Gen Lab 43 Specimen Collection Manual

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PATHOLOGISTS BIO-MEDICAL LABORATORIES, PLLC

SPECIMEN COLLECTION MANUAL

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INTRODUCTION

Pathologists Bio-Medical Laboratories (PBM) is a wholly owned subsidiary of PathGroup. We are a pathology laboratory that has been serving the North Texas area for more than 50 years. PBM provides technical, professional, consultative, and managerial services in pathology. PBM's mission guides everything we do. We are dedicated to serving our clients and their patients in a timely, courteous, and professional manner. We are committed to developing long-term relationships with our clients and their patients. We want our clients to realize that they are valued and we hope to create mutually beneficial partnerships with them. The ultimate goal of PBM is to offer state-of-the-art services for our clients and their patients in all aspects of anatomic pathology, cytopathology, and molecular pathology. We partner with recognized leaders such as med fusion and Quest.

The purpose of this manual is to provide instructions for the proper collection and submission of anatomic pathology and cytopathology specimens. If you cannot find the answer to your question in the manual, please contact the laboratory.

LABORATORY CONTACT INFORMATION

PBM Lewisville Laboratory
2501 S. State Hwy 121, Suite 1210
Lewisville, TX 75067
Phone: 972-966-7827
Fax: 972-966-7229
Administrative Hours of Operation: M-F 8:00a-4:30p

PBM Administrative Office (i.e. Billing and Results inquiries)
3600 Gaston Ave, Suite 261
Dallas, TX 75246
Phone: 972-966-7830
Fax: 214-818-9170

PBM Consultation Office
Phone: 972-966-7802 or -7803
Fax: 972-966-7891

PBM Hematopathology Hotline
Phone: 877-384-9893
Fax: 972-966-7233

Renal Path Diagnostics
2501 S. State Hwy 121, Suite 1210
Lewisville, TX 75067
Phone: 972-966-7854
Fax: 972-332-4217

COMPLIANCE WITH FEDERAL AND REGULATORY AGENCIES

It is the policy of PBM to consistently and fully comply with federal, state, and local requirements governing safety of the patient and employee, quality of testing and performance of processes and confidentiality of information. This compliance includes all publicly available applicable laws, regulations, policies, and payment instructions. This includes all laws and regulations pertaining to the delivery of and billing for services which apply to PBM on account of its participation in Medicare, Medicaid, and other government programs.

DISTRIBUTION OF MANUAL

This manual is available on the PBM website www.pbmlabs.com

TEST TURN AROUND TIME (TAT)

PBM Laboratories strives to process specimens in a timely manner and produce accurate patient results as quickly as possible. Provided that the specimens are received according to our collection procedures and barring complications, the laboratory should adequately meet the TAT guidelines stated.

In the event that the laboratory exceeds the TAT guidelines, the requestor is notified of the delay.

LAB SECTION	TEST	EXPECTED TAT	COMMENTS
Anatomic Pathology	Routine Surgical Pathology	2-3 business days	Excludes decalcification, special studies, and consultations
Cytopathology	Gynecologic	2-4 business days	
Cytopathology	Non-Gynecologic	2-3 business days	Excludes non-routine stains (i.e. special stains, immunohistochemistry)
Hematopathology	Comprehensive Bone Marrow	Morphology 2-3 business days	Final Comprehensive 10-12 days (excluding multiple send outs and Cytogenetics)
Neuromuscular/Nerve Profile	Consultation	5-10 business days	
Renal Path Dx	Consultation	1-2 business days	

TEST ORDERS

PBM Laboratories only performs tests at the written or electronic request of an authorized person. This authorized person can be the submitting physician or consulting pathologist. It is the policy of PBM to not accept verbal orders. In the event that the laboratory is unable to read or understand the written/electronic test order, the laboratory reserves the right to hold the request pending clarification via our Specimen Rejection guidelines.

PBM pathologists are available for clinical consultations, questions regarding test results, or test ordering.

TEST MENU

Immunohistochemistry, *in situ* Hybridization and Special Stains Tests

Please see the IHC/ISH/Special Stains Test Menu document, available at www.pbmlabs.com for a current test menu.

SPECIMEN LABELING

Always verify the identification of the patient prior to specimen collection. All submitted primary specimen container(s) must be properly labeled (on the container, not the lid) with the following mandatory labeling requirements:

- Patient's name
- Second unique patient identification which includes at least one of the following:
  - Date of Birth
  - Client provided patient identifier number
  - Specimen container label from barcoded requisition

Note:

- Location-based identifiers such as hospital room numbers are not acceptable.
- A primary specimen container is the innermost container that holds the original specimen prior to processing and testing. This may be in the form of a specimen collection tube, cup, syringe, swab, slide, or other form of specimen storage.

SPECIMEN REQUISITIONS

All specimens must be accompanied with a properly completed requisition. This requisition can be either a paper requisition or printout from an electronic order provided it meets the requirements stated below.

