scalpel blade (if appropriate) or plastic scraper
- Biohazard bag
- Patient identification label

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

SPECIAL NOTE

- Indicate on request to specifically look for Herpes.
- If specific areas are sampled, mark forms and label specimens accordingly.
- Send a separate form for each different specimen.

COLLECTION

- Unroof the vesicle with a scalpel blade (if appropriate), or plastic scraper.
- Scrape the sides of the vesicle.
- Follow one of these 2 procedures:
  - Either make direct smears or submit sample for thin prep.

1. Thin prep method

   - Swish material into the PreservCyt solution and seal container.

2. Direct smear method.

   - Prelabel slide with patient name and source with lead pencil.
   - Spread cellular material on the slide and spray immediately before any drying occurs.

PROCESSING AND STORAGE

- Label specimen with patient information sticker.
- Place specimen in biohazard bag.
- Store at room temperature.
- Deliver specimen and request form immediately to the ground floor Pathology lab.
- A courier service is available for outpatient specimens.

TURNAROUND TIME

1-2 working days. Please phone the Cytology department at 513-215-0010 if results are needed sooner.

CAUSES FOR REJECTION

Broken slides, improper fixation, improper labeling, improper or incomplete requisition or gross contamination of container by leakage.

INTERPRETIVE REFERENCE RANGE

To establish the presence of Herpes virus.

MERCYHEALTH

CYTOLOGY, NIPPLE DISCHARGE NONGYN

SPECIMEN

Applies to nipple or breast discharge.

CONTAINER AND SUPPLIES

- Frosted end slides
- Spray fixative
- Pencil
- Biohazard bag
- Patient identification label

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

SPECIAL NOTE

- If both breasts are sampled, mark forms and label specimen accordingly.
- Send a separate form for each different specimen.

COLLECTION

- Prelabel the slides with patient name and specific source of specimen.
- When secretion occurs, allow pea sized drop to accumulate.
- Place frosted end slide upon nipple and slide across quickly.
- Immediately spray fix the slide.
- If smears are obtained from both breasts, label slides and requests accordingly.

PROCESSING AND STORAGE

- Place slides in folder and label with patient information.
- Place folder in biohazard bag.
- Store at room temperature.
- Deliver specimen and request to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.

TURNAROUND TIME

1-2 working days.

CAUSES FOR REJECTION

Broken slides, improper fixation, improper labeling, improper or incomplete requisition or gross contamination of container by leakage.

INTERPRETIVE REFERENCE RANGE

To establish the presence of primary or metastatic malignant neoplasms and some infectious diseases and nonneoplastic processes.

MERCYHEALTH

CYTOLOGY, CONVENTIONAL PAP SMEAR GYN

SPECIMEN

To establish the presence of normal to malignant cells, inflammatory processes, or abnormal or unusual features relative to each body site, by using the Papanicolaou technique.

CONTAINER AND SUPPLIES

Pap kit containing:

- Brush or broom
- Spray fixative
- Frosted end slide
- Slide folder
- Lead pencil
- Spatula (scraper)
- Biohazard bag

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Clinical information
- Patient demographics
- Collect date
- ICD-10 code and insurance information for outpatients
- Requesting physician
- ABN for Medicare patients

PATIENT PREPARATION

- Patient to avoid douches, and should not use vaginal medication or vaginal contraceptives 48-72 hours prior to examination.

COLLECTION - **SPECIAL NOTE**

- The patient should be tested 2 weeks after the first day of her last menstrual period, and definitely not when she is menstruating.
  Excessive amounts of blood may compromise the test and possible lend to an unsatisfactory result.
- 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.
- 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.
- Remove inflammatory exudate from the cervical canal before taking the sample. Remove by placing a dry 2 x 2 inch piece of gauze over the cervix and peeling it away after it absorbs the exudate or by using a dry protoswab or scopette.
  The excess inflammatory exudate is essentially devoid of diagnostic cellular material.
- The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
- The sample should be obtained before the application of acetic acid.

- Patient Identification of Slide

1. Write name on frosted end of slide with pencil prior to collection of sample.
2. After collection, also label the outside of the slide folder with patient name.

Preferred One Slide Technique

- Either Spatula/Brush combination or Broom.

A. Cervical Scrape (Spatula)

1. Scrape the entire ectocervix using a cervical spatula with emphasis on the squamo-columnar junction. A vaginal sample may be obtained, if no cervix is present.
2. Hold the spatula (or lay it down) for a few seconds while obtaining the endocervical material.

