



CYTOLOGY SPECIMENS

Baker Memorial Laboratory accepts orders for laboratory testing from any MD or authorized individual as recognized by the State of NH.

Cytology Requisition:

- I. The following information should be recorded on the slip:
 - A. Date of birth
 - B. Legal Name (no nicknames)
 - C. Sex
 - D. Patient address and insurance information
 - E. Visit ID # (assigned by admissions)
 - F. Doctor's name
 - G. Gynecological information
 - H. Diagnosis
 - I. Clinical history
 - J. Check information based on non medicare patient OR medicare patient
 - K. Date collected (correct date of service)

- II. Acceptable Specimens
 - A. Female Genital Tract
 - Thin Prep Pap Smear
 - Vaginal pool smear or cervical scraping smear
 1. Transfer cell material to solution vial by rotating brush 5-10 times to release cells into solution. Break the brush off into the solution.
 2. Secure lid.
 3. Label vial with Patient Name, Date of Birth, Date of Collection and specimen source.
 4. Place vial in zip pocket of biohazard bag.
 5. Place requisition in front pocket of biohazard bag.
 6. Deliver to lab.
 - B. Tzank Test (to rule out Herpes)
 1. Use Pap-Pack cytology brush kit.
 2. Write the patient's name and date of birth on the glass slide.
 3. Indicate desired procedure (TZANK TEST) and source of specimen on the requisition.
 - C. Urine
 1. Obtain in sterile container. Secure lid.
 2. Does not have to be clean catch.



3. Label specimen with patient's legal name, date of birth and date of collection.
4. If unable to deliver to laboratory within 24 hours of collection, pour well mixed urine into Cyto Rich red Cytology Preservative.
5. Place container into zip pocket of biohazard bag.
6. Place requisition in front pocket of biohazard bag.
7. Refrigerate promptly until sample is delivered to laboratory

D. Other Specimens

Label specimen with patient's legal name, date of birth, date of specimen, and source.

1. Bronchoscopy specimens – bring to lab ASAP.
2. GI specimens – obtain **before** a barium examination, or 24 h after.
3. Fluids (pleural, pericardial, peritoneal, synovial)-submit a representative portion in Cyto Rich Red.
4. Sputum
 - a. Sputum from deep cough
 - b. Collect for 3 consecutive days
 - c. Expectorate directly into sterile container
 - d. Unacceptable specimen – saliva or material dripping from back of the nose

III. Unacceptable Specimens

1. Unlabeled slides or specimens
2. Incorrectly labeled slides or specimens

Notes: Fluids submitted not refrigerated – Notation will be sent to reference lab regarding improper storage.