

Non-Gyn Cytology Collection Guidelines

Sputum

- Collection:** The best time for specimen collection is early in the morning just after waking. The patient should rid his mouth of saliva by rinsing with water. It may be necessary for a patient with scanty sputum to cough intermittently for 15 to 30 minutes. The patient should be instructed to deposit in the container only secretions coughed up from the bronchial tree, not saliva from the mouth and not post nasal drainage that accumulates in the pharynx. (Patient instruction brochures may be ordered from the laboratory.)
- Handling:** The sputum container should be a wide mouthed screw top or snap top (tight fitting) container. The preferred technique of preparation in our laboratory is the Saccomanno technique. Saccomanno fixative (50% alcohol and 2% Carbowax) should be in the specimen container when the sputum is collected. This will preserve the specimen indefinitely. After the sputum is added to the container and the container has been closed, the specimen and fixative should be mixed with a swirling action. Containers with Saccomanno fixative are available from the laboratory. Transport the fixed specimen to the laboratory.

Urine

- Collection:** A fresh specimen collected on recently formed urine is best. The specimen should be left at room temperature and will be satisfactory if processed within six hours. If it is not processed or will not be processed within six hours, it should be refrigerated.
- Handling:** If it will be more than one day before the specimen can be processed, it should have fixative added (equal volume of 50% ethyl alcohol or Saccomanno fixative).

Breast Secretions

- Collection:** The nipple discharge should be smeared on a clean glass slide which has been labeled with the patient's name.
- Handling:** Fix the smear immediately by immersion in 95% ethyl alcohol or by spray fixative. Transport the fixed specimen to the laboratory.

Cerebrospinal Fluid

Handling: Spinal fluid should be delivered to the laboratory and immediately processed. If the specimen will not be processed for 2-3 hours, it should be refrigerated.

Effusions

Handling: Pleural, ascitic, pericardial, and joint fluids should be submitted fresh, unfixed, and anticoagulated with heparin (3 units Heparin per cc fluid). If heparinized bottles are not available, these fluids should be delivered to the laboratory as quickly as possible. No fixative should be added. They can be preserved for several days if refrigerated promptly.

Herpes

Preparation: Cytologic preparations for the diagnosis of Herpes infection can be prepared in 2 different ways:

- Tzank Test—A rapid test requiring only minutes, the Tzank Test is a scraping of the lesion which is allowed to air dry, then stained with a Wright stain.
- Pap Test—The Papanicolaou (Pap) preparation is a scraping of the lesion which is fixed immediately with 95% ethyl alcohol or spray fixative, then stained with a Papanicolaou stain.

Handling: If the slide preparation (scraping of the lesion) is performed at the bedside or other location, transport the specimen to the laboratory for performance of either the Tzank or Pap Test for Herpes.