Collection Techniques for Non-Gynecologic Cytology

All specimens must be labeled with a minimum of the patient's full name, second identifier (DOB or MR#), and the source of the specimen.

Specimen Type	Collection Technique
Body Fluids – Pleural – Abdominal – Pericardial – Ovarian Cyst – Peritoneal Wash – Synovial – Cul-De Sac	➢ Submit fresh and refrigerated along with an aliquot (agitate before decanting) in equal parts 10% neutral buffered formalin for cell block. ➢ **Pleural and abdominal (75-250 ml optimal), or pericardial (65-250 ml) fluids**: Submit fresh in 2-3 capped 60 cc syringes or sterile containers and refrigerate, and one container with 50:50 mix with10% neutral buffered formalin for cell block. If less than 60 ml, submit fluid fresh and refrigerated. ➢ **Cul de sac, abdominal/pelvic/peritoneal washings, or synovial fluids:** Submit fresh and refrigerated. ➢ Label all containers with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen. ➢ Label all containers with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen ➢ Any remaining fluid should be kept refrigerated at the hospital lab for up to 3 days
Bronchoscopy: – Washing – Trap – Bronchoalveolar Lavage	➢ Submit fresh and refrigerated. ➢ Label all containers with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen. ➢ Specimens for Fat (Lipid) stain are to be FRESH. Do not put into fixative solution.

Brushings: – Bronchial – Esophageal – Gastric – Duodenal – Colonic	➢ Label slides with full patient name (pencil), second identifier (DOB or MR #), and source. ➢ Prepare slides at time of collection by rolling brush across glass slide, then immediately spray with cytology fixative or immerse in 95% ethanol. ➢ If cell block requested vigorously swirl final brushing for 15 seconds in **CytoLyt** solution **but brush must not be reused in patient after rinsing in solution**. ➢ Label container with patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen.
Cerebrospinal Fluid **Vitreous Fluid**	➢ Send at least 1ml CSF or vitreous fluid fresh to Dahl-Chase within 1 hour of collection ➢ If the specimen cannot be delivered within 1 hour, then the specimen must be refrigerated. If the specimen is not received within 72 hours, it must be fixed with an equal volume of **CytoLyt**. ➢ Label all containers with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen.
Fine Needle Aspirations See Physician Guide to FNA Biopsy section 9 page 5 for FNA technique	➢ **Non-thyroid FNA needle rinse:** Place one pass/needle rinse in **CytoLyt** media and place additional passes in **formalin** for cell block. ➢ **Thyroid FNA:** Place 1st pass/needle rinse in **CytoLyt** media, 2nd pass/needle rinse in molecular vial, and additional passes in **CytoLyt** media. One pass placed on no more than 2 appropriately labeled (full name and 2nd identifier (DOB or MR#), and source) smears immediately sprayed with cytology fixative or immersed in 95% ethanol is optional.
Nipple Discharge	➢ Label slide with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen.

	➢ Express secretion on slide, fix immediately with cytology spray fixative or immerse in 95% ethanol
Sputum for Cytology	➢ Collect first morning specimens 3 days in a row for best results. ➢ Patient may expectorate into a sterile container which is submitted fresh and refrigerated, labeled with patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen.
Tzanck Prep	➢ Label slide with the patient's FULL name, 2nd identifier (DOB or MR#), and source of specimen. ➢ Scrape base of vesicle with scalpel blade and smear onto slide, spray fix immediately or fix with 95% ethanol.
Urine – Voided – Bladder wash – Catheterized	➢ Collect at minimum 30 mls of fluid (not a first morning specimen) ➢ Place in equal parts **CytoLyt** solution within 6 hours of collection. ➢ Label container with the full patient name, second identifier (DOB or MR#), and source of specimen (voided, catheterized, or bladder wash, nephrostomy, urostomy)