Specimen Collection Guide
Specimen Collection Guide Outline

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## General Guidelines

### PRESERVATION
- To minimize the cellular distortion and degeneration, specimens should be preserved in the appropriate fixative immediately upon collection. Please see specimen type for details on proper fixation.
- Samples should be placed in clean containers and tightly secured to prevent any spillage and to maintain adequate moisture during transit to the laboratory.
- All specimen collection devices can be obtained through our client services office.

### LABELING
- Please avoid using any nicknames.
- Please avoid any pre-labeling of all material to avoid possible errors.
- **FIXATIVE BOTTLES**: All specimen containers must be properly labeled with two identifiers including: patient name, date of birth, or medical record number. Please make sure the patient’s information is exactly the same on both the specimen container and the requisition.
- **SLIDES**: Label slides using a pencil (ink will dissolve during processing) with the patient name on the frosted end of the slide after collecting the specimen. (Do not use paper labels on slides as these will be rendered unreadable during processing.)
- **REQUISITIONS**: All requisitions must include the following: patient name (last, first, middle), patient demographics (complete address, telephone number, and date of birth), patient medical record number, patient insurance information (insurance name, insurance ID and group number), diagnosis (ICD 9 codes), collection date and time, specimen source, ordering provider and any copy-to physicians. A demographics sheet can be attached in lieu of filling out all insurance information.

*Please remember any incomplete information could delay processing and reporting of each case*
## Gynecological Specimen Collection Guidelines

### ThinPrep® Pap Test

#### BRUSH/SPATULA
- Obtain an adequate sampling from the ectocervix using a plastic spatula. Select contoured end of plastic spatula and rotate it 360 degrees around the entire exocervix while maintaining tight contact with the exocervical surface.
- Rinse the spatula into the PreservCyt® Solution vial by swirling the spatula vigorously in the vial 10 times. **DISCARD THE SPATULA.**
- Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate one fourth to one-half turn in one direction. Do not over rotate.
- Rinse the brush in the PreservCyt® Solution by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall. Swirl the brush vigorously to further release material. **DISCARD THE BRUSH.**

#### BROOM
- Obtain an adequate sampling from the cervix using a broom-like device.
- Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact ectocervix.
- Push gently and rotate the broom in a clockwise direction five times.
- Rinse the broom into the PreservCyt® Solution by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart.
- Swirl the broom vigorously to further release material.
- **DISCARD THE BROOM DEVICE.** Do not break off in container.

#### FINAL SPECIMEN PREPARATION
- Tighten the cap so that the torque line on the cap passes the torque line on the vial.
- Label the vial with two patient identifiers.
- Fill out all the required information on the requisition: specimen source, last menstrual period (LMP), menstrual status, previous abnormal history, and any additional testing (CT/NG or HPV).
- Place the vial and requisition in a specimen bag for transport to the laboratory.
### PAP PAK® CONVENTIONAL PAP SMEAR

| PREPARATION | - Open the package, but do not remove the slide from the flat.  
             | - Open the fixative package and set aside. |
| COLLECTION  | - Obtain the specimen from the ectocervix with the spatula, taking care to sample the transformation zone (squamocolumnar junction).  
             | - Place collected sample on the slide as a thick drop. Do not smear at this time.  
             | - Next, obtain an endocervical sample using a cytobrush. Note: use spatula if the patient is pregnant.  
             | - Place the newly collected sample on the slide as a thick drop, mixing with the previous drop on the slide.  
             | - Holding the Pap Pak® and using the spatula handle or a gloved finger, uniformly spread the samples down the length of the slide, attempting to create a thin layer of cells.  
             | - Immediately cover the specimen with a small amount of the cytology fixative. You want to create a thin film or layer to cover the cells on the slide. Allow to air dry. |
| FINAL SPECIMEN PREPARATION | - In pencil print the patient’s name on the frosted end.  
                              | - Fold slide flaps inward and lock the Pap Pak® kit shut.  
                              | - Label the Pap Pak® with two patient identifiers.  
                              | - Pap Pak® are stable at ambient temperatures, and can be kept until your scheduled pickup. Please call NWP at (360) 734-2800 if you do not have a scheduled pickup time. |

