Policy: Processing of Specimens for Cytopathology

Purpose:
1.0 To guide the staff in physician practices located outside of NYULMC in the safe and proper collection of all Cytopathology specimens.
   1.1 Internal submissions should reference the NYU Interdisciplinary Process Standard.
2.0 To provide accurate and timely information to the provider for notification of patients.

Supportive Data:
1.0 Hours of Operation:
   1.1 If you are submitting Cytopathology specimens from Trinity, Columbus or Murray Hill please call 212-263-5475 for courier information and to obtain a requisition. Please send specimens to 530 First Avenue, Skirball 7N, New York, NY 10016
   1.2 If you are submitting Cytopathology specimens from any other outside location please call 212-263-5470 or 212-263-6455 for courier information and to obtain a requisition. Please send specimens to 560 First Avenue, Tisch Hospital TH-475, NY, NY 10016
   1.3 The Cytopathology Laboratory hours are 9:00 am – 5:00 pm Monday – Friday; and the laboratory is closed on weekends and holidays.
      1.3.1 Send specimens immediately when obtained from any physician offices to the laboratory room for processing during the operating hours above.
      1.3.2 Specimens for these labs are optimally to be received during the operating hours stated. If the clinical staff anticipates that the specimens cannot/won't be delivered during the hours of 9 – 5 on weekdays, then the lab needs to be called (phone numbers listed above) prior to the procedure and within the laboratory hours of operations to see what can be done. The lab may not be able to accept the specimen and this may affect the viability of the specimen and/or the timeliness of the result reporting.

2.0 Specimen Labeling and Delivery:
   2.1 All specimens must be placed in an appropriate sized specimen container and packaged and delivered in a plastic sealable biohazard bag.
   2.2 Label the specimen container with:
      2.2.1 Two patient identifiers (patient first, last name and date of birth), and
      2.2.2 Specimen information as follows:
         2.2.2.1 Specimen type,
         2.2.2.2 Site of origin (if appropriate),
         2.2.2.3 Fixative (if appropriate), and
         2.2.2.4 Referring physician.
   2.3 Glass slides must be labeled with two patient identifiers. The patients name and accession number must be on the slide label
   2.4 Submit the specimen with a completed Cytopathology Requisition Form,
      2.4.1 Obtain Cytopathology Requisition Forms by calling 212-263-5475, or
      2.4.2 Download the form from the link:
         http://pathology.med.nyu.edu/files/Cytopathology_Requisition_Form.pdf
   2.5 The form must be signed by an authorized requester (referring clinician) with the following information documented on the requisition:
      2.5.1 Two forms of patient identification (first/last name, date of birth),
      2.5.2 Patient demographic information,
      2.5.3 Clinical information,
      2.5.4 Type of primary sample and site origin,
      2.5.5 Date and time of collection,
      2.5.6 Name of individual who collected the specimen,
      2.5.7 Referring clinician information,
2.5.8 Test examination(s) requested by the clinician.

2.6 Note that the Cytopathology Laboratory has detailed information describing the test indication, description, and specimen requirements for each test offered in this lab. This information can be readily provided by calling 212-263-5475 or 212-263-6455 with the request.

2.7 These specimens may be obtained by registered nurses, or licensed independent professionals who have delineation of privileges to perform the procedure.

3.0 Specimen Submission Requirements for Cytopathology:

3.1 Cervical Cancer Screening Tests (Pap smears):

3.1.1 Our lab processes Surepath (Autocyte) liquid based testing and we will provide your office with all the vials and brushes for the test.

3.1.2 The sampling end of the device used must be placed in the fixative.

3.1.3 Be sure the top is secured and placed in a plastic sealable biohazard bag to avoid leakage during transport.

3.1.4 Complete the requisition form correctly or they will not be accepted. A valid ICD-9 diagnosis code must be assigned by the physician as this is a State requirement. There is a checkbox for additional testing: Reflex HPV, Chlamydia Gonorrhea and HPV DNA in the middle portion of the requisition form. If you want HPV testing done on "reflex", that is on any ASCUS or AGUS result, without a call from the pathologist, then that box should be checked.

