Document History:

Title: **Non-Gynecological Specimen Handling** **Site(s):** **Provincial**

Document #:	**170-110-87**	**Version #:**	**05**
Section:	**Pathology**	**Subsection:**	**Cytology**

Approved by: **Signature:**	Lisa Manning (Approval on file)	**Date:**	1-Dec-2021
		Effective Date:	13-Jan-2022

Details of Recent Revision

Updated collection amounts for body fluids, flow cytometry triage and change DSM to Shared Health

1.0 PURPOSE

1.1 To provide instructions on fixation and handling for non-gynecological cytology specimens.

2.0 RESPONSIBILITY

2.1 It is the responsibility of the collecting site to ensure that they adequately preserve the cytology specimens. Specimen collection and handling instructions can be found in Appendix 1 and in the Shared Health Laboratory Information Manual (LIM).

2.2 Where applicable, it is the responsibility of the sending facility to use the appropriate NON-GYNE Specimen Referral Log form (#F170-10-08B).

Note: If you have specimen handling questions, contact your site's Cytology Referral Laboratory. See Appendix 2 for contact information.

3.0 POLICY

3.1 Specimens are shipped to cytology referral labs according to directions outlined in "Handling and Transporting Histology and Cytology specimens " (SOP#170-10-08, Appendix 4)

3.2 Specimens are accepted or rejected as per the Specimen Acceptance Policy SOP# 10-50-03.

3.3 For additional information on specimen handling, refer to www.sharedhealthmb.ca select "For Health Providers", select "Diagnostic Services" and then select "Laboratory Information Manual".

4.0 SAFETY

4.1 Follow appropriate routine laboratory safety practices when handling patient specimens (SOP# 100-10-28, Section 8.2).

5.0 MATERIAL AND EQUIPMENT

5.1 RPMI (Roswell Park Memorial Institute) cell preservation solution.
5.2 CytoLyt collection containers
5.3 Sterile specimen collection containers
5.4 Small sterile plastic tubes for CSF collection (separate screw top)
5.7 Shared Health non-gynecological cytology requisition (Lilac color)

Note: Westman, St. Boniface and Health Sciences Centre all have in house cytology laboratories. These sites will follow their site-specific procedures for collecting and handling fine needle aspiration specimens.

6.0 SPECIMEN COLLECTION/LABELLING

6.1 Check to ensure the information on the requisition matches the information on the specimen container.

6.2 Place lid tightly on specimen container.

6.3 Check the specimen container lids to ensure they are tightly sealed. Do not use parafilm to seal specimen containers.

6.4 Each specimen must be submitted in a separate, clearly labeled, leak proof container with an accompanying completed cytology requisition (see Appendix 3 and 4).

Note: Multiple non-gyne specimens collected from the same patient (e.g. 3 body fluid or urine specimens) must be shipped in "ziplock type" specimen bags with 3 signed requisitions.
Cytology requires one requisition for each non-gynecological sample (e.g. 3 body fluids or urine samples require 3 separate requisitions).

6.5 When submitting in CytoLyt, ensure that the CytoLyt container is not expired. Seal container and gently agitate. Expired containers will not be accepted as per SOP 10-50-03, Specimen Acceptance Policy.

6.6 Specimen containers should be labeled with addressograph labels - See SOP 10-50-03, Specimen Acceptance Policy for further details. The minimum requirements for specimen containers is the patient's full name, PHIN and specimen type.

6.7 Specimens delayed >72 hours should have CytoLyt added in a 1:3 CytoLyt:Specimen ratio. If in doubt, contact your referral cytology lab (see Appendix 2).

7.0 LABORATORY PROCEDURE

7.1 Where applicable, register the specimen in Delphic see SOP# 170-10-02, Delphic Registration- DelReg Surgical and Cytology Specimens.

7.2 Place the specimen container in a sealable, plastic bag; insert completed cytology non-gyne requisition(s) into outside pouch.