### ONESWAB®

| COLLECTION | - Collect specimen by virorously swabbing site involved for 10-30 seconds.  
             | - Break swab and insert into medium.  
             | - Replace cap to vial. Close tightly. |
| FINAL SPECIMEN PREPARATION | - Replace cap to vial. Close tightly.  
                              | - Label the vial with two patient identifiers.  
                              | - Fill out all the required information on the requisition: specimen source, last menstrual period (LMP), menstrual status, previous abnormal history, and select test.  
                              | - Place the vial and requisition in a specimen bag for transport to the laboratory. |
Non-Gynecological Specimen Collection Guidelines

ASPIRATION

**PROCEDURE**
- After the specimen is collected in a syringe there are two options:
  1. Keep the specimen fresh in the syringe (with the needle removed and capped).
  2. Refrigerate the specimen until transportation is available. Specimens should be kept fresh for less than 24 hours after initial collection.
- If traveling a long distance, the specimen should be placed in CytoLyt® at a 1:1 ratio.
- Label the specimen container with two patient identifiers. Fill out the required information on the requisition.

FNA SPECIMEN PREPARATION

**CytoLyt vs. RPMI**
- RPMI: For suspected lymphoma
- CytoLyt®: For all other non-lymphoma differential diagnoses, i.e. solid tumor, infection, etc.
- CytoLyt® and RPMI: For broad differential diagnoses, including lymphoma and solid tumor

**PROCEDURE**
- Perform FNA.
- Squirt specimen into fixative tube (CytoLyt®), or RPMI tube (for suspected lymphoma).
- Rinse syringe with specimen tube fluid.
- Repeat for second and third FNA.
- Cap tube tightly.
- Label fixative tube with patient identification.
- Submit specimen tube(s) with completed requisition, history and billing information in NWP specimen bag.

Note: If submitting both CytoLyt® and RPMI, then 2-3 FNAs should be dedicated to CytoLyt® for solid tumor workup, and 1 FNA dedicated to RPMI for lymphoma workup.
**Non-Gynecological Specimen Collection Guidelines cont’d.**

| **BLADDER WASHINGS** | ▪ For best results, bladder washings should be done prior to any instrumentation. Collect the specimen by vigorously lavaging the bladder with 50cc of saline using a syringe. Place the specimen in a sterile container and tightly seal the lid.  
▪ After the specimen is collected there are two options:  
  1. Keep the specimen fresh in the syringe (with the syringe capped and the needle discarded).  
  2. Refrigerate the specimen until transportation is available. Specimens should be kept fresh for less than 24 hours after initial collection.  
▪ If traveling a long distance, the specimen should be placed in CytoLyt® at a 1:1 ratio.  
▪ Label the specimen container with two patient identifiers. Fill out the required information on the requisition. |
| **BREAST SECRETIONS** | ▪ Breast secretions may be aspirated from the nipple surface with a pipette or syringe and immediately placed in/on one of the three options:  
  1. Smeared directly in circular motion on a blank slide, with the intention of getting a uniform thin layer on the slide.  
  2. Place the specimen in CytoLyt®solution at 1:1 ratio.  
  3. Place the specimen in a ThinPrep® (PreservCyt®) solution. It is recommended to collect several expressed secretions during the procedure, to ensure an adequate amount of cells are collected.  
▪ Label the specimen container with two patient identifiers. Fill out the required information on the requisition. |
| **CEREBROSPINAL FLUID** | ▪ All cerebrospinal fluid are to be sent STAT to the NWP. The time lag between collection and preparation at the lab should be minimal (1-2 hours).  
▪ Collect the sample in a sterile tube, and keep refrigerated until the time of pickup.  
▪ If the specimen is traveling long distance, place in CytoLyt® solution on the fluid at 1:1 ratio. If the specimen is going to be sent for flow cytometry, place half the specimen in RPMI.  
▪ Label the specimen container with two patient identifiers. Fill out the required information on the requisition. |
### URINE
- First morning urine should be discarded.
- NWP will not accept 24 hour pooled urine, because of the vitality of the cells.
- The patient should do a clean catch collection in a sterile container.
- The specimen should be kept refrigerated until transportation to NWP.
- If the specimen is traveling a long distance, please place in CytoLyt® solution on the fluid at a 1:1 ratio.
- Label the specimen container with two patient identifiers. Fill out the required information on the requisition.

