

COLLECTION OF RESPIRATORY PULMONARY 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 (e.g., sputum)

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

Specimen Handling and Transportation:


- Specimens collected from multiple sites must be collected in separate containers with the source of each identified.
- Each 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 (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.

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CYTOLOGY & HPV TESTING REQUISITION	
	
Laboratory Use Only	
Requesting Clinician/Practitioner Name 1 Address 1 Clinician/Practitioner Billing Number	
Clinician/Practitioner Phone Number Patient Chart Number	
Health Card Number (HCN) 3 Version Sex <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth YYYY MM DD	
Copy to Clinician(s)/Practitioner(s) Name 2 (fill in all fields): Billing # Province Other Province Non Number Patient Phone Number	
Address 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)	NON-GYNECOLOGIC CYTOLOGY
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: YYYY MM DD 4	
Last Menstrual Period (first day): YYYY 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)	
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 MOHITC (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:	

For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637

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Collection Kit Information:

Fine Needle/ Bronchial/ Sputum Kits:

Kit components are ordered separately:

- 90 mL sterile container with 40 mL of cytology preservative (Cytolyt® clear, colourless solution)
- Patient collection instructions (for sputum samples only).
- Polybag
- Cytology requisition



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 a 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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Sputum

Patient Collection Instructions

Health care provider may request the collection of up to 3 sputum samples for cytology testing.

Routine Specimens:

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

1. Collect the specimen in the early morning before eating.
2. Rinse mouth with water and discard.
3. Breathe in deeply and **COUGH DEEPLY** from the lungs and deposit the sputum **DIRECTLY** into preservative in the specimen container. **DO NOT** spit in the bottle without a **DEEP COUGH** first.
4. Screw the cap on the container and tighten securely.
5. Wash hands.
6. 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 sputum collection

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
7. 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.
 8. Keep the specimen(s) refrigerated (not frozen).
 9. Return the specimen(s) to the LifeLabs' specimen collection centre within 24 hours (after collection of the last sample).

Post-Bronchoscopy Sputum:

- Cough and deposit all sputum into the collection container in the 1 to 2-hour period following your bronchoscopy (Steps # 2-8, above).
- Continue the sputum series the next morning as described above (Steps # 1-9, above).

Minimum Specimen Volume: 5.0 mL of sputum obtained from a deep cough.

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Physician Collection Instructions

Bronchial Brushings

1. Using standard bronchoscopy technique, sample the area of interest.
2. Cut off brush and drop into a specimen container (should contain approximately 40 mL of cytology preservative).
3. Re-cap the specimen container 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 source and anatomic site.
5. Submit specimen with 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. Specimen integrity is compromised after 8 days from collection.

Minimum Specimen Volume: Brush in cytology preservative.

Bronchial Washings

1. Using standard bronchoscopy technique, sample the area of interest.
2. ADD 40 mL of specimen (or less) to the cytology preservative.
3. Re-cap the specimen container 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 source and anatomic site.
5. Submit specimen with 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. Specimen integrity is compromised after 8 days from collection.

Minimum Specimen Volume: 5.0 mL of washings

Reference:

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