7.3 If you are shipping immediately, place specimens upright into a sturdy transport container.

7.4 Enclose a shipping document (Shipping log, Batcher list or Referral Log sheet).

7.5 Close the lid and secure the cooler straps. Apply the appropriate address label or insert shipping address into the clear sleeve.

7.6 If you are not sending within the hour place specimens or the entire cooler into the fridge until courier arrives.

7.7 Where applicable, the sending facility will fill in the NON-GYNE Specimen Referral Log form (#F170-10-08B, Appendix 2) and fax it to the referral cytology laboratory.

7.8 Specimens **must** be kept refrigerated after collection. If specimen shipment will be delayed or if the specimen may potentially warm up during transportation, place wrapped specimen on ice or keep cold with ice packs during transportation. Do not allow specimen to freeze.

7.9 Specimens should be shipped to the cytology laboratory in an approved transport container with a cold pack to ensure the specimens remain cool during transportation.

7.10 Shared Health requires a properly filled out, legible requisition including the physician's signature, specimen type, collection date and time and the type collection fixative used. See attached copy of requisition Appendix 3 and instructions in Appendix 4.

Appendix 1

NON-GYNE CYTOLOGY SPECIMEN COLLECTION AND HANDLING REQUIREMENTS ALL SITES Quick Reference Guide

Specimen Type	Specimen Requirements	Additional Instructions
Body fluid Pleural (thoracic), peritoneal (ascites), pelvic wash and pericardial	Submit FRESH specimen in a labelled sterile specimen collection container. Submit as much as fluid as possible that can safely be transported to the cytology lab. **At minimum 200ml**	Keep refrigerated until sent to laboratory. Send to lab immediately.
Body fluid Cyst and synovial	Submit FRESH specimen in a labelled sterile specimen collection container.	Keep refrigerated until sent to laboratory. Send to lab immediately.
Brushing (Bronchial, gastroesophageal, tracheal, urethral)	Remove sheath, detach brush and place into CytoLyt collection container. Immediately agitate brush vigorously in the CytoLyt collection container.	
Breast Secretion (nipple discharge)	Submit in CytoLyt collection container.	
Fine Needle Aspirate	Rinse needle in CytoLyt collection container. See SOP #170-110-86 for further directions on how to collect a Fine Needle Aspirate.	Send to lab **immediately.**
Spinal Fluid (Cerebrospinal fluid, CSF)	Submit specimen fresh. Minimum 2 ml preferred.	Collect in plastic tube and transport **immediately** to the lab on ice.
Sputum	Submit 3 to 10 ml of fresh Deep Cough specimen in a sterile specimen container.	Patient should be instructed to clear throat of post nasal secretions and to gargle and rinse mouth to remove food residue. If the specimen is delayed, keep refrigerated until it is sent.
Urine Specify source: Voided Catheterized	Submit fresh in sterile specimen collection container. 50 – 100ml preferred. 24-hour urine collections are NOT acceptable due to degeneration.	Do not send first morning voided urine specimens. Have the patient void and discard first early morning urine. If the specimen is delayed, keep refrigerated until it is sent.
Washing (bronchial, bladder, GI tract, pelvic wash, cyst fluid, synovial fluid)	Submit specimen fresh in sterile specimen collection container.	If the specimen is delayed, keep refrigerated until it is sent.
Vitreous Fluid	Submit fresh and send **immediately** to lab.	

Warning: CytoLyt should never come in contact with the patient.

Appendix 2:
Cytology Referral Laboratory Site Addresses

Health Sciences Centre
Cytology Laboratory
MS337 -820 Sherbrook Street
Thorlakson Building
Winnipeg, MB R3A 2R9
Ph: (204) 787-1352
Fax: (204) 787-1790

St. Boniface General Hospital
Cytology Laboratory
L1218 - 409 Tache Avenue
Winnipeg, MB R2H 2A6
Ph: (204) 237-2504
Fax: (204) 235-2454

Westman Laboratory
Cytology Laboratory
1-150 McTavish Avenue E.
Brandon, MB R7H 7H8
Ph: (204) 578-4467
Fax: (204) 578-2819

Appendix 3:
Non-Gyne Requisition (EXAMPLE)

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PLACE LIS LABEL HERE

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THIS SPACE FOR LAB USE ONLY
PLACE AP LABEL HERE

NON-GYNAECOLOGICAL CYTOLOGY
LABORATORY REQUISITION
DEPARTMENT OF PATHOLOGY

NAME OF PHYSICIAN ORDERING TEST: .... (LAST) (FIRST)

Copy of report to: ....
Address ....
Fax/Phone ....

