

INTELLIGENT PATHOLOGY



Diagnostic cytology is mainly concerned with providing a diagnosis in patients with suspected disease, whereas most Gynaecologic cytology is concerned with the detection of pre malignant disease in predominantly well women as part of a screening programme.

The method of cell sampling will depend upon the site to be examined. In many cases, cells will naturally exfoliate; in others assisted exfoliation may be required with the use of brushes. Less accessible lesions can be sampled using fine needle aspiration (FNA) cytology with or without the assistance of imaging devices such as ultrasound, Xray guidance, Computerised Assisted Tomography or Nuclear Magnetic Resonance.

Although the primary aim of diagnostic cytology is to assist in the making of a diagnosis for malignant disease, sometimes it is useful for the detection of infective agents.

Sampling of the respiratory tract can be used to diagnose both primary and secondary (metastatic) lung tumours. Unless the tumours have characteristic features it is not possible to always distinguish between primary and metastatic disease.

Fine needle aspiration cytology, urine cytology, fluid cytology, joint fluid cytology for crystals and other diagnostic cytology samples are processed and examined in-house. All these samples are seen and reported by a Consultant Pathologist.

The method of cell sampling will depend CPS monitors turnaround time for upon the site to be examined. In many diagnostic cytology specimens as one cases, cells will naturally exfoliate; in of its KPI. Urgent processing of samples others assisted exfoliation may be is possible, please consult with your required with the use of brushes. Less doctor.

Fine needle
aspiration
Fine needle aspiration
(FNA) is frequently
used to provide a rapid
diagnostic procedure performed in ob

Prepare direct smears on slides, which

an outpatient setting with or without

the use of imaging.

should be labelled in pencil with the patient's surname. If you are taking material from more than one site, indicate the individual site on each slide. It is also important to indicate whether or not the slides are fixed, by labelling them as "dry" or "fixed".

Urine cytology

The cytological analysis of urine is useful in the screening, diagnosis and follow-up of urological malignancy, in particular, transitional cell carcinoma. Cytological assessment is based upon the examination of desquamated epithelial cells the urine passes from the excretory tubules in the kidney via the

ureter and bladder to the urethra.

A combination of urothelial cells and squamous cells (derived from the trigone and/or urethra) and glandular cells may be present. Additionally, vulvovaginal contaminant squamous cells are also normally seen in samples from women. Samples may be ained by direct collection of urine, der washouts, samples obtained

obtained by direct collection of urine, bladder washouts, samples obtained from cystoscopy, catheterisation or ureteric brushes. It is important to

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is 25mls. If it is not possible to send the

sample to the laboratory straight away,

you should refrigerate the specimen at

Please do not send a single sample for

both Cytology and Microbiology testing

4° celcius.

know how a sample has been obtained; cystoscopy and instrumented samples are typically very cellular and may lead to an erroneous diagnosis of low-grade transitional cell carcinoma.

Using a sterile container, collect the 2nd voided urine of the day (an early morning urine will have stagnated overnight in the bladder resulting in degeneration of the cells). Submit on three separate occasions (different days) to increase the yield if a urothelial carcinoma is suspected; these samples need to be labelled as urine sample 1, 2 or 3.

Minimum acceptable

for

useful

cytological assessment

volume

be shared.



Using a sterile container collect a good deep cough early morning sputum sample, before the patient has ingested food or cleaned their teeth. Submit on three separate occasions (different days) to increase the yield if a lung carcinoma is suspected; these samples should be labelled consecutively 1, 2

as samples cannot

and 3 and each specimen sent promptly to the laboratory without waiting for the next specimen to be obtained. If it is not possible to send the sample to the laboratory straight away, you should refrigerate the specimen at 4° celcius.

Bronchial washings and bronchial brushings

Bronchial brushings are prepared in the clinic and must be fixed immediately in 95% alcohol or spray fixed. The bronchial washings are sent directly to the Laboratory for preparation. If it is not possible to send the sample to the laboratory straight away, you should refrigerate the specimen at 4° celcius.

Cytology of serous effusions

The sampling of fluids from the serous membranes of the pleura, peritoneum and pericardial cavities is performed to ascertain the reason for excess fluid collecting in these spaces. These membranes normally produce only small amounts of fluid to provide lubrication for moving surfaces. There are two basic types of fluid, the transudate and the exudate. Transudates have a low protein and cellular content and may be associated with circulatory disorders. Exudates have a high protein and cellular content and may be associated

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with infections or malignant disease.

Collect in a sterile container. If it is not possible to send the sample to the laboratory straight away, you should refrigerate the specimen at 4° celcius. Anticoagulants should not be added.

that the specimen can be processed on arrival.

Cyst aspirates

Send the maximum volume of fluid in a sterile container as soon as possible after aspiration.

Synovial fluid

The minimum volume is 5ml, which should be presented as soon as possible after collection. Please indicate whether examination for crystals is also required. If it is not possible to send the sample to the laboratory straight away, the sample should be refrigerated at 4° celcius.

Other useful leaflets

In addition to this healthcare staff information leaflet we also have:



Requesting Specimen Analysis



Handling of Histological Samples



Handling of Diagnostic Cytology Samples



Handling of Gynaecologic Cytology Samples



Requesting Consumables



Specimen Packaging & Transportation

To see our full range of Healthcare Information leaflets visit our website.

Cerebrospinal fluid (CSF)

The specimen should be sent to the laboratory in a sterile universal container immediately after it has been taken. If it is late in the day, please advise the laboratory of impending arrival to ensure technical cover so

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