B. Brush

l. Do not use brush on pregnant patients due to insufficient data. Do not use for endometrial sampling. Discard brush after each use.
2. Insert the endocervical brush gently into the endocervical canal and slowly rotate ½ to 1 full turn.

C. Broom (Papette)

1. Contact the cervix with the *PAPETTE* and insert the central bristles into the cervical canal deep enough to allow the shorter bristles to fully contact the ectocervix.
2. Push gently, and rotate the *PAPETT*E in either direction.

D. Smear Preparation

1. The smear preparation must be done quickly to avoid air drying of the cells. The slide must be spray fixed immediately. No trace of drying must occur before fixation. Improper fixation may render the slide limited by or unsatisfactory for evaluation.
2. Apply both specimens on the slide either simultaneously or one by one.
3. Prepare scraping sample by spreading the material evenly onto the labeled glass slide.
4. Prepare brushing sample by rolling and twisting the brush onto the labeled glass slide.
5. Spray fix immediately.

PROCESSING AND STORAGE

- Label slide and slide folder with patient name.
- Place folder in biohazard bag.
- Insert request in outside pocket of biohazard bag.
- Deliver specimen and request to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.
- Specimens may be stored at room temperature.

TURNAROUND TIME - 3-7 working days.

CAUSES FOR REJECTION

Broken slides, improper fixation, improper labeling, or incomplete requisition.

INTERPRETIVE REFERENCE RANGE

To establish the presence of dysplastic premalignant lesions, primary or metastatic malignant neoplasms, infectious agents and other nonneoplastic processes.

LIMITATIONS

The pap test is a screening test, primarily for squamous epithelial lesions (Br. J. Cancer 71:894, 1995), which is effective in identifying abnormal cells in up to 95-96% of tests which contain abnormal cells (Acta Cytol. 38: 291, 1994); however, repeated annual retesting (AHCPR Report, 1999) and follow-up of unexplained clinical signs and symptoms are important due to the occurrence of false-negatives. False negative tests may occur due to sampling problems (Acta Cytol. 29: 1043, 1985), screening difficulties inherent in slides with small numbers of abnormal cells or small abnormal cells (Cytopathol. 6:368, 1996), or due to the subjective interpretive character of cytodiagnosis (Am J Clin Pathol 110:653, 1998; Diagn Cytopathol. 11:319, 1994, Acta Cytol 25:543, 1981). Sampling false negatives can be minimized by careful sampling of the transformation zone (Lancet 337:265, 1991) and by available elective use of a liquid-based cytology preparation (Acta Cytol. 42:178, 1998).

MERCYHEALTH

CYTOLOGY, THIN PREP PAP (Liquid Base) GYN

SPECIMEN

To establish the presence of normal to malignant cells, inflammatory processes, or abnormal or unusual features relative to each body site, by using the Papanicolaou technique.

SUPPLIES

- Wallach Papette (broom) or Cytobrush and plastic spatula
- PreservCyt collection vial
- Biohazard bag
- Cytology requisition

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- ABN for Medicare patients
- Patient demographics

PATIENT PREPARATION

- Patient to avoid douches, and should not use vaginal medication or vaginal contraceptives 48-72 hours prior to examination.

COLLECTION

SPECIAL NOTE

- The patient should be tested 2 weeks after the first day of her last menstrual period, and definitely not when she is menstruating.
  Even though the TPPT reduces obscuring blood, clinical studies have demonstrated that excessive amounts of blood may still compromise the test and possibly lead to an unsatisfactory result.
- 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.
- 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.
- Remove inflammatory exudate from the cervical canal before taking the sample. Remove by placing a dry 2 x 2 inch piece of gauze over the cervix and peeling it away after it absorbs the exudate or by using a dry proctoswab or scopette.
  The excess inflammatory exudate is essentially devoid of diagnostic cellular material and when present in the sample vial may yield a slide with little or no diagnostic material present.
- The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
- The sample should be obtained before the application of acetic acid.

- Use either the Spatula/brush combination or Broom.

A. Spatula/Brush Protocol
   1. Obtain an adequate sampling from the ectocervix using a plastic spatula.
   2. Rinse the spatula into the PreservCyt Solution vial before 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 the 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 in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush 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.

B. Broom-Like Device Protocol

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 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.