Requisition Requirements

1. Requisition must accompany and match the associated specimen(s)
2. Requisition must be completed with the following information:
   a. Patient demographic information including but not limited to full name, registration number, sex, and date of birth
   b. Name and address of physician ordering the test
   c. Anatomical specimen source or site
   d. Tests requested
   e. Last menstrual period (for gynecological specimens) if known
   f. Date and time of collection
   g. Clinical information, when appropriate
   h. Time formalin added for breast specimens submitted for prognostic markers Estrogen Receptor, Progesterone Receptor and HER-2 by IHC/FISH.

PBM offers barcoded requisitions for unique specimen identification and tracking. The container barcode labels provided on the requisition are for unique identification for

specimen containers from the time of courier pickup to courier delivery as well as tracking the specimen throughout the laboratory as the specimen is processed. Barcodes are also provided for the transportation logs as well as the transportation bag that contains the specimen containers.

SPECIMEN PACKAGING FOR TRANSPORT

Specimen Container Requirements

- Primary specimen container must contain a specimen.
- Primary specimen container must contain the adequate volume of the appropriate preservative for their respective tests.
- Surgical specimens submitted in 10% neutral buffered formalin should have at least 10 times volume of formalin compared to the specimen.
- Each primary specimen container must be an appropriately sealed, impervious container free of external contaminants.
- Primary specimen container (less than 5-gallon capacity) must be submitted in a sealed secondary container such as a biohazard transport bag.
- When possible, please submit an absorbent with the specimen to absorb any formalin spillage in transport.

Specimen Requisition Requirements

- When utilizing a biohazard bag as the required secondary transport container, the requisition should be placed in the outside section of the bag separated from the specimen(s) to prevent contamination.

SPECIMEN COLLECTION

Anatomic Pathology Specimens

Specimen collection requirements are available on the PBM website www.pbmlabs.com. These requirements are provided in Appendix B. Specimens with special considerations or requirements are provided in Appendix E.

Breast Specimens submitted for Prognostic Marker Testing

Prognostic Marker testing includes Estrogen Receptor (ER) and Progesterone Receptor (PgR) by IHC and Her-2 by IHC and FISH.

Specimen Requisition Requirements

1. Specimen date and time of collection
2. Time formalin is added to the specimen
    a. Cold Ischemic Time
        - Fulfills requirement to capture and verify compliance to ASCO/CAP guidelines
    b. Total Fixation Time
        - Fulfills requirement to capture total fixation times to verify compliance to ASCO/CAP guidelines

Specimen Collection Requirements

1. Cold Ischemic Time
    a. Specimens should be immersed in 10% neutral buffered formalin fixative within 1 hour of the biopsy or resection procedure.
2. Total Fixation Time
    a. Specimens should be fixed in 10% neutral buffered formalin for at least 6 hours, up to a maximum of 72 hours.

3. Note regarding breast resections from remote sites
    a. If delivery of a resection specimen to the pathology department is delayed (e.g., specimens from remote sites), the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted.

Cytopathology Specimens

Refer to the Appendix for specimen-specific collection requirements. For submitting gynecological specimens, refer to Appendix F. For non-gynecological specimens, refer to Appendix G.

All Cytology specimens must follow the specimen requisition, labeling and transport requirements noted in this document.

Bone Marrow and Peripheral Smear Specimens
A video link is available on the PBM website to assist in proper preparation and submission of bone marrow specimens. http://pbmlabs.com/who-is-pbm/hematopathology/
Also refer to Appendix H.

Policy Regarding Specimens Suspected for Transmissible Spongiform Encephalopathies (TSE) which includes CJD

Because PBM does not possess the appropriate equipment to handle the infectious agents, Transmissible Spongiform Encephalopathies (TSE) believed to cause CJD, any tissue or fluid that is **suspected** to be a TSE or CJD must be rejected. Specimens suspected for TSE or CJD must be submitted directly by the client to the National Prion Disease Pathology Surveillance Center. It is the responsibility of the client to submit these specimens. PBM cannot submit suspected TSE or CJD specimens on the client's behalf.

SPECIMEN REJECTION POLICY

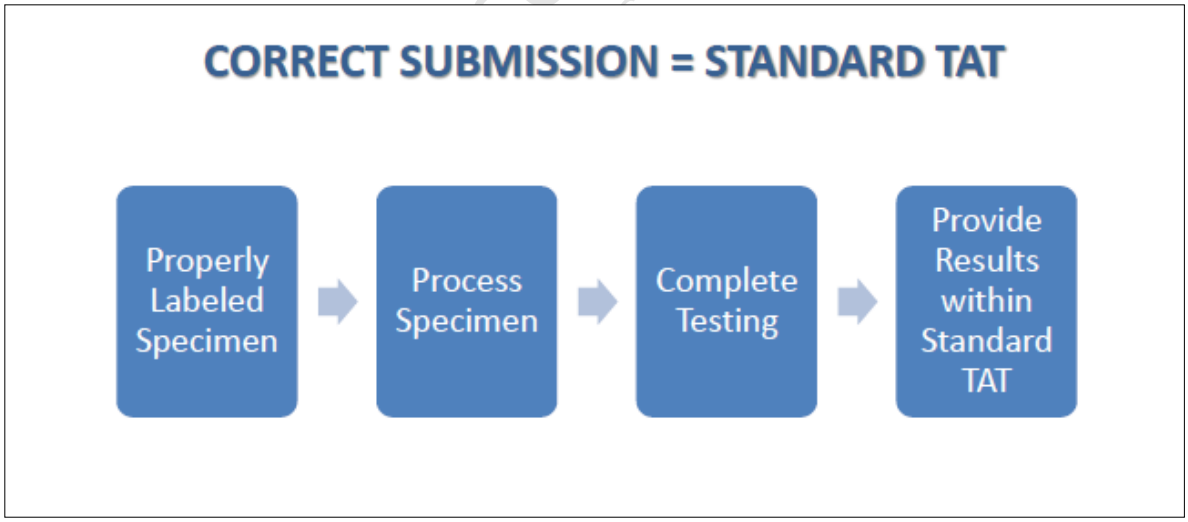
The laboratory reserves the right to reject specimens if the required information is not provided or does not meet the requirements stated. Not providing the required information may result in holding the specimen from processing in order to resolve the issue or discrepancy. Rejection criteria includes but are not limited to:

- Unlabeled specimen
- Mislabeled specimen that do not match the requisition
- Bilateral discrepancies (i.e., right versus left)
- Specimen source on container(s) and requisition do not match
- Nature of specimen provided is considerably different from what was actually received
- Incomplete requisition
- Specimen received without a requisition
- No specimen received (empty container)
- Specimen improperly collected including improper quantity or type of fixative
- *Syringes with attached needles
- Diagnosis code (ICD10)

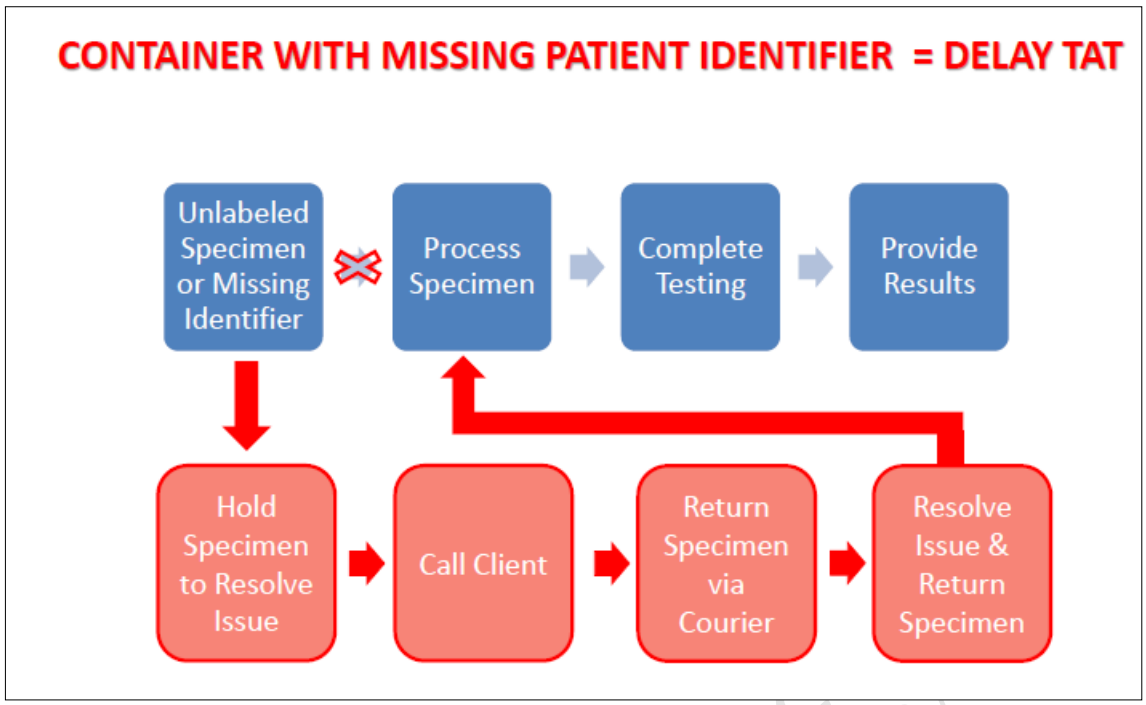
The majority of specimens submitted for anatomic pathology are considered to be irreplaceable. PBM Exceptions Department contacts the client to resolve the discrepancy.Under most circumstances, the client must complete the Specimen Identification Verification Form to resolve the discrepancy. Under some circumstances, PBM will need to return the specimen to the client (using a private courier for documented chain of custody return) in order to have the client appropriately correct the discrepancy and/or properly identify the specimen.

*PBM feels there is a level of responsibility involved where we do not continue creating a larger situation by further transporting a syringe with a needle back to the client. Therefore, any specimen received with a needle on the syringe is to be escalated to the medial director or other Lewisville pathologist upon receipt for guidance.