### BODY FLUIDS: MUCOID
- Sputum specimens, which are collected over the course of 3 days as individual specimens may be submitted at one time; however they must remain refrigerated or in CytoLyt® fixative.
- Washings/brushings or bronchial lavage, esophageal brushings/washings, gastrointestinal (stomach, pancreatic duct, bile duct, small and large bowel) brushings/washings which include saline in the collection method must be submitted within 24 hours if refrigerated, otherwise submit the specimen within 2 hours to NWP Cytology.
- Collect specimen in a sterile container as fresh or with CytoLyt® fixative. If fresh, must transport within 2 hours. If in fixative, must transport within 24 hours.
- Minimum volume required to process specimen – 1 ml

### BODY FLUIDS: EFFUSIONS
*LOCAL CLIENTS ONLY*
- Effusions such as pleural, pericardial, peritoneal and joint fluids should be submitted in fresh, unfixed or can be put directly into a sterile container of 30 ml of CytoLyt® for cytology examination.
- Fresh or unfixed specimens must be immediately submitted to NWP Cytology Department. Fresh or fixed specimens that cannot be transported immediately MUST be refrigerated. The specimen will remain stable for up to 24 hours. Specimens in CytoLyt® can be transported without urgency.
- Minimum volume required to process specimen – 1 ml (prefer at least 5 ml)
Non-Gynecological Specimen Collection Guidelines cont’d.

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<thead>
<tr>
<th>BODY FLUIDS: EFFUSIONS  *REMOTE CLIENTS</th>
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</table>

For specimens that appear cloudy or cellularly rich:
- Describe the total quantity of each specimen received on the requisition slip.
- Ensure each specimen is closed securely.
- Agitate the specimen container to disperse the cells that have settled on the bottom of the container. No sediment should be visible in the container.
- If more than 60ml of sample are available from the original specimen, remove two 30ml samplings of the specimen from the original container.
- Place each 30ml sampling in a separate pre-filled, appropriately labeled CytoLyt® cup.
- Agitate the CytoLyt® cups briefly to ensure proper fixation.
- Parafilm and package the CytoLyt® cups for delivery to NW Pathology with the accompanying requisition.

For specimens that appear clear or acellular:
- Describe the total quantity of each specimen received on the requisition slip.
- Ensure each specimen is closed securely.
- Agitate the specimen container to disperse the cells that have settled on the bottom of the container. No sediment should be visible in the container.
- Take four 50ml samplings from the original container and place into four separate 50ml conical vials.
- Centrifuge the specimen samplings for 5 minutes.
- Pour off and discard approximately half of the supernatant in each conical vial.
- Agitate the specimens.
- Combine two of the conical vials into one tube. Repeat for the other two vials.
- Centrifuge the specimen samplings for 5 minutes
- Pour off and discard approximately half of the supernatant in each conical vial.
- Agitate the specimens.
- Pour each conical vial into a pre-filled, appropriately labeled CytoLyt® cup.
- Agitate the CytoLyt® cups briefly to ensure proper fixation.
- Parafilm and package the CytoLyt® cups for delivery to NW Pathology with the accompanying requisition.