PROCESSING AND STORAGE

- Label vial with patient name.
- Place specimen in biohazard bag.
- Insert request in outside pocket of biohazard bag.
- Deliver specimen and request to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.
- Specimens in PreservCyt may be stored at 39-98.6^{o} F for approximately 3 weeks. PreservCyt solution vials have an expiration date and should be stored at 59-86^{o} F.

TURNAROUND TIME

3-7 working days.

CAUSES FOR REJECTION

Improperly labeled or unlabeled thin prep test vial, incomplete requisition, or specimen leaked into the bag.

INTERPRETIVE REFERENCE RANGE

To establish the presence of dysplastic premalignant lesions, primary or metastatic malignant neoplasms, infectious agents and other nonneoplastic processes.

LIMITATIONS

The pap test is a screening test, primarily for squamous epithelial lesions (Br. J. Cancer 71:894, 1995), which is effective in identifying abnormal cells in up to 95-96% of tests which contain abnormal cells (Acta Cytol. 38: 291, 1994); however, repeated annual retesting (AHCPR Report, 1999) and follow-up of unexplained clinical signs and symptoms are important due to the occurrence of false-negatives. False negative tests may occur due to sampling problems (Acta Cytol. 29: 1043, 1985), screening difficulties inherent in slides with small numbers of abnormal cells or small abnormal cells (Cytopathol. 6:368, 1996), or due to the subjective interpretive character of cytodiagnosis (Am J Clin Pathol 110:653, 1998; Diagn Cytopathol. 11:319, 1994, Acta Cytol 25:543, 1981). Sampling false negatives can be minimized by careful sampling of the transformation zone (Lancet 337:265, 1991) and by available elective use of a liquid-based cytology preparation (Acta Cytol. 42:178, 1998).

CYTOLOGY, SPUTUM NONGYN

SPECIMEN

Applies to morning sputum, random sputum, postbronchoscopy or induced sputums.

CONTAINER AND SUPPLIES

- Sputum collection container
- Biohazard bag
- Patient identification label

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

COLLECTION

- Upon arising patient rinses mouth with water and expectorates a deep cough specimen into sputum collection container.
- For induced sputa, contact Respiratory Therapy.
- The specimen must not be saliva or post nasal drip.

PROCESSING AND STORAGE

- Seal container tightly and tap gently to force sputum in tube.
- Separate inside the tube from outside container.
- Screw cap on tube and throw away the outside container.
- Label tube with patient information sticker.
- Place tube in biohazard bag.
- Deliver specimen and request form immediately to the ground floor Pathology lab.
- A courier service is available for outpatient samples.

SPECIAL NOTE

Fresh samples with no preservative added should be kept refrigerated/cold prior to processing.

TURNAROUND TIME

1-2 working days.

CAUSES FOR REJECTION

Improper fixation, improper labeling, improper or incomplete requisition, gross contamination of container by leakage, or 24 hour collection.

INTERPRETIVE REFERENCE RANGE

To establish the presence of primary or metastatic malignant neoplasms and some infectious disease and nonneoplastic processes. If macrophages are not identified, specimen will be reported as unsatisfactory for adequate evaluation.

MERCYHEALTH

CYTOLOGY, URINE NONGYN

SPECIMEN

Applies to voided or catheterized urine, renal cyst fluid, bladder, kidney, or ureteral washings.

CONTAINER AND SUPPLIES

- Plastic leakproof container
- Biohazard bags
- Patient identification label

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

SPECIAL NOTE

- If specific areas are sampled, mark forms and label specimens accordingly.
- Send a separate form for each different specimen.

COLLECTION

- Voided or catheterized sample
- Intraoperative washings

SPECIAL NOTE

- Do not send 24 hour urine samples.
- Washing should not be collected in a hyptonic solution.

PROCESSING AND STORAGE

- Label specimen with patient information sticker.
- Seal container tightly and place in biohazard bag.
- Deliver specimen and request form immediately to the ground floor Pathology lab.
- A courier service is available for outpatient specimens.

SPECIAL NOTE

- Fresh samples with no preservative added should be kept refrigerated/cold prior to processing.
- If the sample cannot be kept cold, the sample may be added to CytoLyt solution. The ratio should be at least l part CytoLyt to 3 parts patient sample. However, it is acceptable to add any volume (less than 90.0 ml.) of the sample to the 30.0 ml. CytoLyt cup. The sample will remain stable in CytoLyt for 8 days at room temperature. CytoLyt solution is available from the Cytology department. Samples placed in CytoLyt are not suitable for Microbiology cultures.

TURNAROUND TIME - 1-2 working days.

