

COLLECTION OF CEREBROSPINAL FLUID CSF SPECIMENS



Specimen Labeling:

All specimens will 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
- It is recommended that the specimen container also be labeled with specimen source (for non-gynecologic samples)

Specimen/container labeling options are:

- Computer printed label affixed to the side of the specimen container.
- Or clearly printed handwritten information on the label of the specimen container using indelible ink
- CytoLyt is the preferred specimen container

Specimen Handling and Transportation:


- Each fluid specimen must be placed into a separate 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
Provide any pertinent clinical information.

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CYTOLOGY & HPV TESTING REQUISITION																																			
																																			
Laboratory Use Only																																			
Requesting Clinician/Practitioner Name: 1 Address: Clinician/Practitioner Phone Number: _____ Patient Chart Number: _____ Clinician/Practitioner Billing Number: _____ Health Card Number (HCN): _____ Version: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____ YYYY MM DD																																			
Copy to Clinician(s)/Practitioner(s) (fill in all fields): Name: 2 Billing #: _____ Province: _____ Other Province: 3 License Number: _____ Patient Phone Number: _____ Address: Patient Last Name (as per Health Card): _____ Patient First Name & Middle Names (as per Health Card): _____ Address: _____ Patient Address (including postal code): _____																																			
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Collection Kit Information:

Fine Needle/ Sputum/ Urine Kits:

Kit components are ordered separately:

- 90 mL sterile container with 40 mL of cytology preservative (Cytolyt®- clear, colourless solution).
- Collection instructions are included in the sputum and urine kits
- Polybag
- Cytology requisition (ordered separately)

Note: Identical kits are used for Fine Needle, 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.

CEREBROSPINAL FLUID (CSF) SPECIMENS

Collection Instructions

1. Collect 1-3 mL of CSF and deposit the specimen into the cytology preservative.
2. ADD specimen to equal parts 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.
5. Submit the specimen with a completed cytology requisition including ALL pertinent clinical information.
6. Keep the preserved specimen at room temperature or refrigerated (2-8°C). 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.