# **CYTOLOGY**

The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It has inherent false negative and false positive results and should not be used as the sole means of detecting cervical cancer.

### **General Requirements:**

In addition to the general requirements for specimen label and requisition, requests for <u>PAP smears</u> must include the patient's last menstrual period and an indication of whether the patient had a previous abnormal report, treatment, or biopsy.

Label slides with two unique identifiers, such as name and birth date.

Specimens which have been frozen are unacceptable for cytologic evaluation.

## **Turnaround Times:**

GYN: Fourteen (14) workdays, from date of collection to date of sign-off.

UNCOMPLICATED NON-GYN: 4 workdays, from date of collection to date of sign-off. Complicated cases include special stains, recuts, flow cytometry, and internal or external consultation.

### **Stat Requests:**

For some specimens accompanied by a written stat request and received in the Cytology lab before 11 AM, a verbal report may be issued the same day.

For specimens accompanied by a written stat request and received in the cytology lab after 11 AM, a verbal report may be issued the next day. Written reports will be issued 4 workdays from date of collection.

# Cytology Collection Requirements: (all collection exceptions must be discussed with the lab-302-733-3718)

SPECIMEN	FIXATIVE	CONTAINER
Bladder Washing	None*	Specimen cup
Breast Aspirate	Cytolyt	50 ml Falcon tube (provided)
SPECIMEN	FIXATIVE	CONTAINER
Bronchial Brushing	Cytolyt	Entire brush in 50 ml Falcon tube (provided)
Bronchial Washing	None*	Collection trap with stopper
Bronchoalveolar Lavage	None*	Collection trap with stopper

Bronchial Specimen for Fat Stain	None*	Collection trap with stopper
Bronchial Specimen for <u>Pneumocystis</u> Fungus	None*	Collection trap with stopper
Cerebrospinal Fluid (CSF)	None*	Small tube with screw cap
Cervical Smear**	PreservCyt	TP vial provided
Colonic Brushing	Cytolyt	Entire brush in 50 ml Falcon tube (provided)
Cul-de-sac	None*	Specimen cup
Cyst Fluid	Cytolyt	50 ml Falcon tube (provided)
Dome scraping	None*	Specimen cup
Duodenal Aspirate	Cytolyt	50 ml Falcon tube (provided)
Esophageal Brushing	Cytolyt	Entire brush in 50 ml Falcon tube (provided)
Esophageal Washing	None*	Collection trap with stopper; 50 ml Falcon tube
Eye (Vitreous) Fluid	None*	Vial provided
Fine Needle Aspiration	Cytolyt	50 ml Falcon tube (provided)
(FNA)	5 5	1 air-dried slide and 1 spray-fixed slide
Gastric Brushing	Cytolyt	50 ml Falcon tube (provided)
Gastric Washing	None*	Collection trap with stopper; 50 ml Falcon tube
Gutter Washing	None*	Specimen cup
Nipple Discharge/Secretion	None*	Prepared slide
Ovarian Cyst	None*	Specimen cup
Pap Smear**	PreservCyt	TP vial provided
Paracentesis Fluid	None*	Green top tube (heparinized); vacuum bottle; syringe; specimen cup
Pericardial Fluid	None*	Green top tube (heparinized); vacuum bottle; syringe; specimen cup
Peritoneal Fluid/Wash	None*	Green top tube (heparinized); vacuum bottle; syringe; specimen cup
Pleural Fluid	None*	Green top tube (heparinized); vacuum bottle; syringe; specimen cup
Renal Brushing	Cytolyt	Entire brush in 50 ml Falcon tube (provided)
Renal Fluid/Washing	None*	Specimen cup
Sputum	None*	Specimen cup
Thoracentesis Fluid	None*	Green top tube (heparinized); vacuum bottle; syringe; specimen cup
Urine	None***	Specimen cup
Vaginal Smear**	PreservCyt	TP vial provided

- \* Requires <u>immediate</u> transport to laboratory.
- \*\* Preferred Method Thin Prep Pap Test Fluid based test used for collection and preparation of cervicovaginal samples. Collection devises are rinsed in Hologic's Thin Prep PreservCyt medium. Patient's name, date of birth and specimen source are put on vial and requisition.
- \*\*\* Immediate transport to the laboratory is ideal. It is also acceptable to hold a urine cytology specimen in the refrigerator for 2-3 hours prior to transport to the laboratory

Fixatives are available through the Cytology laboratory: 733-3718.

Reviewed 8/30/23 Revised 8/30/23