

# Cytology

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<b>Nursing Station Manual</b>	<b>Title: Cytology Specimens</b>
Section: Cytology & Pathology	Original Preparation Date: January 2006
Written / Issued by: Laboratory Manager	Revision Date: 12/06/2012
Approved by: Laboratory Director	Review Date:

## Cytology Specimens:

### 1.0. Liquid-Based Pap

- 1.1. A broom-type device is the recommended sampling device for the collection of cervical specimens. For prenatals, after the first 10 weeks of pregnancy, a spatula should be used. \*Rotate the brush clockwise 5 times during specimen collection.
- 1.2. The patient's specimen is placed in the vial of preservative fluid and the handle of the brush is removed, leaving the head of the brush in the collection vial.
- 1.3. A cytobrush may be used in addition to the broom. The brush should be cut and placed in the container along with the broom.
- 1.4. The vial is capped tightly and labeled with the patient's full name, Health Card number or Date of Birth and date and time of collection and the collector's initials.

### 2.0. Cytology

Most Specimens for cytology, for example urine and sputum, are to be placed in a cytology fluid preservative immediately after collection. Cytology fluid, requisitions, and specific instructions are available in the lab. Deliver cytology specimens to the Sample Receiving Department as soon as possible after collection.

#### Purpose:

The following chart identifies cytology tests performed at LifeLabs. For further information or information on tests not listed here, please contact the SLMHC laboratory.

SPECIMEN TYPE	CONTAINER	PREPERATION	REQUISITION
<b>Fluids –</b> Breast Fluid Bronchial Washing Cysts CSF Joint Fluid Pleural Peritoneal Urine Other Sites	Specimen container marked "Preservative for cytology specimens contains methanol"	Refrigerate specimen if not brought to the laboratory immediately	LifeLabs – Diagnostic Cytology  Non-Gyn Cytology
<b>Sputum –</b> Note: Sputum is the material which comes from deep in the lungs and can be obtained only by deep coughing.	Specimen container marked "Preservative for cytology specimens contains methanol"	Refrigerate specimen if not brought to the laboratory immediately	LifeLabs – Diagnostic Cytology  Non-Gyn Cytology

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## Cytology Specimens:

### 2.1. Procedural Notes

2.1.1. It is essential that the Cytology requisition is filled out completely including:

1. Name of Patient
2. Date of Birth
3. Physician
4. Ward/Room #
5. Clinical Diagnosis/Remarks including relevant pathology and diagnostic imaging history
6. Specimen Type and Description
7. Specimen Site
8. Physician Billing Number
9. Date Specimen is taken or collected
10. Doctor's Address (for referred in specimens)
11. Referring Clinic# and/or Lab# (for referred in specimens)

#### 2.1.2. THE CLINICAL DIAGNOSIS IS ESSENTIAL FOR PROPER INTERPRETATION OF TISSUE SPECIMENS

2.1.3. The specimen container **MUST** be labelled with the name of the patient, date of collection, hospital ID number, and nature of specimen. **Do not place the label on the lid** of the container as the lid and container can be separated during processing.

2.1.4. All specimens are to be delivered to the laboratory as soon as possible after collection.

2.1.5. Specimens must be transported to the laboratory in tightly sealed containers with no visible external spillage.

2.1.6. When an aspiration biopsy is requested, a cytotechnologist or pathologist must be in attendance to make special preparations from the fresh material.

### 2.2. Aspiration Biopsy

#### 2.2.1. Purpose:

Fine Needle Aspiration Biopsy (FNAB) is a reliable test in the management and evaluation of patients with palpable abnormalities and masses.

#### 2.2.2. Specimen Procurement:

A fine needle aspiration biopsy is taken at the patient's bedside in either the Diagnostic Imaging Department or the Operating Room. The health care provider performs the procedure with the assistance of the Physician.

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## Cytology Specimens:

### 2.2.3. Equipment:

Ensure the following are available at the bedside:

- Cytology Container (contains methanol)
- Gloves

### 2.2.4. Procedure:

2.2.4.1. Carefully disconnect the needle from the syringe.

2.2.4.2. Fill the syringe with air and then reconnect the needle to the syringe.

2.2.4.3. Using slight pressure, express all the material into cytology container.

2.2.4.4. Package appropriately and send with a LifeLabs requisition to the SLMHC laboratory.

### 2.2.5. References:

Tilde S. Kline, Aspiration Biopsy Cytology, Second Edition, page 9 – 15  
 Auger, Manon; McGill Cytopathology Review Course, 2005; pg 81 – 109

<i>Nursing Station Manual</i>	Title: <b>Surgical Specimen Handling</b>
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## **Surgical Specimen Handling:**

### **1.0. Specimen Collection**

- 1.1. All specimens must be accompanied with the appropriate completed requisition from the Referral Laboratory.
- 1.2. The specimen container must be labeled with the patient's full name, nature of specimen, physician, and date of collection.
- 1.3. The requisition must be completed fully and accurately. All information must be legible. The following information is essential:
  - Patients full first and last name
  - Date of birth
  - Clinical diagnosis
  - Specimen type
  - Specimen site
  - Duration of lesion
  - Signature of physician

**The clinical diagnosis is essential for proper interpretation of tissue specimens.**

- 1.4. Histology specimens are collected in 10% formalin; formalin volume should be 10 – 20x the size of the specimen. Some specimens such as fatty breast tissue tend to float and require extra steps to ensure all tissue is covered with formalin. Staff should place a paper towel on top and on the sides of tissue to keep specimen saturated in formalin.
- 1.5. Lids should be tightly sealed.
- 1.6. Specimens should be delivered to the laboratory promptly. Urgent samples should be indicated as such and brought to the attention of a technologist.
- 1.7. Specimen containers are available from the SLMHC laboratory.

