

COLLECTION OF URINE SPECIMENS FOR CYTOPATHOLOGY



Specimen Labeling:

All specimens should be clearly labeled **BEFORE** being sent to the laboratory for testing, to ensure correct identification of the patient and sample.

All specimens/containers must be labeled with:

- The patient's full name (printed in the same format as patient's health card)
- A second identifier such as date of birth or health card number
- **NOTE:** It is recommended that the specimen container also be labeled with specimen source.

Specimen/container labeling options are:

- Computer printed label affixed to the side of the specimen container.
- Clearly printed handwritten information on the label of the specimen container using indelible ink
- **NOTE:** CytoLyt is the preferred specimen container




Cytology Requisition Information:

All specimens must be submitted for testing with a completed Cytology & HPV Testing Requisition. The following information must be provided in a **legible format**:

1. The submitting client information (full name, address and billing number).
2. Complete the copy to physician information (full name, address and billing number must be provided).
3. Full name of patient (in the same format as patient health card). Health Card Number and Date of birth, Patient address and phone number
4. Date of collection. Site and specimen collection method, number of specimens submitted. Provide any pertinent clinical information.

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CYTOLOGY & HPV TESTING REQUISITION			
 Requesting Clinician/Practitioner Name: 1 Address: Clinician/Practitioner Billing Number:		Laboratory Use Only	
		Clinician/Practitioner Phone Number: _____ Patient Chart Number: _____ Health Card Number (HCN): _____ Version: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: YYY MM DD	
Copy to Clinician(s)/Practitioner(s) (fill in all fields): Name: 2 Billing #: _____ Address: Name: _____ Billing #: _____ Address: _____		Province: _____ Other Province's Health Insurance Number: _____ Patient Phone Number: _____ Patient Last Name (as per Health Card): _____ Patient First Name & Middle Names (as per Health Card): _____ Patient Address (including postal code): _____	
		Province: _____ Other Province's Health Insurance Number: _____ Patient Phone Number: _____ Patient Last Name (as per Health Card): _____ Patient First Name & Middle Names (as per Health Card): _____ Patient Address (including postal code): _____	
GYNECOLOGIC CYTOLOGY (PAP TEST) Clinical Indication (check one): <input type="checkbox"/> Pap screening according to Ontario Cervical Screening Guidelines <input type="checkbox"/> Pap for follow-up of a previous abnormal test result (specify below) <input type="checkbox"/> Pap during colposcopic exam <input type="checkbox"/> Patient Pay (none of the above; the patient has been informed that payment to LifeLabs is required.) Specimen Collection Date: YYY MM DD Last Menstrual Period (first day): YYY MM DD Site: <input type="checkbox"/> Cervical/Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify below) Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (specify below in Clinical History/Remarks) Clinical Status: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Post Partum <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> IUD <input type="checkbox"/> Hormone Replacement Therapy <input type="checkbox"/> Irradiation <input type="checkbox"/> Other (specify below in Clinical History/Remarks) Hysterectomy: <input type="checkbox"/> Sub-total (cervix present) <input type="checkbox"/> Total (no cervix)		NON-GYNECOLOGIC CYTOLOGY <input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB Specimen Collection Date: 4 YYY MM DD # of Specimens Submitted: _____ # of Slides Submitted: _____ Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized <input type="checkbox"/> Bladder Wash Respiratory: <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Brush <input type="checkbox"/> Bronchial Wash Site/Side (if applicable): _____ Fluids: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> CSF <input type="checkbox"/> Other (specify): _____ Site/Side (if applicable): _____ Thyroid: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Single <input type="checkbox"/> Multiple Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst fluid <input type="checkbox"/> FNA of Mass <input type="checkbox"/> Nipple Discharge Fine Needle Aspiration Biopsy: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Kidney <input type="checkbox"/> Salivary Gland <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Lymph Node (specify) <input type="checkbox"/> Pancreas <input type="checkbox"/> Other (specify): _____ Other Site (specify): _____	
Clinical History/Remarks: <p style="text-align: center;"><i>Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.</i></p>			
HPV TESTING HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test HPV testing can be useful in the management of women over the age of 30. HPV testing under the age of 30 is not recommended. HPV testing is not currently funded by MOHHC (but private health insurance plans may cover some of the cost) An invoice of \$90.00 will be sent to the patient with instruction on how to make payment (patient address must be provided)			
<input type="checkbox"/> Reflex HPV test to be done only if ASQJ5 <input type="checkbox"/> HPV and Cytology co-testing on the same Surepath sample <input type="checkbox"/> HPV DNA test only (No cytology to be performed on this Surepath sample) Specimen Collection Date: Physician signature:		By signing I acknowledge that a payment of \$90.00 to LifeLabs is required for the HPV test Patient signature:	

