COLLECTION OF BODY CAVITY FLUID SPECIMENS

Body Cavity Fluids include: Pleural, Pericardial, Abdominal and Synovial Fluids

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

Specimen Handling and Transportation:

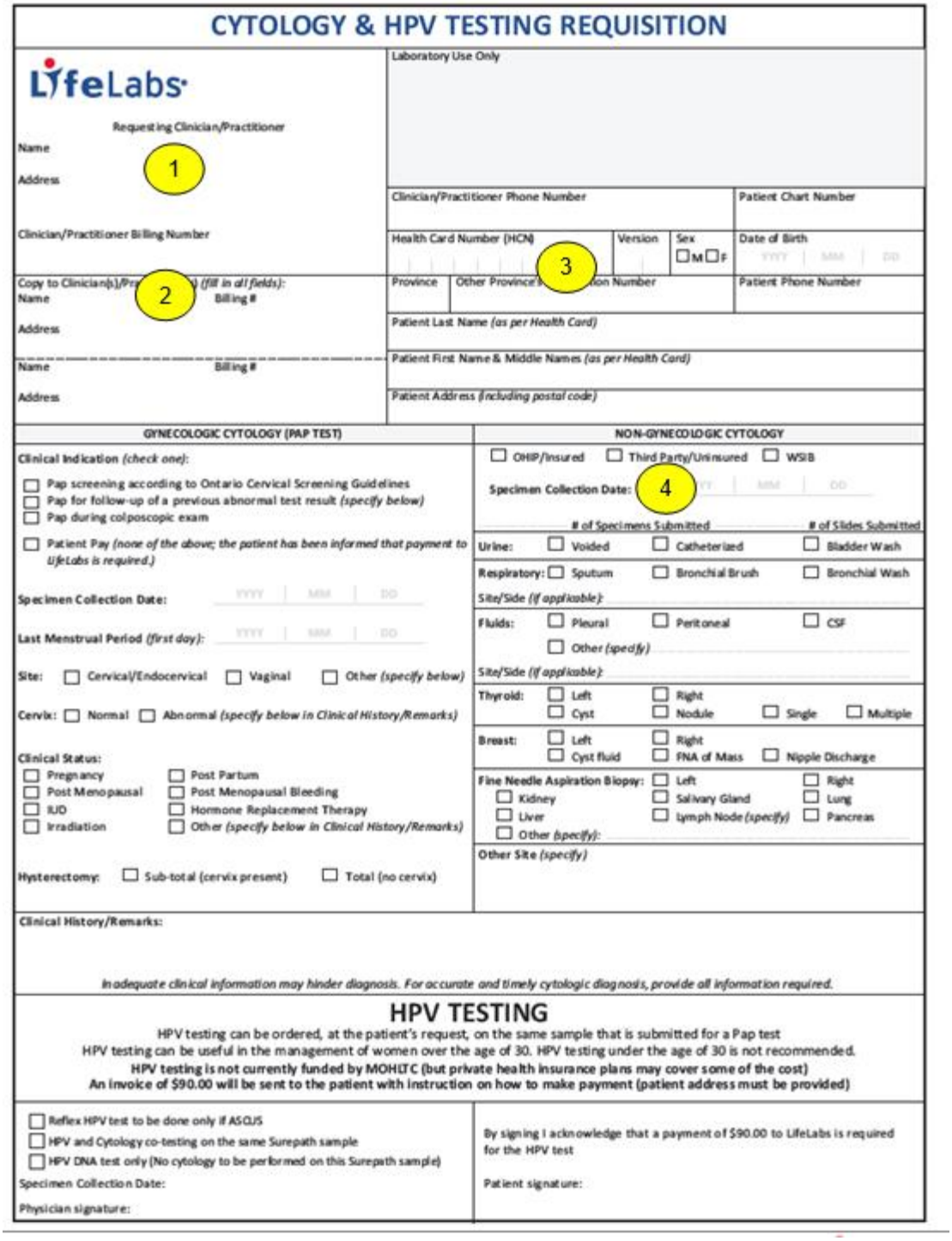
- Specimens collected from multiple sites should be collected in separate vials with the specimen source identified.
- Each fluid specimen container must be placed into a polybag.
- A completed Cytology & HPV Testing Requisition must accompany each specimen
- Specimens requiring expedited service must be clearly marked as such by the health care provider (HCP) taking the sample. The typical designation is: ASAP.
- For optimal results transport the specimens to the laboratory as soon as possible after collection.

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.