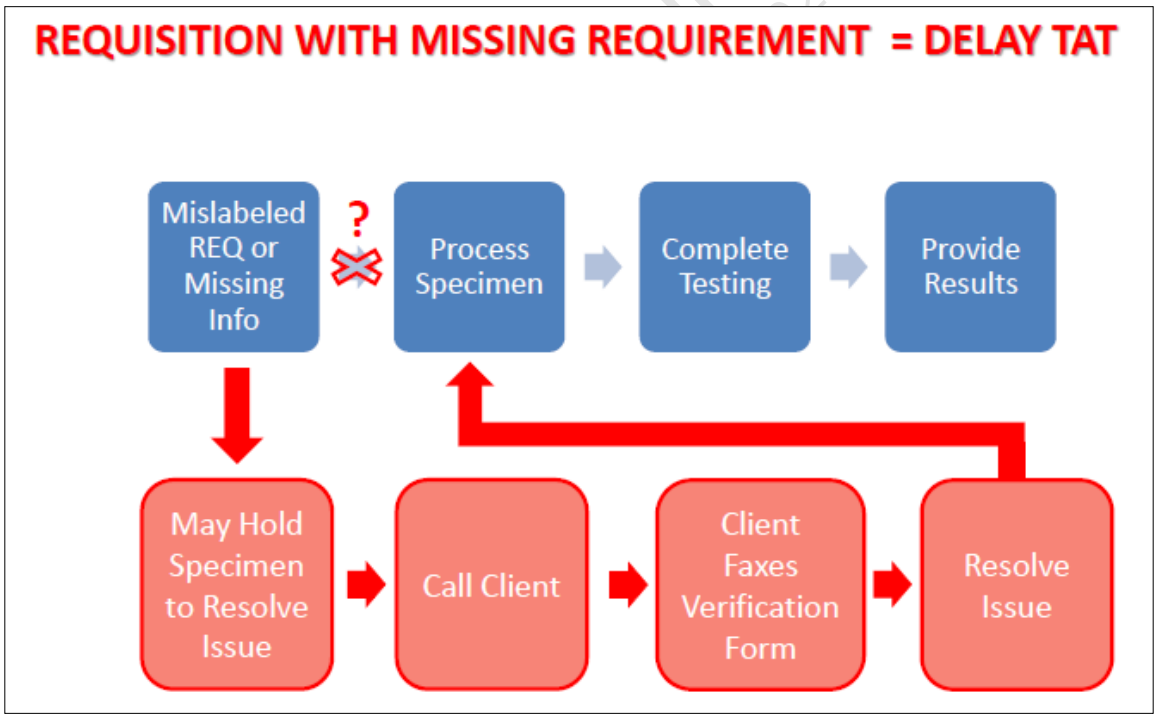
In order to provide the fastest service in the best interest of the patient, properly labeled specimen(s) and completed requisition is required.



Missing specimen identification will most likely delay TAT.



Requisitions with missing requirements will most likely delay TAT.



ORDERING SUPPLIES

To request supplies, please email supplies@pbmlabs.com.

REFERRAL LABORATORY SPECIMEN HANDLING

Specimens sent to reference laboratories for testing must be handled appropriately to closely control pre-analytical variables in order to maintain specimen integrity. PBM properly follows all requisition, collection and handling specifications when sending specimens to reference laboratories. Our trained and certified personnel package and ship the material referenced in accordance with all applicable federal, state, and local regulations.

Appendix A: Specimen Collection Manual Review and Approval

This Specimen Collection Manual has been reviewed and approved by:

Richard L. Meyer, M.D.
Medical Director
PBM Laboratories, Lewisville Laboratory

The PBM Medical Director will review the Specimen Collection Manual at least biennially and is required to review and approve all substantial changes regarding specimen collection and handling prior to implementation.

Appendix B: Surgical Pathology Requisition and Specimen Collection Requirements

PBM Requisition Specimen Collection Guidelines

Please follow the required guidelines listed below. The laboratory reserves the right to reject specimens if the required information is not provided or does not meet the requirements stated below. The lab may return specimens to the client to verify patient and/or specimen identification or address any additional discrepancies noted.

Requirements for Submitting Requisition:
All specimens must be accompanied with a completed requisition form.
Provide all demographic information. A diagnosis code is required for every submission, regardless of payer.
Patient identification on the requisition must match identification on container(s).
When utilizing a biohazard bag as the required secondary transport container, the requisition should be placed in separate section from the specimen to prevent contamination.

Requirements for Submitting Specimens:
Label containers with the patient's name and one other unique identifier (Client provided patient identifier number, date of birth or barcoded requisition number.)
Place specimens in appropriately sealed, impervious containers. All primary specimen containers (less than 5-gallon capacity) must be submitted in sealed secondary container such as a biohazard transport bag. When possible, please submit an absorbent with the specimen to absorb any formalin spillage in transport.

Special Note Regarding Submission of Breast Specimens:
Per CAP Guidelines, specimens submitted for prognostic markers (Estrogen Receptor and Progesterone Receptor by IHC and HER2 by IHC/FISH) should be immersed in 10% neutral buffered formalin fixative within 1 hour of the biopsy or resection procedure. Please provide the required time of specimen collection and time formalin added to the specimen collection container on the requisition to validate compliance to applicable CAP guidelines.

The volume of formalin should be at least 10 times the volume of the specimen. Specimens subject to these tests should be fixed in 10% neutral buffered formalin for at least 6 hours, up to a maximum of 72 hours for estrogen receptor, progesterone receptor and HER2 testing. If delivery of a resection specimen to the pathology department is delayed (e.g., specimens from remote sites), the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted.

