

# Cerebral Spinal Fluid

Obtaining Cerebral Spinal Fluid (CSF) is invasive and painful. Therefore, obtaining the specimen correctly and submitting the correct information is imperative. Submitting accurate information is vital in reaching a valid diagnosis. The following information should be included when CSF is submitted to the laboratory:

- Source of CSF (*most important*)
  - Lumbar space, ventricular shunt, cisterna, parenchymal cyst
- Clinical impression
- Symptoms and physical findings
- Recent results of tests that involve CNS
- Previous therapy including intrathecal medication and irradiation to brain or cord
- Surgical history
  - Presence of insertion of shunts, FNA, brain biopsy, cyst drainage
- Previous tap, invasive procedures, surgical interventions – all in which will provoke reactive cellular responses

## **DIRECTIONS**

CSF should be submitted to the laboratory within 30 minutes after the procedure for optimal processing of the specimen. However, place in refrigerator if unable to bring specimen to laboratory within 30 minutes, but bring ASAP. **Do not add any preservative fluid to the specimen!**

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