

Fluids

Serous (Pleural, Peritoneal {ascites}, Pericardial)

Fluid specimens are recommended for cytology when metastasis is suspected or when there is an increase fluid accumulation of unknown origin. Direct drainage is most favorable specimen. Addition of saline or preservatives to the fluid is discouraged.

NOTE: If clinically suspicious for lymphoproliferative disorder (leukemia/lymphoma), it is recommended that 2 – 5 cc of fluid be placed in RPMI. Contact laboratory for vial of RPMI and any additional information.

DIRECTIONS

Place fluid in a clean container and bring specimen to the laboratory immediately. If unable to bring immediately, place in refrigerator until it is brought to the laboratory.

Body Cavity Washings

When washing out a body cavity, saline or a balance salt solution is recommended. Follow the Serous directions.

Nipple Discharge

Certain clinical information is essential when sending this particular specimen. Please note if the discharge is from left or right breast, or if it is bilateral or unilateral, the consistency and color of the discharge (bloody, serous, thick, etc).

DIRECTIONS

“Pull Apart” technique is recommended for nipple discharge. The following diagram (F 1a) shows how “pull apart” is performed.

- Place specimen in the center of one slide, with label up
- Invert another slide over the specimen
- As the specimen spreads gently, pull the two slides apart horizontally
- Submerge both slides in 95% alcohol immediately, before air-drying occurs
- Any additional slides made should follow the same directions
- Send the specimen in the 95% alcohol to laboratory immediately

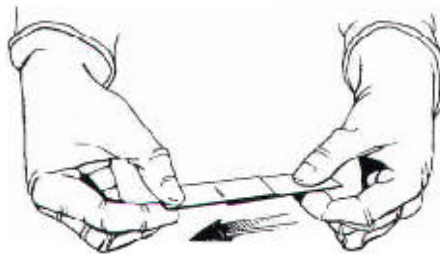


Figure 1a

NOTE: If additional specimen is made from a different breast site or other breast, a new *Cytology Specimen Requisition* must be submitted separately. ***All slides must be labeled with patient's full name and body site or the specimen will be rejected.***