CAUSES FOR REJECTION

Improper fixation, improper labeling, improper or incomplete requisition, or gross contamination of container by leakage.

INTERPRETIVE REFERENCE RANGE

To establish the presence of primary or metastatic malignant neoplasms and some infectious diseases and nonneoplastic processes.

MERCYHEALTH

CYTOLOGY, FINE NEEDLE ASPIRATION PALPABLE OR SUPERFICIAL MASSES NONGYN

SPECIMEN

Applies to breast, breast cysts, thyroid, thyroid cysts, joint, neck mass, lymph node, salivary glands, skin nodules.

CONTAINER AND SUPPLIES

- Needles (various gauges and lengths)
- Syringes (Leur-lok various sizes)
- Local anesthetic
- Alcohol wipes
- Sterile gloves
- Sterile saline (for inhouse patients)
- CytoLyt solution
- Frosted end slides
- Pencil
- Spray fixative
- Biohazard bag
- Patient identification label
- Diff Quik Stain (for immediate evaluation)
-

SPECIAL NOTE

A Pathologist is available to perform aspirates by calling 513-215-0056(West) or 513-215-0065(West) for consultation. A technologist is available to help physicians perform aspirate on inhouse patients.

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician and any additional physician
- Patient demographics

SPECIAL NOTE

- If specific areas are sampled, mark request and label specimens accordingly.
- Send Microbiology form for cultures.

COLLECTION, PROCESSING AND STORAGE

Patient Preparation

1. Obtain clinical history and explain procedure to the patient. Explain that the needle used is thinner than that used for drawing blood. There is no need for anesthesia, as this usually hurts more than the procedure. Explain you must be able to palpate the mass to perform the aspirate.

2. Discuss possible complications and obtain consent to perform the aspirate.

Aspiration Procedure

1. Grasp the nodule with your nondominant hand between your thumb and forefinger in a position suitable for needling.

2. Clean the skin with an alcohol swab and allow it to dry.

3. Before introducing the needle, you may draw air into the syringe, filling with air to approximate 2.0 cc mark.

4. Advance the needle into the mass.
5. Once the needle has entered the lesion, apply suction by pulling the plunger to the 10.0 cc or 20.0 cc mark.

6. Move the needle back and forth in the same plane in the mass, maintaining the suction until some material appears in the needle hub. DO NOT LET MATERIAL GO INTO THE SYRINGE ITSELF unless you are evacuating a cyst.

7. Release the plunger. It is a common mistake for beginners to withdraw the needle from the mass while still applying suction.

8. Withdraw the needle.

9. Ask the patient to apply pressure at the needle site with gauze or an alcohol swab.

Preferred Collection Method

The preferred method for physician collection of FNA's is to deposit and rinse the entire sample into CytoLyt solution. The needle may be rinsed of any remaining specimen by drawing the CytoLyt up into the syringe and expelling back into the CytoLyt cup. Caution: Do not expose the patient to CytoLyt solution. A new needle and syringe must be used if another sample is going to be obtained. Samples that are placed in CytoLyt are not suitable for cultures. If cultures need to be done, collect sample into a balanced electrolyte solution such as Polysol or PlasmaLyte injection solution. Samples in balanced electrolyte solution should be sent to the lab immediately or refrigerated until processing can take place. Samples in CytoLyt solution may be stored at room temperature and will remain stable for 8 days.

Secondary Collection Method, Smear Preparation

This method is utilized when a rapid analysis of the specimen is required for inhouse patients.

1. Place the bevel of the needle against a glass slide (labeled with patient name and source) and drop the contents of the needle onto the slide. Put only one drop on each slide.

2. As you are putting the drop on the slide, have your assistant prepare the slides in the following manner:

   Place a drop of the fluid on each slide, then take another clean slide on an angle (30-40^{o}) and move it back to

touch the drop and let the drop spread along the edge of the slide. Move the slide forward to prepare the smear. Another technique is to use another slide and lay it on top of the drop and gently pull the 2 slides apart. The smears must be fixed immediately (within seconds) after each smear is made. Do not let these slides air dry. However, if lymphoma suspected and you have enough material, send one air dried smear. Label the smear "air dried."

3. Air dried slides may be stained with Diff-Quik stain to immediately evaluate the adequacy of the specimen. This method is used when a Pathologist consultation is requested.

PROCESSING AND STORAGE

- Label specimen or slides with patient information.
- Seal container tightly and place in biohazard bag.
- Place request in outside pocket of biohazard bag.
- Deliver specimen to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.
- Samples in CytoLyt may be stored at room temperature and will remain stable for 8 days.

