



INSTRUCTIONS FOR COLLECTING GYN (GYNECOLOGICAL) CYTOLOGY SPECIMENS

PATIENT PREPARATION

The patient should avoid using vaginal suppositories, creams or douches for 24 hours prior to collection. The cervix should not be cleaned by washing with saline as it may result in a relatively acellular specimen.

Using Universal Precautions, insert an appropriately sized bivalve speculum into the vagina. Water may be used to lubricate and warm the speculum; however lubricant jellies should not be used. The speculum must be positioned so the entire face of the cervix appears at the end of the instrument since a sample from this area is necessary for adequate specimen collection. The specimen should not be obscured by blood, mucus, or inflammatory exudates. If there is mucus or other discharge present, it should be gently removed. Using the appropriate collection device (see below for instructions), obtain the specimen.

LABEL THE SPECIMEN:

Proper specimen collection, handling, labeling and transport are essential for accurate laboratory results. The College of American Pathologists (CAP) have designated patient safety goals and requirements that are redefined annually with the number one goal to ensure positive patient and specimen identification. They require at least **2 patient identifiers** be used to label specimen collection containers and/or glass slides. This information must correlate with the submitted requisition.

Label the Specimen - All specimen containers and glass slides submitted

*Complete first and last names (no initials or nicknames) **and at least 1 of the following identifiers:**

- *Patient's date of birth
- *Medical record number
- *Chart number

COMPLETE THE REQUISITION

1. Patient's first and last name. *Do not use nicknames.*
2. Patient's date of birth.
3. First and last name of the requesting physician.
4. Test requested.
5. Specimen source.
6. Date and time of collection.
7. Include pertinent patient history.
8. ICD 9 code(s)
9. Billing information (client, patient, 3rd party)

If you have questions, call Cytology at Physicians Laboratory 731•4145 or 1•800•642•1117

COLLECTION OF SPECIMEN:

BETHESDA (CONVENTIONAL) PAP SMEAR

One slide is preferred for patient with negative GYN histories. For repeat smears on patients that have atypia or previous dysplasia, a two slide method is acceptable.

ONE SLIDE

- a) Insert the endocervical brush into the endocervix, turn 360 degrees and withdraw.
Note: Avoid vigorous scrubbing and use with caution during pregnancy.
- b) When the ectocervix is scraped, care should be taken to sample the transformation zone (squamocolumnar) junction. Scraping should be firm, but gentle and avoid removing pieces of tissue.
- c) Material should not be spread on the slide until both the endocervical brush and ectocervical scraping have been obtained.
- d) Roll the endocervical brush on half of the labeled slide.
- e) Spread the ectocervical scraping on the remaining half of the slide.
- f) Using a commercially prepared fixative, hold the spray 12 inches away from the slide and spray to completely wet the surface. Allow it to dry completely before placing into cardboard mailers.

Note: **Do Not Air Dry**. This produces artifacts and cellular distortion. **Do Not Use “Hair Spray”**. Ingredients may cause cell distortion.

- g) Label the slide and complete the requisition as stated above.

TWO SLIDES

- a) Insert the endocervical brush into the endocervix, turn 360 degrees and withdraw. Note: Avoid vigorous scrubbing and use with caution during pregnancy.
- b) Roll the endocervical brush on one labeled slide and fix immediately (see above)
- c) Scrap the ectocervix and spread on another labeled slide and fix immediately.
- d) Label the slide and complete the requisition as stated above.

AUTOCYTE® (SurePath™) LIQUID BASED CYTOLOGY – 3 device choices for collection

	*Brush and Spatula	**Broom Type Device	***Rover’s Cervex-Brush® Combi
Step 1	Insert spatula and rotate 360° around entire exocervix	Insert Rover’s Cervix-Brush® into endocervical canal and rotate brush FIVE times in a clockwise direction.	Insert Rover’s Cervex-Brush® into the endocervical canal. Rotate brush TWO times in a clockwise direction.
Step 2	Snap spatula handle and drop detachable head into SurePath™ vial.	Snap Cervix•Brush handle and drop detachable head into SurePath™ vial.	Drop the detachable head of the device into the SurePath™ vial.
Step 3	Place cap loosely on vial so contents don’t spill.	Discard the rest of the device.	Discard the rest of the device.
Step 4	Discard the rest of the spatula.	Tighten cap on vial.	Tighten cap on vial.
Step 5	Insert brush into endocervix until bottom• most bristles are exposed at the os. Slowly rotate ¼ to ½ turn in one direction. Do not over•rotate.	Label vial as directed above.	Label vial as directed above.
Step 6	Snap brush handle and drop into vial.	Place specimen in biohazard bag.	Place specimen in biohazard bag.
Step 7	Discard the rest of the device.	Place completed requisition into “pouch” of the biohazard bag.	Place completed requisition into “pouch” of the biohazard bag.
Step 8	Tighten cap on the vial.	Maintain specimen at room temperature	Maintain specimen at room temperature
Step 9	Label vial as directed above.		
Step 10	Place specimen in biohazard bag.		
Step 11	Place completed requisition into “pouch” of the biohazard bag.		
Step 12	Maintain specimen at room temperature		

***Do not use Brush on pregnant patients or for endometrial sampling.**

**** Do not use Broom on patients after the first ten (10) weeks of pregnancy.**

***** Do not use Rover’s Cervex-Brush® Combi on a pregnant patient.**

THIN PREP® LIQUID BASED CYTOLOGY – 3 device choices for collection

	*Brush and Spatula	**Broom Type Device	***Rover’s Cervex-Brush®
Step 1	Using the spatula, obtain an adequate sample from the ectocervix.	Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix..	Insert Rover’s Cervex-Brush® into the endocervical canal. Rotate brush TWO times in a clockwise direction.
Step 2	Rinse the spatula as quickly as possible into the PreservCyt® Solution vial by swirling the spatula vigorously in the vial TEN times.	Push gently and rotate the broom in a clockwise direction FIVE times.	Swirl the device vigorously in a counterclockwise direction in the Thin Prep® vial.
Step 3	Discard the spatula.	Rinse the broom as quickly as possible into the PreservCyt® Solution vial by pushing the broom into the bottom of the vial TEN times, forcing the bristles apart.	Discard the device.
Step 4	Using the brush device, insert the brush into the endocervix until only the bottom•most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. DO NOT OVER•ROTATE.	Swirl the broom vigorously to further release material.	Tighten cap on vial so the torque line on the cap passes the torque line on the vial.
Step 5	Rinse the brush as quickly as possible in to the PreservCyt® Solution by rotating the device in the solution TEN times while pushing against the PreservCyt® vial wall.	Discard the broom device.	Label vial as directed above.
Step 6	Swirl the brush vigorously to further release the material.	Tighten cap vial so the torque line on the cap passes the torque line on the vial.	Place specimen in biohazard bag.
Step 7	Discard the brush	Label the vial as directed above.	Place completed requisition into “pouch” of the biohazard bag.
Step 8	Tighten cap vial so the torque line on the cap passes the torque line on the vial.	Place specimen in biohazard bag.	Maintain specimen at room temperature
Step 9	Label the vial as directed above.	Place completed requisition into “pouch” of the biohazard bag.	
Step 10	Place specimen in biohazard bag.	Maintain specimen at room temperature	
Step 11	Place completed requisition into “pouch” of the biohazard bag.		
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