Appendix C: Specimen Identification Verification Form

PBM
PATHOLOGISTS BIO-MEDICAL LABORATORIES, L.L.P.

CONFIDENTIAL TO PBM
Review Cycle: Annual
Original Upload: 2/5/2015
Policy Owner: See AccuPathology

Specimen Identification Verification Form

Please complete the following form to verify the specimen identification criteria that was not appropriately represented at the time of specimen submission. Until this form is completed and signed, specimens cannot be processed due to concerns regarding possible patient misidentification.

PBM Employee, please indicate specimen rejection criteria below:

❒ Unlabeled	❒ Mislabeled	❒ Incomplete information
❒ Other:		
PBM Employee Name:		Date/Time:

Valued Client, please complete and sign the form below.

Patient Name:
Patient DOB:
Specimen Source/Location:
Specimen Date/Time of Collection:
Other Discrepancy As Specified Above:

Permission for Use of Rejected Laboratory Specimen

I believe the above specimen must be used for testing, instead of recollecting a new specimen. I believe this specimen belongs to the patient named above. This belief is based on the fact that I either collected the specimen, saw the specimen being collected, or have evidence that the specimen can only belong to the patient named above. I hereby request that the laboratory medical director and laboratory personnel provide testing on the sample as ordered, despite the previous rejection of the specimen. I have the appropriate role and responsibility within my organization to complete and submit this form.

_____
Physician / RN / Authorized Personnel Name (Please Print)

_____
Physician /RN / Authorized Personnel Name (Signature) Date

_____
Physician /RN / Authorized Personnel Position Title

Appendix D: Special Considerations/Requirements for Submitting Some Surgical Specimen Collections

All submitted surgical specimens must be labeled with the patient's name and one other unique identifier (date of birth, client provided patient identifier number, or specimen container label from the barcoded requisition) and be accompanied by a completed specimen requisition. Sealed specimen containers should be placed in a biohazard bag for specimen transport. The requisition should be placed in the outside section of the bag separated from the specimen(s) to prevent contamination. Below are additional considerations/requirements unique for the specimen types designated.

Surgical Specimen Type With Submission Requirements	**Specimen-specific Collection Requirements or Instructions**
Cytogenetics/Chromosomal Analysis Tissue Specimens • Labeled sterile specimen containers with fresh tissue (no fixatives) OR submitted in sterile saline or TTM.	1. Submit fresh specimens (e.g., products of conception) in appropriately labeled sterile containers. No fixative can be added to the container. Tissues in sterile saline or TTM (Tissue Transport Media) are acceptable. 2. Biopsies may be wrapped in saline-dampened gauze to prevent drying in transport. 3. Ensure the requisition states the necessary test(s) requested. **4. Note: If requested test(s) are not provided, the laboratory will hold the specimen in the refrigerator until the information is received in writing.**
Electron Microscopy (EM) • Labeled glutaraldehyde container • Labeled formalin container (optional) • PBM Kidney kit if applicable	1. Submit specimen in appropriately labeled glutaraldehyde container. 2. If ample tissue is available, tissue can also be submitted in formalin for routine analysis. 3. Indicate on the requisition the request for EM analysis. 4. For kidney specimens, submit in the appropriate PBM kit using the instructions provided in Appendix E.
Flow Cytometry Analysis Tissue Specimens • Labeled sterile specimen containers with fresh tissue submitted in sterile saline or TTM. No fixatives added.	1. Place specimen in labeled sterile container. Tissue can be submitted fresh (no fixative) or in Tissue Transport Media (TTM, MEM, etc.)

Fresh Specimens • Labeled specimen containers with no fixative added.	1. Submit fresh specimens in appropriately labeled containers. Specimens for culture must be submitted in sterile containers. 2. Ensure the requisition states the necessary test(s) requested. **3. Note: If requested test(s) are not provided, the laboratory will hold the specimen in the refrigerator until the information is received in writing.**
Kidney Biopsies • Local clients: two biopsies necessary: one submitted in saline-dampened telfa pad, one in 10% formalin. • Appropriate PBM Kit and completed corresponding requisition	1. For local clients, the biopsies should be submitted in two labeled containers. a. One piece should be submitted in 10% formalin. b. One piece should be placed on a saline-moistened telfa pad to prevent drying in transport. 2. Otherwise, submit specimen in the appropriate PBM kit using the instructions provided in Appendix E.
Kidney Stones (for Calculi Analysis) • Labeled sterile specimen containers with no fixative added.	1. Submit stones dry in labeled sterile specimen container.
Limb/Extremity Amputations • Appropriately double/triple bagged • Surgical Consent Form	1. Generally, amputations are too large to place in a specimen container. Amputations must be carefully double/triple bagged in a red biohazard bag and in accordance with TCEQ and DOT regulations, requires that the bag be placed in a biohazard box that is sealed to prevent leakage while being transported. 2. Patient label must be attached to the outer red biohazard bag and the requisition should be attached to the outside of the box. 3. Amputations should be stored in a designated refrigerator prior to transport 4. Include a copy of the Surgical Consent form often located within the patient's chart.
Lymph Nodes (for Lymphoma) • Labeled sterile specimen container	1. Place fresh specimen in sterile, labeled container (no fixative added). Submitting tissue in flow media (TTM, MEM) is acceptable. Transport as soon as possible to the Laboratory.