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Specimen Handling and Transportation:

- Each fluid specimen must be placed into a polybag.
- A completed Cytology & HPV Testing Requisition must accompany each specimen
- Specimens requiring expedited service must be clearly marked as such by the health care provider taking the sample. The typical designation is: ASAP.
- For optimal results transport the specimens to the laboratory as soon as possible after collection.

Collection Kit Information:

Urine kits:

Kit components are ordered separately:

- 90 mL sterile container with 40 mL of cytology preservative (Cytolyt® - clear, colourless solution).
- Polybag
- Cytology requisition (ordered separately)



Note: Identical kits are used for Fine Needle, Sputum and Fluid specimens



CAUTION: The preservative contains methyl alcohol. Do not drink. If ingested, do not induce vomiting; call your doctor or local poison control center immediately. Vapor may be harmful if inhaled; use with adequate ventilation. Flammable; keep away from heat, sparks & open flame. Avoid contact with eyes.

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URINE SPECIMENS (VOIDED or CATHETERIZED)

Your health care provider may request the collection of up to 3 urine samples for cytology testing.

IMPORTANT: Only collect one sample per day. Collect samples on consecutive days.

Patient Collection Instructions

1. Drink at least one glass of water every 30 minutes for a period of 3 hours. Urine produced during this time should be discarded.
2. After three hours, when the urge to urinate arises again, void DIRECTLY into the preservative in the specimen container.

NOTE: The specimen container contains a preservative. This preservative MUST NOT be emptied out.

3. Screw the cap on the container, tighten securely and wash hands.
4. Label the specimen container with:
 - Your full name (printed in the same format as your health card)
 - Your date of birth or health card number
 - Date of the urine collection
5. Complete the patient's information area of the cytology requisition with:
 - Your full name (printed in the same format as on the health card)
 - Your date of birth
 - Your health card number, version and province
 - Your address, postal code & phone number
6. After collection of all the samples (1 to 3 based on your health care provider's recommendation), package the labeled specimen container(s) with the completed cytology requisition(s) in a polybag.
7. Keep the specimen(s) refrigerated.
8. Return the specimen(s) to LifeLabs within 24 hours (after collection of the last sample).

Minimum Specimen Volume: 15 mL/1 Tbsp.

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URINARY SPECIMENS – CON'T

Bladder washing, urethral brushing/washing

Collection Instructions

Bladder washings are typically collected by a urologist at cystoscopy.

1. A balance salt solution is introduced into the bladder via a catheter.
2. The fluid is withdrawn and re-injected into the bladder with moderate force to dislodge epithelial cells. The fluid is then aspirated from the bladder and added to an equal amount of cytology preservative.
3. Tightly re-cap the specimen container.
4. Label the specimen container with the patients' full name and DOB or Health card number, date of collection and sample type (see above instructions).
5. Submit specimen with completed cytology requisition including ALL pertinent clinical information (see above instructions).
6. Keep the preserved specimen at room temperature or refrigerated (2-8°C). It is recommended the specimen be returned to the laboratory as soon as possible after collection. Testing of the sample should occur within 8 days from the date of collection.

Minimum Specimen Volume: 15.0 mL/1 Tbsp.

References:

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CLSI. GP23-A: *Nongynecological Cytology Specimens: Preexamination, Examination and Postexamination Processes; Approved Guideline- Second Edition*: Wayne, PA CLSI November; 2014.