

ANATOMIC PATHOLOGY

- A. All Anatomic Pathology testing is sent to reference laboratories. Bring specimens to the Laboratory front desk as soon as possible after obtained. Specimens received in the laboratory before 1030 will be shipped that day. We ship AP specimens five days a week, M-F. Specimens will not be accepted if incorrectly labeled, or with incomplete paperwork.
- B. Surgical Specimens:
1. Submit surgical specimens in screw top, leak resistant containers (call laboratory for stock numbers). Specimens will NOT be accepted in urine specimen cups or containers with snap-top lids. Fill the container with enough 10% formalin to ensure the specimen is covered.
 2. Label surgical specimens with the patient's name, full SSN with FMP, a short description of the specimen (thyroid, vas deferens, etc), and date and time the specimen was collected. If multiple specimens are submitted, place each specimen in a separate, properly labeled container with serial specimen numbers (i.e., #1 cervical biopsy, #2 endocervical curettings, etc.).
 3. A completed SF 515 must accompany each specimen. **Please ensure all handwriting on the request is legible.** Each 515 MUST contain the following information:
 - a. Date obtained
 - b. Source
 - c. Clinical History (including previous surgeries)
 - d. Pre- and Post-op diagnosis
 - e. Submitting location
 - f. Signature and title of Provider
 - g. Patient FMP and sponsor's SSN
 - h. DOB or age
- C. Cytology (GYN):
1. Label cytology slides on the frosted end of the slide with the patient's name and last four of the SSN. Fix smears with commercial spray fixative while smear is still wet. A completed SF 541 must accompany each PAP slide. **Please ensure all handwriting on the request is legible.** Each SF 541 MUST include the following information:
 - a. Date obtained
 - b. LMP first day
 - c. Source

- d. Age
 - e. Pregnant(yes or no)
 - f. Gravida/Para
 - g. Previous abnormal (if yes, give date and result)
 - h. Clinical history (including exogenous hormone use)
 - i. Submitting facility
 - j. Signature and title
 - k. Patient FMP and sponsor's SSN
2. If a concurrent biopsy is submitted, please write "Tissue" on top of pap request form.
 3. Collection of vaginal and cervical smears
 - a. If a screening for cervical cancer is desired, a direct cervical smear, using a wooden cervical scraper and cytobrush is preferred.
 - b. The vaginal pool smear may be employed in a similar fashion for endometrial carcinoma.
 - c. For hormonal evaluation, the smear should be taken from the lateral, middle third vagina (urine can be used for children, or in the case of vaginal bleeding, or infections). Do not prepare smears if obvious blood is present or if the patient has douched within 24 hours.

D. Non-Gyn Cytology:

1. Label non-gyn cytology specimens (including FNAs) with the patient's name, SSN and FMP, the specimen source and description, and date and time obtained. A completed SF 541 must accompany each specimen. **Please ensure all handwriting on the request is legible.**
2. Fine Needle Aspirations:
 - a. Place a drop of the aspirate on a frosted-end glass slide, properly labeled with patient's last name and last four of the SSN, and smear with another slide. Immediately fix the slides with 95% ethanol or a commercial spray fixative. Submit both smears in a plastic slide carrier. Expel any remaining material in the syringe into an appropriately labeled specimen cup containing 50% ethanol. Rinse the syringe and needle with saline or 50% ethanol to ensure all material in the needle and syringe is captured for cytology.
 - b. If there are obvious pieces of tissue expelled or definite cores, remove them from the 50% ethanol and place in formalin so a cell block can be obtained later.

- c. Label all containers as in #1 above.
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- 3. Urine Cytology: Urine is harmful to the exfoliated cells because of its variable pH and specific gravity. Rapid processing of specimens is mandatory. Urine collected by catheterization is preferred. Voided urine from female patients is undesirable. If voided urine is used, the third portion of urine collected in the morning is richest in cells. Specimens must be immediately brought to the lab upon collection. Keep specimen refrigerated.
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- 4. Breast Discharge:
 - a. Nipple Discharge: Discard the first several drops, which will mainly contain degenerated cellular debris. The surface of the nipple should be carefully wiped to remove anucleated cells and debris. Fix immediately with spray fixative while smear is still wet.
 - b. Cyst fluid aspiration: Smear immediately and fix with spray fixative while still wet.
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- 5. Cerebrospinal Fluid: As much spinal fluid as clinical judgement allows should be collected. Deliver promptly to the lab. See Body Fluid Section for complete information.