INSTRUCTIONS

A. Requisition Requirements:

a) Diagnostic Cytology Requisitions are available via website: **http://www.bccancer.bc.ca/lab-services-site/Documents/Diagnostic%20Cytology%20Request%20Form%20v18.pdf**
b) When submitting multiple samples on the same patient, provide a completed requisition for each sample. Each sample type and site must be clearly identified.
c) The minimum information required by the laboratory comprises patient name, PHN, DOB, sample type, sample site, date of collection, time of collection, fixative, submitting facility, clinical indications, and the requesting physician.
d) Provide pertinent clinical history, including history of malignancy, radiation, chemotherapy, or infectious disease (i.e., HIV, tuberculosis, CJD)

B. Specimen collection Requirements:

Specimen	Fixative
Bronchoscopy/endoscopy/ pelvic washing and lavage	Pre-filled 30 mL Cytolyt® container
Bronchial/Endoscopy Brushings	Pre-filled 30 mL Cytolyt® container
Special instructions: The brushes should be completely submersed in the fixative and the brush handles should be cut off a few centimeters above the brush bristles.	
Effusions and Body Fluids (Ascites, Pleural, Peritoneal, Pericardial)	Submit in 2 portions; CytoLyt® and 10% formalin. *Note: If less than 20 mL then submit entirely in* CytoLyt®
Special instructions: Do not mix the formalin and CytoLyt® together	
Fine Needle Aspirations (FNA) including Joint aspirations	Pre-filled 30 mL Cytolyt® container
CSF	Unfixed or Pre-filled 30 mL Cytolyt® container
Special instructions: Preferable specimen volume is 1 mL of CSF. Add fixative and refrigerate (temperature 2-8°C) CSF if transport delay of > 1 hr.	
Sputum	Pre-filled 30 mL Cytolyt® container or 50% ethyl or methyl alcohol
Special instructions: Rinse mouth and clean teeth prior to obtaining a specimen to avoid oral contamination. Inhale and exhale deeply, forcing air from the lungs using the diaphragm to produce a deep cough. Repeat until at least 1 teaspoon of deep cough specimen can be produced. An early morning deep cough specimen is to be collected in a container with sputum fixative. A series of three consecutive sputa collected over three days is preferred.	
Urine (Voided)	Pre-filled 30 mL Cytolyt® container or 50% ethyl or methyl alcohol
Special instructions: Midstream of the second voided specimen in the morning is preferred, after the patient has been up and active.	
Urine (catheterized/cystoscopy)	Pre-filled 30 mL Cytolyt® container

Nipple Discharge	Pre-filled 30 mL Cytolyt® container or Superfrost plus Glass Slide
Special instructions: Using pencil, label one end of slide(s) with patient's FULL NAME AND PHN OR DOB. Wipe the surface of the nipple with gauze pad. Gently massage or compress the areola between the thumb and index finger to express the secretion. Touch the glass slide to the secreted drops. If the discharge is abundant or bloody, smear the secretion by wiping the slide lengthwise across the secretion. Fix slides with alcohol by spray fixation. Alternately, submit specimen in a CytoLyt® container.	
Anal Pap Test	Pre-filled ThinPrep® vial
Special instructions: Patients are asked not to douche or have an enema or insert anything into their anus for 24 hours prior to an anal cytology exam. Lubricants should not be used prior to obtaining a cytology sample because the lubricant may interfere with the processing and interpretation of the sample. Sample is obtained with the patient lying on their left side, but other positions are acceptable. The buttocks are retracted to visualize the anal opening, and a Dacron or polyester tipped swab moistened in tap water is inserted for approximately 1.5 to 2 inches into the anus. The swab can be felt to pass through the internal sphincter, so the sample is obtained from the junction of the anus and rectum, which is where most of the HPV- related lesions are believed to originate. The swab is rotated 360 degrees with firm lateral pressure applied to the end of the swab, such that it is bowed slightly and then it is slowly withdrawn over a period of 15 to 30 seconds from the anus, continuing to rotate the swab in a circular fashion. The lateral pressure ensures that the mucosal surface, rather than rectal contents are sampled. The swab is placed in a ThinPrep® Non-Gyn vial and vigorously agitated to disperse the cells for liquid based cytology. The sample must be fixed quickly within 15 seconds in order to avoid drying artifact, which occurs easily and makes interpretation difficult.	

C. **Specimen Handling and Transport:** Unfixed Cytology samples will begin to degenerate from the moment of collection, thereby rendering them difficult to interpret and potentially unsuitable for diagnostic purposes. In the interests of the patient, it is advisable that they be transported to the laboratory for processing as soon as possible to minimize autolysis and promote accurate and timely reporting. To facilitate this, specimens must arrive in the laboratory correctly labelled and packaged and accompanied with the Diagnostic Cytology requisition form completed in its entirety with all relevant patient and clinical details.

a) Regular laboratory hours at BCC-VCC are 08:00-16:00, Monday to Friday. Closed on statutory holidays. **Please send samples as soon as possible after collection**, if a delay is anticipated refrigerate (at temperature 2-8°C) until transport (do not freeze). Samples arriving after 15:00 hours are held until the following workday for processing.
b) Each specimen container must be securely tightened to avoid leakage and must be placed into a sealed specimen Biohazard bag with a completed Diagnostic cytology requisition form. Each specimen must accompany its own requisition form. Place glass slides in a slide carrier and into a sealed specimen Biohazard bag with requisition in outside pouch
c) Package and send samples as per the appropriate transportation of dangers goods (TDG) protocol.

Please note: There are a number of factors known to affect the performance of the examination and interpretation of results. This list is not exhaustive:

- Failure to follow the sample acceptance policy may result in a delay in producing a report.
- Failure to supply relevant clinical information may result in a delay in producing a report.
- Specimens placed in the incorrect fixative solution could seriously damage the specimen and render it non-diagnostic.
- Failure to follow sample taking instructions.