GUIDELINES FOR COLLECTION CYTOLOGY

SPECIMENS

Cytology Department Phone (330) 489-1000, ext. 1802

Hours M-F—7:00 a.m. - 4:00 p.m.

A. Gynecological specimen (pap smear)

The following clinical information must appear on the gynecologic cytology request form:

1. Source of specimen
2. Date of birth
3. Date of last menstrual period (LMP). If menopausal, date of last menstrual period.
4. If patient is pregnant or postpartum
5. Is patient taking oral contraceptives or receiving other hormonal therapy?
6. Previous history of cancer (type or body site) including history of radiation or chemotherapy
7. Pertinent surgical history/hysterectomy/other clinical information
8. Previous atypical Pap history
9. Positive for HPV

The Cytology request form must be filled out completely, including patient social security number and DOB, as well as necessary billing information. Specimens must be labeled with two patient identifiers.

Pap smear supplies, including Thin Prep vials, brooms, brushes, spatulas, spray fixative, and slides are available in the cytology department. Call (330) 489-1075 for further assistance.

ThinPrep PAP test: Cotton swabs and wooden spatulas are not to be used for specimen collection. They absorb the cells and transfer fibers to the vial that interferes with testing. HPV typing can be done from the same vial up to 6 weeks after collection.

1. Using the brush and spatula, the physician
   a. Obtains an adequate sampling from the ectocervix using a plastic spatula.
   b. Rinse the spatula in PreservCyt solution by swirling it vigorously in the vial 10 times.
   c. Discard the spatula. Do not break off any portion of the spatula.
   d. Obtain an adequate specimen from the endocervix using the endocervical brush. Insert the brush into the cervix until only the bottommost fibers are exposed.
   e. Slowly rotate the brush 1/4 or 1/2 turn in one direction.
   f. Rinse the brush in the same vial in which the spatula was rinsed by rotating the device at least 10 times while pushing against the sides of the vial.
   g. Swirl the brush vigorously to release all the material.
   h. Remove the brush from the vial and discard. Do not break off any portion of the brush.

2. Using the broom, the physician
   a. Obtains an adequate sampling from the cervix by inserting the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix.
   b. Push gently and rotate the broom in a clockwise direction five times.
   c. Rinse the broom in PreservCyt vial by pushing it against the bottom of the vial 10 times, forcing the bristles apart.
   d. Swirl the broom vigorously to further release material.
   e. Remove the broom from the vial and discard it. Do not break off any portion of the broom.

Once the specimen is in the vial the physician should tighten the cap so the torque line on the cap passes the torque line on the vial.

The physician or nurse (assistant) should record the patients name, along with another patient identifier, on the vial, complete the cytology requisition, place the vial and requisition in a red biohazard transport bag and send to the laboratory.

Conventional glass slide preparation:

(ThinPrep PAP is preferred by Mercy Medical Center Cytology Department because of increased accuracy)

Glass slides used for PAP smears are to be labeled in pencil on the frosted end with the patient's name and unit number. Sample should be smeared on glass slide and immediately spray fixed. Specimen should be allowed to dry (after spray fixation) and then placed in a slide transport folder. The folder should be taped closed and placed in a red biohazard transport bag with a cytology request form and sent to the laboratory.
B. Non-gynecological Specimens

Urine
a. Collect a random voided specimen. The first morning specimen is not recommended because the cells are often degenerated.
b. The specimen must be labeled with the patient’s name, date of collection and source of specimen. Extra caution should be taken to secure the lid to the specimen.
c. A completed requisition form must accompany the specimen to the lab. **It must be noted on the requisition whether the specimen is voided/clean catch or catheterized.**
d. The specimen should be taken immediately to the laboratory for processing to avoid cellular degeneration.
e. If it is "after hours" (4:00 p.m. to 7:00 a.m. or on weekends), the specimen must be refrigerated.
f. Specimen may be collected in Cytolyt fixative if only cytology testing is to be performed. Cytolyt fixative can be obtained from the cytology department or from laboratory accessioning/drop off area.

Sputum
a. The specimen should be collected before mealtime. The patient should be instructed to rinse mouth first to remove any food particle/contaminants. The patient should inhale deeply to produce a "deep cough". The patient should be instructed to inhale air to the full capacity of their lungs and then exhale with an explosive cough.

*Saliva or material obtained by spitting is of no diagnostic value.*

b. If specimen is to be shared with microbiology, no fixative is to be used.
c. If specimen is to be used only for cytology then it may be placed in cytolyt fixative.
d. The specimen must be labeled with the patient’s name, date of collection, and source of specimen. Extra caution should be taken to secure the lid to specimen.
e. The specimen along with the requisition should be taken immediately to the laboratory for processing to avoid cellular degeneration.
f. If it is "after hours" (4:00 p.m. to 7:00 a.m. or on weekends), the specimen must be refrigerated.
g. Specimens collected for pneumocystis must be from induced sputum and indicated as such on the requisition.

Fluids and Washings
a. Bronchial washings, bronchi-alveolar lavages, pelvic cavity washings, peritoneal, pleural and pericardial fluids etc. Should be collected in sterile containers labeled with the patients name, unit number, specimen site, and date of collection and transported immediately to the laboratory along with cytology request orders. These specimens need to be refrigerated immediately to avoid cellular degeneration.
b. Cerebrospinal fluids typically send specimen #3 to cytology. These specimens must be transported immediately to the laboratory. They must be refrigerated if not immediately brought to the laboratory to avoid cellular degeneration.

Brushings
a. Brush specimen should be placed in Cytolyt fixative if only cytology is to be performed. If additional testing is to be performed the specimen should be placed in sterile saline. The specimen must be labeled with the patient's name, site and date of collection.
b. Specimen should be transported to the laboratory.

Fine Needle Aspirations (FNA)
a. If direct smears are made at the bedside, slides should be labeled in pencil with the patients name, source of specimen, unit number and date of collection. One slide should be immediately immersed in 95% ethanol or spray fixed immediately and labeled as such. The "mate" to that slide is left to air dry and also labeled as such.
b. The needle is rinsed in sterile saline or Cytolyt fixative if cytology testing only is to be performed. This specimen must be labeled with the patient's name, unit number, date of collection, and site of aspiration. It is submitted to the laboratory along with the prepared slides and completed requisition.
Tzank Smear for Herpes Virus
a. Glass slides should be labeled in pencil on the frosted end with the patient's name and unit number.
b. If there is a blister, puncture the blister with the tip of a scalpel.
c. Firmly scrape the lesion with a tongue depressor pre-moistened with sterile saline.
d. Spread cellular specimen on slide and spray fix immediately or immerse in 95% alcohol.
e. Take specimen to laboratory along with a completed requisition.