### **2.0. Packaging, Shipping and Transportation**

- 2.1. Specimen lids should be tightly sealed and wrapped in parafilm to prevent any leakage.
- 2.2. The specimen container is then sealed in a plastic biohazard bag with an absorbent pad. The requisition should be placed in the outside pocket.
- 2.3. For larger specimen containers, clear plastic bags and absorbent pads can be used.

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**Surgical Specimen Handling (continued):**

- 2.4. Samples must always be placed upright in the transport cooler and packaged in such a way that they will not tip over during transport. Extra absorbent blue pads are placed in the bottom of the cooler to absorb any large spills.
- 2.5. Shipping during winter months requires extra precautions to prevent samples from freezing. Thawed ice packs stored at room temperature are placed around specimens to provide insulation.
- 2.6. The outside of the transport container must be labeled according to the Transportation of Dangerous Goods Regulations.

<i>Nursing Station Manual</i>	Title: <b>Product Conception</b>
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## Products of Conception:

### 1.0. Purpose

To provide policies and procedures to be followed when submitting specimens containing or suspected of containing, Products of Conception, where in the mother has requested that the specimen be returned to her.

### 2.0. Procedures

#### 2.1. Specimens from Nursing Station

- 2.1.1. Specimens submitted by the Nursing Station for pathology analysis require the following forms to be completed, if required to be returned after the analysis.
  1. Lake of the Woods District Hospital "Tissue Consultation Card"
  2. SLMHC 'Consent to Release of Tissue'
- 2.1.2. The 'Consent to Release Form,' must be signed by the mother and the original sent with the specimen. Specimens will not be forwarded to the Pathology Laboratory until the original consents are received.
- 2.1.3. Package and transport specimens to the SLMHC Laboratory according to the applicable Transportation of Dangerous Goods Regulations.
- 2.1.4. The SLMHC Laboratory will ensure all required documentation is completed prior to referring to the Pathology Laboratory, according to the applicable Policy and Procedures in the Laboratory.
- 2.1.5. When testing has been completed the remains are returned to the SLMHC Laboratory, who will notify the Sioux Lookout Funeral Home to pick up the specimen and initiate all arrangements for return to the mother.

# DIAGNOSTIC CYTOLOGY

REQUISITIONING PHYSICIAN, NAME AND ADDRESS

DATE RECEIVED

YEAR

MONTH

DAY

CYTOLOGY NUMBER

HEALTH NUMBER

VERSION PROV.

DATE  
OF  
BIRTH

YEAR

MONTH

DAY

PATIENT'S SURNAME

FIRST NAME

MIDDLE  
INITIAL

F

M

ADDRESS

PHONE NUMBER

POSTAL CODE

PHYSICIAN NUMBER

PATIENT'S CHART NUMBER

COPY TO: (PHYSICIAN'S NUMBER, FULL NAME AND ADDRESS)

TYPE OF SPECIMEN:

# SLIDES SUBMITTED

☐ CERVICAL ☐ COMBINED ☐ ENDOCERVICAL ☐ VAGINAL

☐ OTHER (SPECIFY)

COLLECTION ☐ SPATULA ☐ BRUSH ☐ BROOM

INSTRUMENT: ☐ OTHER (SPECIFY)

## GYNECOLOGICAL DATA (IMPORTANT)

DATE SMEAR TAKEN

YY

MM

DD

YY

MM

DD

LMP (FIRST DAY)

CERVIX:

☐ NORMAL

☐ ABNORMAL

☐ EROSION

☐ POST MENOPAUSAL BLEEDING

☐ ABNORMAL BLEEDING

☐ DISCHARGE (SPECIFY)

☐ PREGNANCY

WKS

☐ POST PARTUM

WKS

☐ PERI MENOPAUSAL

☐ POST MENOPAUSAL

☐ HORMONE REPLACEMENT THERAPY (SPECIFY)

CONTRACEPTION

☐ BCP

☐ IUD

HYSTERECTOMY:

☐ PARTIAL - CERVIX PRESENT

☐ TOTAL - NO CERVIX

PREVIOUS HISTORY:

☐ PREVIOUS ABNORMAL CYTOLOGY

RESULT / DATE:

PREVIOUS ☐ COLPOSCOPY ☐ BIOPSY

RESULT / DATE:

☐ LASER ☐ PREVIOUS IRRADIATION

☐ CRYOTHERAPY ☐ CHEMOTHERAPY

DATE:

OTHER CLINICAL REMARKS

DESCRIPTION

☐ SUITABLE

☐ RECEIVED UNLABELLED

☐ SLIDE BROKEN IN TRANSIT

☐ THICK

☐ SCANTY

☐ BLOODY

☐ WATERY

☐ CLEAR

☐ TURBID

☐ FLOCCULENT

TYPE OF SPECIMEN:

DATE OF COLLECTION

# SLIDES SUBMITTED

# SPECIMENS SUBMITTED

☐ SPUTUM

☐ URINE

BREAST

☐ LEFT

☐ RIGHT

☐ CYST

☐ BREAST NODULE

☐ NIPPLE DISCHARGE

THYROID FNA: ☐ LEFT ☐ RIGHT

NODULAR: ☐ SINGLE

☐ MULTIPLE

☐ OTHER (SPECIFY)

## NON GYN CLINICAL DATA (IMPORTANT)

INCLUDE OTHER KNOWN MALIGNANCIES AND SITES

PLACE BAR CODE  
ACCESSION  
LABEL HERE