3.1.5 The following information must be entered on the requisition: LMP, Age, Previous abnormal cytology, and Previous significant history.

3.2 Urine Collection for Cytology:

3.2.1 This procedure can be carried out by a physician, Physician assistant, nurse practitioner and registered nurse who have been trained in bladder catheterization.

3.2.2 Each specimen should contain 50 cc of urine placed in a sterile unlabeled specimen container and packaged and delivered in a plastic sealable biohazard bag.

3.2.3 Time of urine collection together with the initial of the person collecting the specimen must be indicated on the requisition.

3.2.4 If submitting a urine sample for cytopathology analysis and Urovysion FISH testing a separate urine sample is required for each test. The urine sample for Urovysion FISH must be voided. Both samples should be sent to Tisch Pathology; TH-475.

3.2.4.1 Obtain ≥33 mL voided urine and mix Urine 2:1 (v:v) with preservative using the Urovysion collection kit. (The urovision kit contains PreservCyt® preservative. Alternatively Carbowax (2% polyethylene glycol in 50% ethanol) can be used.

3.2.4.2 Transport immediately at room temperature to Tisch Pathology Laboratory, TH-475

3.2.4.3 If urine is not transported immediately after collection, refrigerate and ship to the laboratory within 72 hours.

3.2.4.4 For additional information, see the Molecular Pathology submission instructions.

3.3 Sputum Collection:

3.3.1 This collection can be carried out by nursing staff who have been instructed in this procedure.

3.3.2 Each specimen should be in a sputum specimen cup with 50% ethyl alcohol.

3.3.3 Three morning samples are recommended.

3.3.4 Complete the specimen request, indicating if this sample is #1, #2 or #3, and attach the specimen request to the outside of the bag.
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3.4 Bronchial Aspirates & Washings:
3.4.1 This procedure can be carried out by both physicians and respiratory therapists.
3.4.2 Submit bronchial aspirates and washings fresh. Refrigerate if more than 1-2 hours is anticipated.
3.4.3 Indicate on the label of the specimen whether it is bronchial secretion, bronchial washing, or lavage. Indication of right or left side is imperative.

3.5 Bronchial Brushings
3.5.1 Submerge bronchial brushings in Hank’s solution.

3.6 Esophageal & Gastric Brushings:
3.6.1 Submit specimens fresh when possible, do not prepare slides

3.7 Fine Needle Aspiration and MRI Guided Aspirations
3.7.1 Prepare air dried smears only, do not add any fixative.

4.0 Inadequate or Inappropriate Specimens:
4.1 Specimens are designated inadequate or inappropriate and therefore rejected if any of the following conditions exist:
4.1.1 Requisition is not filled out correctly and/or not signed by an authorized person.
4.1.2 Incomplete or unclear labeling of the specimen.
4.1.3 Name or birth date on the specimen container or slide does not match the name or birth date on the requisition.
4.1.4 Name of authorized collector is missing (urine)
4.1.5 Urine specimen is older than 72 hours (Urovysion FISH)
4.1.6 Urine specimen is not fixed in recommended preservatives (Urovysion FISH)
4.1.7 Specimen not prepared appropriately as described in specimen submission instructions (Urovysion FISH)
4.1.8 Specimen preparation and/or storage are not optimal. (Urovysion FISH)

4.2 When any of the unsatisfactory conditions are noted as above, the Cytopathology Laboratory notifies the physician by telephone and the condition is documented in the final report.

4.3 Notify the laboratory at 212-263-5475 or 212-263-6455 if
4.3.1 There is a question concerning either the availability of a particular test or
4.3.2 The suitability of a specimen.
4.3.3 Do not discard any specimens without this verification.