TURNAROUND TIME

1-2 working days or immediate adequacy evaluation.

CAUSES FOR REJECTION

Poor or improper fixation, broken slides, improper labeling or gross contamination of specimen container by leakage.

INTERPRETIVE REFERENCE RANGE

To establish the presence of primary or metastatic malignant neoplasms and some infectious diseases and non-neoplastic processes.

MERCYHEALTH

CYTOLOGY, FLUIDS NONGYN

SPECIMEN

Applies to pleural, peritoneal, pericardial fluids, cul de sac fluids, ovarian cyst fluids, pelvic/peritoneal washings, breast cyst fluids, snynovial fluids, and CSF.

CONTAINER AND SUPPLIES

- 150 ml. bottle with heparin added available in Central Supply for collection of body cavity fluids or larger bottles, if appropriate.
- Cytolyt presevative
- Leakproof plastic container for other types of fluids
- Biohazard bags
- Patient identification label

CYTOLOGY REQUEST FORM

- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

SPECIAL NOTE

- If specific areas are sampled, mark forms and label specimens accordingly.
- Send a separate form for each different specimen.

COLLECTION

- Collect fluids according to hospital policy.

SPECIAL NOTE

- First tapping of fluids of long duration may be degenerated and require a second tap after reaccumulations.

PROCESSING AND STORAGE

- Label specimen with patient information sticker.
- Seal container tightly and place in biohazard bag.
- Deliver specimen and request form immediately to the ground floor Pathology lab.
- A courier service is available for outpatient specimens.

SPECIAL NOTE

- Fresh samples with no preservative added should be kept refrigerated/cold prior to processing.
- If the sample cannot be kept cold, the sample may be added to CytoLyt solution. The ratio should be at least l part CytoLyt to 3 parts patient sample. However, it is acceptable to add any volume (less than 90.0 ml.) of the sample to the 30.0 ml. CytoLyt cup. The sample will remain stable in CytoLyt for 8 days at room temperature. CytoLyt solution is available from the Cytology department. Samples placed in CytoLyt are not suitable for Microbiology cultures.

TURNAROUND TIME

1-2 working days.

CAUSES FOR REJECTION

Improper fixation, improper labeling, improper or incomplete requisition, or gross contamination of container by leakage.

INTERPRETIVE REFERENCE RANGE

To establish the presence of primary or metastatic malignant neoplasms and some infectious diseases and nonneoplastic processes.

MERCYHEALTH

CYTOLOGY, REFLEX HPV TESTING FROM THIN PREP GYN

SPECIMEN

Applies to gynecological samples collected in the Thin Prep vial.

CONTAINER
- Wallach Papette (broom) or Cytobrush and plastic spatula
- PreservCyt collection vial
- Biohazard bag
- Cytology requisition

CYTOLOGY REQUEST FORM
- Check box on request for High Risk HPV testing if diagnosis is ASCUS or check DNA with PAP box for High Risk HPV testing regardless of PAP results.
- Type and source of specimen
- Collect date
- Clinical information
- Requesting physician
- ICD-10 code and insurance information for outpatients
- Patient demographics

COLLECTION
- Collect specimen according to thin prep collection procedure.

PROCESSING AND STORAGE
- Label specimen with patient information sticker.
- Seal container tightly and place in biohazard bag.
- Deliver specimen and request to the ground floor Pathology laboratory.
- A courier service is available for outpatient specimens.
- Specimens may be stored at room temperature.

SPECIAL NOTE

After thin prep processing, there must be a minimum of 4.0 ml. remaining in the vial and be within 30 days of the collect date in order to do the HPV testing. High Risk HPV testing will be done only if the current pap diagnosis is ASCUS. This is based on the results of the ALTS Study (JNCI, Vol. 93:292-299, February 21,2001).

TURNAROUND TIME

2-5 working days after Cytology is complete.
ARUP lab is used for HPV testing.

CAUSES FOR REJECTION

Less than 4.0 ml. remaining after cytology processing, improper fixation, improper labeling, improper or incomplete requisition, specimen leakage, or more than 21 days after collect date.

INTERPRETIVE REFERENCE RANGE

Normal: NOT DETECTED

DETECTED: High/Intermediate Risk HPV DNA for one or more of the following subtypes (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) is detected. Referral to colposcopy or other follow-up as clinically indicated.