NON GYNAE CYTOLOGY

Note: Histology and no-gynaecological cytology specimens must never be transported via the pneumatic air tube (whoosh) system.

Please label all specimens as described in general information section https://app.eolasmedical.com/organisation/landing/null?organisationId=ORG%23staging-salisbury-nhs-foundation-trust%231120b4c7-8856-4520-934a-f2778c95fc7a&sectionId=SEC%238a1f1c47-f0dc-4ba3-8527-ce1e2421e0e0&origin=section and ensure the following:

- date and time specimen taken (on request form and specimen pot).
- clear clinical details are noted on request form.
- Any non-gynae specimens sent with a histology specimen should be bagged separately.
- If specimen is high risk this must be clearly noted on the request form
- Urgency – please note if the patient is on a cancer pathway.

URINE CYTOLOGY

The specimen should be taken mid-morning as a mid-stream urine and placed in cytospin fluid (Cytolyt– clear fluid) before sending to lab.

- If no Cytolyt pots available, please use a sterile universal container or the 50 ml silver top lids. Please do not use the yellow or green topped micro pots.

Health & Safety

Cytolyt is hazardous– in the event of a spillage, contact Histology x4096 for advice.

SEROUS EFFUSIONS: including pleural, pericardial, peritoneal, peritoneal washings and ascitic fluids.

<u>Do not</u> place in Cytolyt.

It is essential that serous effusions are transported in a sterile universal container as soon as possible to the laboratory to minimise degeneration, if there is any chance of delay then the specimen should be refrigerated. This is because cells degenerate quickly if specimens are left standing at room temperature.

Sample volume should aim to be around 60ml of fluid in order to perform morphological analyses as well as ancillary testing, there is little increase in diagnostic yield above this volume.

- A minimal volume range of 50–75 ml should be adopted in order to diminish potential false negatives and optimise the test sensitivity for pleural fluid samples.
- The minimal volume has shown to be 60 ml for pericardial fluid.

RESPIRATORY SPECIMENS: EBUS, Sputum, bronchial wash, brush and lavage.

<u>Do not</u> place in Cytolyt.

Sputum - The Royal College of Pathologists recommends that sputum samples should be requested by respiratory physicians and only from patients unfit for bronchoscopy. The patient should be asked to rinse out his or her mouth with water first then give a deep cough. Refrigerate specimen and send to lab as soon as possible.
(Specimens can be kept in a refrigerator for 48 hours if necessary.)

EBUS Free fluid and/or direct spreads (onto glass slides)

- Direct spreads which are prepared in the clinic should be spread thinly and process a good cellular yield, which is not obscured by poor spreading or crushing artefact.
- They should be air dried rapidly or fixed promptly by the clinic to produce specimen presentation for ease of diagnosis.
- These should be labelled A or F to clarify which method has been used.
- Slides must be transported in plastic slide boxes to avoid damage is transit.

Bronchial aspirates are collected by direct aspiration of material from the large airways of the respiratory tract by means of a flexible bronchoscope. The specimen is collected in a screw top sterile container.

Bronchial brushing uses a protected brush catheter in the bronchoscope to tease the material from the airways. This is then directly spread onto slides and fid immediately with alcohol at the clinic.

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- They should be air dried rapidly or fixed promptly by the clinic to produce specimen presentation for ease of diagnosis.
- These should be labelled A or F to clarify which method has been used.
- Slides must be transported in plastic slide boxes to avoid damage is transit.

Bronchial washings are collected in a similar fashion to bronchial aspirates, but the procedure involves the aspiration of small amounts of instilled saline from the large airways of the respiratory tract. Collected in a screw top sterile container.

Sputum samples (induced and expectorated) are collected into a sterile 50ml screw top lid.

FINE NEEDLE ASPIRATES

Please note – this procedure is not appropriate in high-risk cases such as TB.

Do not place in Cytolyt

Fine needle aspirates are best carried out by someone trained in both biopsy technique and in the technique of making smears. Maximum diagnostic value is obtained if some smears are immediately and quickly wet-fid in alcohol or spray-fixative for Papanicolaou staining and the remainder are allowed to **rapidly** air dry for Giemsa staining.

- Ensure 3 patients identifiers are on each slide
- Please write on FNA slides which is fixed (F) and which is air-dried (A) as it is difficult for the laboratory to tell.

Ensure these are dry before putting in the slide box.
To prevent sample degeneration, transport to the laboratory must not be delayed.

The Consultant Pathologists are pleased to offer advice and can be contacted on ext. 4106.

CSF SPECIMENS

To be collected directly into sterile bijoux or universal containers, ideally 1ml per bottle. Microbiology requires bottles (taps) 1 and 3. Cytology usually receive bottle (tap) 4.


Label ALL bottles with:

- The tap number (having been consecutively labelled on collection)
- Hospital number,
- Surname,
- Forename,
- Date of birth.

This sample type lacks stability and should be transported without delay.

The Consultant Pathologists are pleased to offer advice and can be contacted on ext. 4106.