COLLECTION OF BODY CAVITY FLUID SPECIMENS



CYTOLOGY & HPV TESTING REQUISITION

LifeLabs

Laboratory Use Only

Requesting Clinician/Practitioner

Name

Address

1

Clinician/Practitioner Billing Number

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN)

Version

Sex ☐M ☐F

Date of Birth YYYY | MM | DD

3

Copy to Clinician(s)/Pra... (fill in all fields):

Name Billing #

2

Address

Province

Other Province ... on Number

Patient Phone Number

Patient Last Name *(as per Health Card)*

Name Billing #

Patient First Name & Middle Names *(as per Health Card)*

Address

Patient Address *(including postal code)*

GYNECOLOGIC CYTOLOGY (PAP TEST)

Clinical Indication *(check one)*:

- ☐ Pap screening according to Ontario Cervical Screening Guidelines
- ☐ Pap for follow-up of a previous abnormal test result *(specify below)*
- ☐ Pap during colposcopic exam
- ☐ Patient Pay *(none of the above; the patient has been informed that payment to LifeLabs is required.)*

Specimen Collection Date: YYYY | MM | DD

Last Menstrual Period *(first day)*: YYYY | MM | DD

Site: ☐ Cervical/Endocervical ☐ Vaginal ☐ Other *(specify below)*

Cervix: ☐ Normal ☐ Abnormal *(specify below in Clinical History/Remarks)*

Clinical Status:

- ☐ Pregnancy
- ☐ Post Partum
- ☐ Post Menopausal
- ☐ Post Menopausal Bleeding
- ☐ IUD
- ☐ Hormone Replacement Therapy
- ☐ Irradiation
- ☐ Other *(specify below in Clinical History/Remarks)*

Hysterectomy: ☐ Sub-total (cervix present) ☐ Total (no cervix)

NON-GYNECOLOGIC CYTOLOGY

☐ OHIP/Insured ☐ Third Party/Uninsured ☐ WSIB

Specimen Collection Date: 4 YYYY | MM | DD

# of Specimens Submitted | # of Slides Submitted

Urine: ☐ Voided ☐ Catheterized ☐ Bladder Wash

Respiratory: ☐ Sputum ☐ Bronchial Brush ☐ Bronchial Wash

Site/Side *(if applicable)*:

Fluids: ☐ Pleural ☐ Peritoneal ☐ CSF ☐ Other *(specify)*

Site/Side *(if applicable)*:

Thyroid: ☐ Left ☐ Right ☐ Cyst ☐ Nodule ☐ Single ☐ Multiple

Breast: ☐ Left ☐ Right ☐ Cyst fluid ☐ FNA of Mass ☐ Nipple Discharge

Fine Needle Aspiration Biopsy: ☐ Left ☐ Right

- ☐ Kidney ☐ Salivary Gland ☐ Lung
- ☐ Liver ☐ Lymph Node *(specify)* ☐ Pancreas
- ☐ Other *(specify)*:

Other Site *(specify)*

Clinical History/Remarks:

Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.

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 MOHLTC (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)

- ☐ Reflex HPV test to be done only if ASCUS
- ☐ HPV and Cytology co-testing on the same Surepath sample
- ☐ 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:

COLLECTION OF BODY CAVITY FLUID SPECIMENS

Body Cavity Fluid Specimens:

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 Aspirates, Sputum, Urine and Fluid specimens

Preservative MUST NOT be emptied out.

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.

COLLECTION OF BODY CAVITY FLUID SPECIMENS

BODY CAVITY FLUID SPECIMENS

Collection Instructions:

1. Use standard paracentesis technique to obtain fluid from the site of interest.
2. Place the specimen into the container. The specimen container contains a preservative. This preservative MUST NOT be emptied out.
3. Use additional containers as required by sample volume.

SMALL specimen volume < 50 mL	LARGE specimen volume > 50 mL
• ADD equal amount of specimen to cytology preservative. • Re-cap the collection vial tightly and shake vigorously for 30 seconds.	• Let the sample rest on a counter top for 1-2 hours. • Without shaking the container slowly pour off the supernatant until approximately 90 mL remains. • Transfer the specimen into 2 specimen containers with an equal amount of cytology preservative. • Re-cap the collection vial tightly and shake vigorously for 30 seconds.

4. Label the specimen container with; the patients' full name and DOB or Health card number, date of collection, sample type and source (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 (2-8ºC). It is recommended to return the specimen to the laboratory as soon as possible after collection. Testing of the sample should occur within 8 days from the date of collection for optimal result

Minimum Specimen Volume: 1.0 mL.

Reference:

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