REFERRING INSTITUTION NAME AND ADDRESS OR CODE (FOR EXTERNAL LOCATIONS): .....

CONTACT .....

TELEPHONE ..... PAGER .....

PHYSICIAN'S SIGNATURE .....

LOCATION/WARD: .....

PATIENT NAME: .... (LAST) (FIRST)

DATE OF BIRTH: ..... (DD/MM/YYYY) GENDER: ☐ M ☐ F

FACILITY HEALTH RECORD NO.: .....

PERSONAL HEALTH ID NO. (PHIN): .... (PROV. OR INST.)

PHYSICIAN (PRINT): .... (LAST) (FIRST)

COLLECTION DATE and TIME: .....

PLEASE COMPLETE THE INFORMATION ABOVE, PRINT CLEARLY
***** Specimens may not be examined without the appropriate Demographics and Clinical Information *****

***SPECIMENS MUST BE IDENTIFIED WITH PATIENT NAME, PHIN, AND SPECIMEN SITE.**

INVESTIGATION REQUIRED: ☐ TUMOR CELLS ☐ OTHER (specify) _____

TYPE OF SPECIMEN: (with ***exact*** location)

☐ BAL ☐ Right ☐ Left
☐ Bronchial wash ☐ Right ☐ Left
☐ Bronchial brush ☐ Right ☐ Left
☐ Urine ☐ Voided ☐ Catheterized
☐ Breast ☐ Right ☐ Left
☐ FNA (specify site) _____
☐ Other (specify) _____

☐ Sputum
☐ Pleural
☐ Peritoneal ☐ Fluid ☐ Washing
☐ Pericardial Fluid
☐ CSF

CLINICAL DATA:

Any previous tumors (malignant or benign) _____

Please list all relevant clinical information.

Health Sciences Centre Winnipeg
MS459 Thorlakson Building
820 Sherbrook Street
Winnipeg, Manitoba R3A 1R9
Phone; (204) 787-1352

ITEM # 1528 01/10
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Appendix 4:

DSM Non-Gynecological Cytology Requisition Information Sheet

Note:
- Duplicate or triplicate copies of requisition are no longer required.
- Use this requisition for all Cytology specimens **except** PAP smears
- Print Clearly

1. Complete the following **required** physician demographics:
   - Name of physician ordering test: Last Name, First Name
   - If other physicians require a copy of the report include:
     - Physician's name: Last Name, First Name
     - Physician's Address
     - Physician's fax number/phone number
   - If specimen is being referred in from an external location include:
     - Name of referring institution; and
     - Address of referring institution.
   - If physician requests to be contracted by the pathologist:
     - Contact: Last Name, First Name;
     - Telephone number; and
     - Pager number.
   - Physician's **signature** (or designate-for non-invasive procedures)
   - Indicate the appropriate location for the final report

2. Complete all of the following **required** patient demographics:
   - Patient Name: Last Name, First Name;
   - Date of birth: dd/mm/yyyy;
   - Check the appropriate box indicating gender;
   - Facility Medical Records Number (MRN);
   - PHIN (or equivalent);
   - Out-of-Province patients must indicate the PHIN number including the issuing province;
   - Print physician's name: Last name, First Name; and
   - **Specimen collection** date and time

3. One specimen per requisition.

4. Indicate the type of fixative which specimens are submitted in (if applicable).

5. Indicate the type of specimens(s) submitted.

6. Document the type of operation or procedure performed.

7. Document all relevant clinical data including any previous pathology.