If you have any questions, please do not hesitate to contact NWP at (360) 734-2800 for further instruction or clarification. If lymphoma is suspected, please call NWP.
## Surgical Pathology

### General Guidelines

<table>
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### Fixatives

<table>
<thead>
<tr>
<th>ROUTINE HISTOLOGY</th>
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<tbody>
<tr>
<td>▪ Specimens should be submitted in 10% buffered formalin.</td>
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<tr>
<td>▪ Larger specimens may be sent fresh for immediate pickup, to be placed in formalin at NWP.</td>
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<tr>
<th>FROZEN SECTION/STAT EXAMINATION</th>
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<tbody>
<tr>
<td>▪ These specimens should always be kept fresh.</td>
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<tr>
<td>▪ Call NWP at (360) 734-2800 for immediate pickup.</td>
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</tbody>
</table>

<table>
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<tr>
<th>FRESH SPECIMENS: PLACENTA</th>
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<tr>
<td>▪ Formalin fixed tissue is the preferred sample, in lieu of formalin – fresh/refrigerated placentas should be packaged in an appropriately labeled specimen container with a snug lid taped or secured with parafilm to the bucket to avoid spilling. Bucket/adhered lid placed in two RED BIOHAZARD bags (double bagged) with a ‘wet Ice Pack’ to keep placenta cool and with the accompanying completed pathology requisition in a separate Ziploc biohazard bag. The specimen should be held inside a Biohazard refrigerator until NWP courier pick up, and should be transported via the courier in a cooler. Formalin will then be added at NWP laboratory.</td>
</tr>
</tbody>
</table>
### Fixatives Cont’d.

| LARGE SPECIMEN, AMPUTATED EXTREMITY | ▪ Specimens too large for formalin container should be double bagged in appropriately labeled RED BIOHAZARD bags, accompanied by appropriately completed pathology requisition placed in a separate Ziploc biohazard bag and held refrigerated until NWP courier picks up specimen and transports specimen in a cooler chest with ‘wet ice packs’. Amputations (leg/arm) with exposed bone should have an empty specimen cup/bucket taped over the protruding bone in the O.R. immediately after surgery and then double bagged in RED BIOHAZARD bags, in order to prevent:
  1. Injury by hospital, transport, and pathology staff;
  2. Puncture and subsequent leakage of body fluid all along the transport route.
 ▪ The refrigerated amputation will be transported in courier cooler with ‘wet ice packs’.

| SPECIMENS FOR FLOW CYTOMETRY | ▪ Any tissue or body fluid should be immediately placed in RPMI medium. If RPMI medium is unavailable, keep specimen fresh and call for immediate pickup.
 ▪ If traveling a long distance and no RPMI is available, place specimen in a sterile container and add a small amount of sterile saline. Please mark the container indentifying saline has been added.
 ▪ Bone marrow aspirations for flow cytometry should be placed in an EDTA tube (purple top).

| LYMPH NODE BIOPSIES FOR LYMPHOMA PROTOCOL | ▪ Specimens should be kept in RPMI transport media and refrigerated.
 ▪ Call NWP at (360) 734-2800 immediately for pickup.

| IMMUNO-FLUORESCENCE | ▪ All specimens should be placed in immunofluorescence transport medium. It should then be kept cold and away from the light.
 ▪ If you do not have immunofluorescence media immediately available to you, keep the tissue fresh and call for immediate pick up.
 ▪ Specimens should not be placed in formalin or other fixatives.
 ▪ For skin biopsies, the ideal specimen is a 3mm punch biopsy adjacent to the blister.

| IMMUNO-HISTOCHEMISTRY AND OTHER SPECIAL STAINS | ▪ Most special stains and immunohistochemistry can be performed off formalin fixed tissue or unstained charged slides.
 ▪ Please call NWP at (360) 734-2800 to verify. |
### MUSCLE AND NERVE BIOPSIES

- Please schedule the biopsy in advance.
- Special instructions are needed.
- Please call NWP at (360) 734-2800 for further instructions.
- Call for immediate pickup.