Muscle Biopsies • Local clients: fresh biopsies in saline-dampened gauze. • Appropriate PBM Kit and completed corresponding requisition	1. For local clients, the biopsies may be wrapped in saline-dampened gauze to prevent drying in transport. 2. Otherwise, submit specimen in the appropriate PBM kit using the instructions provided in Appendix E.
Nerve Biopsies • Local clients: fresh biopsies in saline-dampened gauze. • Appropriate PBM Kit and completed corresponding requisition	1. For local clients, the biopsies may be wrapped in saline-dampened gauze to prevent drying in transport. 2. Otherwise, submit specimen in the appropriate PBM kit using the instructions provided in Appendix E.
Skin Biopsies (for DIF studies) • Labeled containers with Michel's transport media or Zeus fixative **Note: Samples are sent to affiliate lab for testing.**	1. Place specimen(s) in labeled container(s) with Michel's transport media or Zeus fixative. 2. If the fixatives listed in step 1 are unavailable, specimens may be sent on saline moistened gauze and placed in a labeled, sealed container. 3. Specimens should be kept cold during transportation. 4. Indicate the tests requested on the accompanying requisition. **5. Note: If requested test(s) are not provided, the laboratory will hold the specimen in the refrigerator until the information is received in writing.**
Surgical Devices, Prostheses and Hardware • Labeled and sealed container • All necessary documentation and instructions	1. Submit in labeled and sealed container along with all necessary accompanying documentation and instructions.
Uric Acid Crystals (for Gout) • Dry crystals or crystals submitted in alcohol	1. Uric Acid crystals dissolve in aqueous solutions. Therefore, they must be submitted dry or in 100% alcohol.

For instructions for submitting tissue to outside reference laboratories, refer to the Reference Laboratory Requisition and Specimen Collection Requirements. Contact the PBM Consultation Office for further details.

Appendix E: Submitting Specimens in PBM Specimen Kits

All containers and/or slides must be labeled with the patient's name and at least 1 other unique identifier (date of birth, client provided patient identifier number or specimen container label from barcoded requisition) and be accompanied by a completed specimen requisition.

PBM Specimen Collection Kit	Instructions
Neuropathology Kit • White card • 10% formalin container • 2.5% Glutaraldehyde container • Requisition	1. Collect a fresh piece of nerve and place it on the white card provided. This will stretch the tissue to obtain a proper diagnosis. 2. Place the specimen/card in the 10% formalin container provided. 3. Repeat step 1 and place in the 2.5% glutaraldehyde container supplied. 4. Place both bottles in the plastic outer container. 5. Complete the requisition. Please note any additional physicians requiring results.
Muscle Biopsy Kit • Muscle clamps • Saline • 8 oz. container (empty) • Gauze pad • 10% formalin container • Requisition **Note: Samples are temporarily sent to reference lab for testing.**	1. Collect 2 muscle pieces measuring 5x5 mm. 2. Place unclamped pieces on saline-moistened telfa pad or gauze. Place these in the empty bottle provided and secure the lid. 3. Provide an isometrically clamped section and place in the 10% formalin container provided. 4. Place both containers in the kit with wet ice or ice pack. 5. Complete the requisition. Please note any additional physicians requiring results.
Renal Pathology Kit • 10% formalin container (for light microscopy) • Zeus or Michel's fixative container (for immunofluorescence) • 2.5% Glutaraldehyde container (for electron microscopy)	Submit cores by dividing into three parts while under the microscope: 1. The largest piece should be submitted for light microscopy (in formalin container). This piece should have the most glomeruli, ideally 6 or more. Place this piece in the 10% formalin container. 2. The second piece is for immunofluorescence staining. Depending on the size of the specimen, a good sample should have 2-4 glomeruli. Place this piece in the Zeus/Michel's fixative container. 3. The last piece should be submitted for EM studies and should have at least 3 glomeruli. Place this piece in the glutaraldehyde container. 4. Complete the requisition. Please note any additional physicians requiring results.

Appendix F: Submitting Gynecological Cytology Specimens

All gynecological cytology specimens (slides and/or containers) must be labeled with the patient's name and one other unique identifier (date of birth, client provided patient identifier number, or specimen container label from the barcoded requisition) and be accompanied by a completed specimen requisition. Sealed specimen containers should be placed in a biohazard bag for specimen transport. The requisition should be placed in the outside section of the bag separated from the specimen(s) to prevent contamination.

Cytology Specimen Type With Submission Requirements	**Instructions**
ThinPrep Pap Test • Completed Requisition • Appropriately-labeled PreservCyt vial	1. Appropriately label the PreservCyt vial. 2. Obtain adequate sample from ectocervix and endocervical canal using plastic spatula and endocervical brush. 3. Immediately rinse vigorously 10 times in solution to remove any residual sample from spatula and brush 4. Discard spatula and brush. 5. Tighten cap ensuring black lines are aligned.
Conventional Pap Test • Completed Requisition • Appropriately-labeled pap smear slides	1. Scrape the ectocervical area around the endocervical canal with the Ayre spatula using a rotating motion. 2. Smear the specimen onto one-half of the labeled glass slide and spray-fix immediately. 3. Using the endocervical brush, insert the brush in the endocervical canal and rotate one half-turn. Roll this material on the remaining half of the glass slide containing the ectocervical smear. Spray-fix immediately. 4. Allow slide(s) to air dry and place in cardboard slide tray.

