

# Collection Procedures for Non-Gynecological Specimens

## Sputum

1. The optimal time for specimen collection is within 15 to 30 minutes after waking and before eating breakfast.
2. Brushing of teeth or rinsing of mouth thoroughly with water will reduce contamination by saliva.
3. Instruct the patient to inhale and exhale deeply, forcing air from the lungs, using the diaphragm. Repeat until the patient coughs and is able to produce a sputum specimen.
4. Collect the specimen in a clean specimen container.
5. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen, along with the completed Anatomical Pathology Requisition, to the laboratory.
6. Keep the specimen refrigerated or on wet ice. If transport of the specimen will be delayed more than 2-4 hours, mix the specimen with an equal volume of Saccomanno Fixative. Keep specimen refrigerated until transport.

## Bronchial Brushings

1. Using standard bronchoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion.
2. Upon withdrawing the brush, agitate the brush vigorously in a 5 to 10 ml tube of sterile saline.
3. Do not apply the brush directly to the slides.
4. If possible, detach the brush and leave it in the tube of saline.
5. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
6. If transport of the specimen will be delayed (more than 2-4 hours), add an equal volume of Saccomanno fixative. Keep specimen refrigerated until transport.

## **Bronchial Washings**

1. Using the standard bronchoscopy technique, lavage the area of the bronchus to be sampled.
2. Collect the wash in a clean specimen container.
3. Label the container with patient's name, date, and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
4. If transport of the specimen will be delayed (more than 2-4 hours), add an equal volume of Saccomanno fixative. Keep specimen refrigerated until transport.

## **Bronchoalveolar Lavage (BAL)**

1. Using standard bronchoscopy BAL technique, lavage the lung area in question with normal saline.
2. Collect the specimen in a clean specimen container.
3. Label the container with the patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory immediately.

If at all possible, **Do Not Store** Bronchoalveolar Lavage specimens. Transport immediately to the laboratory. If transport must be delayed, mix specimen with an equal volume of Saccomanno fixative.

## **Gastrointestinal Specimens**

The adequacy of the gastrointestinal specimen is determined by the presence of well-preserved epithelial cells indicative of the type of epithelium present at the gastrointestinal site sample. All GI specimens will tend to deteriorate rapidly due to enzymatic activity, which is present throughout much of the GI tract. In addition, these specimens are easily contaminated by epithelium from site proximal to that being sampled.

In order to ensure collection of adequate gastrointestinal specimens, the following instructions are provided to all caregivers submitting such specimens.

As all GI specimens will rapidly deteriorate in the fresh state, collection of the specimen in Saccomanno fixative is required.

Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.

## **Urinary Tract Specimens**

1. Hydrate the patient prior to collection of specimen.
2. Collect the urine in a clean specimen container.
3. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
4. Keep specimen refrigerated until transport. If transport of the specimen will be delayed (more than 2-4 hours), add an equal volume of Saccomanno fixative.

Note on the requisition whether the urine was spontaneously voided or obtained by catheterization.

## **Urinary Tract Washings**

1. Using standard cystoscopy technique, lavage the area of the urinary tract to be sampled.
2. Collect the wash in a clean specimen container.
3. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
4. Note the area of the urinary tract from which the sample was taken.
5. Keep specimen refrigerated until transport. If transport of the specimen will be delayed (more than 2-4 hours), add an equal volume of Saccomanno fixative.

## **Cerebrospinal Fluid**

1. Using standard aspiration technique, collect the specimen in a sterile plastic syringe.
2. Remove the needle from the syringe and place the specimen in a 10-15 ml centrifuge tube.
3. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
4. Note whether the sample was collected via an Omayo reservoir, ventricular tap.
5. Transport specimen immediately. If transport of the specimen must be delayed, make sure the specimen is refrigerated or kept on wet ice.

## **Fluid – Peritoneal, Pericardial, Pleural, and Pelvic Washings**

1. Collect the sample in a clean container using standard collection protocol.
2. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.
3. **Transport the specimen immediately.** If transport of the specimen must be delayed, add approximately 1 ml (1000 Units) of Heparin for each 1000 ml of collected fluid. Specimens collected after hours should be preserved as above with Heparin.

## **Fine Needle Aspirates**

1. Using a standard fine needle aspiration technique, identify the lesion in question and obtain a sample of the lesion.
2. Upon withdrawing the needle, expel the specimen into a 5 to 10 mL tube of Saccomanno fixative.
3. Label the container with patient's name, date and time of specimen collection, and patient location. Submit the specimen along with the completed Anatomical Pathology Requisition to the laboratory.