Appendix G: Submitting Non-Gynecological Cytology Specimens

All non-gynecological cytology specimens must be labeled with the patient's name and one other unique identifier (date of birth, client provided patient identifier number, or specimen container label from the barcoded requisition) and be accompanied by a completed specimen requisition. Sealed specimen containers should be placed in a biohazard bag for specimen transport. The requisition should be placed in the outside section of the bag separated from the specimen(s) to prevent contamination.

Cytology Specimen Type With Submission Requirements	**Specimen-specific Collection Requirements or Instructions**
Body Fluids • Labeled specimen containers with no additional fixative added	1. Ideally, 100 cc of fluid should be submitted for cytology processing. 2. Specimen should be collected fresh with no fixatives added. 3. If there is an anticipated delay of specimen transport exceeding 6 hours, refrigerate the specimen prior to transport.
Breast Nipple Secretions • Labeled, spray-fixed and air-dried slides	1. Express the subareolar area for secretion. When a small drop appears, draw a slide across the nipple to smear the drop on the glass slides 2. Spray slides with cytology spray fixative and allow slides to dry prior to being placed in slide transport containers.
Brushings • Labeled CytoLyt vial • Specimen slides in 95% alcohol	1. Pull brush from scope with sheath covering bristles to avoid cross-contamination from other sites. 2. Push brush from sheath and smear across the slide with a rolling motion to ensure adequate collection of material. 3. Immediately place in slide holder containing 95% alcohol. 4. Repeat for each brushing performed using a new slide. The same slide holder may be used as long as subsequent brushing is from the same site. 5. Place the brush into the CytoLyt tube at the end of the procedure and agitate to release the collected material.
Cerebrospinal Fluids (CSF) • Labeled PreservCyt vial or graduated tube with no preservative added	1. All material must be collected directly into the PreservCyt vial or fresh (no preservative) in a graduated tube.

Fine Needle Aspirations (FNA) • Labeled CytoLyt vial • Labeled fixed slides • Labeled formalin container (optional)	1. Express one drop of fluid from the syringe and needle onto one labeled glass slide. 2. Turn second labeled slide face down on the drop and press gently then pull slides apart using a horizontal parallel motion. 3. Immediately place one slide in 95% alcohol slide holder and air dry the second slide. 4. Place the air-dried slide in the cardboard slide holder. 5. Aspirate a small amount of CytoLyt into the syringe and express into the labeled CytoLyt container. Repeat several times to ensure adequate rinsing of material from the hub of the needle. 6. **Note: All needles MUST be removed prior to submission of sample to the laboratory**. 7. Repeat steps 1-6 for additional passes. 8. Some material may be collected in formalin. Any material of significant size that prevents adequate smearing should be removed and placed in formalin for cell block preparation.
FNA of Fat Pad for Amyloid Analysis • Labeled fixed slides in 10% formalin	1. Collect the specimen according to the FNA instructions provided above except both slides are fixed and submitted in 10% formalin. 2. Additional material should be rinsed in 10% formalin for cell block.
Flow Cytometry • Labeled flow media vial	1. If possible, place 1-2 drops of specimen from each pass into the flow media such as TTM. 2. If yield is low, an entire pass may be dedicated for flow specimen collection. Rinse the needle from that pass in the flow media. 3. **Note: All needles MUST be removed prior to submission of sample to the laboratory**.
Lesion Smears • Labeled, spray-fixed and air-dried slides	1. Scrape margins of the lesion (with wooden scraper) to obtain material and place on labeled slides. The lesion may be moistened with saline if necessary to obtain a sufficient sample. 2. Fix material with cytology spray fixative. Air-dry slides and place in cardboard slide holders.

Sputum Specimens • Labeled specimen collection container and/or CytoLyt tube	1. First morning or aerosol-induced specimen is preferred to assure a sample generated from a deep cough. 2. Have patient rinse their mouth and instruct them to produce a forced, deep cough and expectorate the material in the labeled specimen collection container. 3. An adequate sample should appear thick and mucoid with opaque flecks. A sample that is thin and watery will not yield the appropriate material for analysis. 4. Transfer the specimen into a labeled CytoLyt tube.
Urine Specimens • Labeled urine collection cup	1. A catheterized urine specimen is preferred to minimize contamination from the urethra. Voided urines may also be used. 2. Have the patient collect a mid-stream sample about half the volume of the labeled urine collection cup.
Washings • Labeled specimen container(s) with no additional fixative added	1. Express aspirated fluid into the labeled specimen container. 2. Specimen should be collected fresh with no fixatives added. 3. If there is an anticipated delay of specimen transport exceeding 6 hours, refrigerate the specimen prior to transport.

Note: If a cytological specimen is received with too little volume (<15cc) and the client requests ancillary testing, the department will hold the specimen and request that the client prioritizes the testing they would like done.

Appendix H: Bone Marrow and Peripheral Blood Smear Specimens

Hematopathology Hotline: 877-384-9893

Bone Marrow Collection Instructions:

1. Complete Hematopathology Requisition Form or Electronic Order.
2. Blood/Bone Marrow information form should be completed and signed by the ordering physician.
3. Include a copy of recent clinic notes and any pertinent previous pathology reports.
4. Label all tubes, specimen containers, and slides with patient's full first and last name and date of birth. The hematology requisition labels may be used for this. Indicate whether peripheral blood or marrow aspirate, touch prep, core or clot, and right or left side.
5. Place labeled tubes (BM Aspirate/Peripheral Blood) into the spaces provided in the foam insert. Do not remove foam insert from kit.
6. Allow glass slides to **thoroughly air-dry at room temperature.** With a pencil or a slide marker, label the slide with two patient identifiers (Name and DOB), and indicate as blood, aspirate, or touch prep (**do not use EMR labels on slides as they are incompatible with slide processing**). Then return the slides to the plastic slide holders and place back into the spaces provided in the foam insert.
7. Place core and clot specimens into separate formalin containers, **secure lid(s) tightly** and attach the appropriate Hematopathology Requisition labels. Place each jar back into a small zip-lock bag and **seal completely**. Return the bagged containers to the spaces provided in the foam insert.
8. If used, place the Tissue Transport Media (TTM) into the space provided in the foam insert.
9. Place refrigerated cold pack on the foam insert over the slots containing the tubes and TTM.
10. Close bone marrow kit lid using lock tabs and insert kit into provided biohazard zip-lock bag. Place folded requisition form, Blood/Bone Marrow Information form, and copies of clinic notes and pertinent pathology reports inside the provided biohazard zip-lock bag pouch.

Specimen	Submit	Quantity
Peripheral Blood and Bone Marrow Aspirate	**Complete Blood Count and Differential (CBCD):** 2 unstained peripheral blood smear slides, freshly prepared within 4 hours of blood collection, and 1 EDTA (purple top) tube with peripheral blood.	2 unstained slides and 1 EDTA (purple top) tube with peripheral blood
	Flow Cytometry, Cytogenetics/FISH: 1 Na Heparin (green top) tube with marrow aspirate	2-3 mL
	Molecular Studies: 1 EDTA (lavender-top) tube with peripheral blood; 1 EDTA (purple-top) tube with marrow aspirate	1 EDTA (purple-top) tube with peripheral blood
	Aspirate particle smears (unstained)	4 or more unstained smears
Aspirate Clot	**Morphology (histology):** Formalin filled screw top container with marrow aspirate (left over from making smears, does not have to be clotted)	Remaining Aspirate
Marrow Core Biopsy	**Touch imprint slides (unstained)**	2 or more unstained slides
	Morphology (histology): Formalin Container #2	Core >= 2 cm
"Dry Taps" – no aspirate particles collected	If no marrow particles in aspirate ("dry tap"), submit 2 freshly collected biopsies (>= 2 cm, each) into Tissue Transport Media tube and 1 in a formalin container. Conical screw top tube with TTM (not included in kit) is available on request, must be kept refrigerated, use prior to expiration date.	3 freshly collected biopsies (>= 2 cm each)); 2 in a Tissue Transport Media tube (TTM) and 1 in a formalin container

Hematopathology Hotline: 877-384-9893

Peripheral Blood Collection Instructions Top Half;

1. Complete Hematopathology Requisition Form or Electronic Order.
2. Blood/bone Marrow Information Form should be completed and signed by the ordering physician.
3. Include clinic notes and a copy of any pertinent pathology reports.
4. Label all tubes and slides with patient's first and last name and date of birth. The hematology requisition labels may be used.
5. Place the labeled tube(s) into the spaces provided in the foam insert.
6. Allow glass slides to **thoroughly air-dry at room temperature**. With a pencil or a slide marker, label the slide with two patient identifiers (Name and DOB), and indicate sample as blood, (**do not use EMR labels on slides as they are incompatible with slide processing**). Then return the slides to the plastic slide holders and place back into the spaces provided in the foam insert.
7. Place refrigerated cold pack on the foam insert over the slots containing the tube.
8. Close bone marrow kit lid using lock tabs and insert kit into provided biohazard zip-lock bag. Place folded requisition form, Blood/Bone Marrow Information form, and copies of clinic notes and pertinent pathology reports inside the provided biohazard zip-lock bag pouch.

Specimen	Submit	Quantity
Peripheral Blood	**Complete Blood Count and Differential (CBCD):** Unstained peripheral blood smear slides, freshly prepared within 4 hours of collection, and 1 EDTA (purple top) tube with peripheral blood.	2 unstained slides and 1 EDTA (purple top) tube with peripheral blood.
	Flow Cytometry and Cytogenetics/FISH: 1 Na Heparin (green top) tube with peripheral blood.	1 Na Heparin (green top) tube with peripheral blood.
	Molecular Studies: 1 EDTA (purple top) tube with peripheral blood	1 EDTA (purple top) tube with peripheral blood.