



Specialists in Diagnostic Histopathology

Laboratory Guide 2023

www.cellularpathologyservices.co.uk



Primary Contact - 01923 233 299

www.cellpathservices.co.uk

Info@cellpathservices.co.uk

Opening Hours

09:00 – 18:00 Weekdays

Out of hours Service

07775 44 66 88

Sales

07741 855 550

For all out of hours enquiries relating to results, courier pickups and urgent consumables or if you need to discuss a result with a pathologist..

Address

Unit 12, Orbital 25 Business Park,
Dwight Road, Tolpits Lane,
Watford, WD18 9DA

Dear Colleague,

We know that your clinical practice depends upon timely results and high quality responsive Pathology Services. We hope our Laboratory Guide provides you with information and guidance covering the services and tests that are available at Cellular Pathology Services Limited. We have also included information on common procedures specific to your patients.

CPS has built its reputation on providing **quality, comprehensive** and **customised** Histopathology and Cytopathology services to its clinical and hospital clients. Our staff and pathologists will take care of all clinical, technical and administrative aspects of the Cellular Pathology Service tailored to the clinical needs of your patients.

Our Pathologist cover is **available 24 hours a day, 7 days a week** to provide you with support. Our Team aim to assist you with obtaining results, supplying consumables and arranging specimen collection. Please do not hesitate to call our office on 01923 233 299 during opening hours and our Out of Hours mobile on 07775 44 66 88 if you think we can be of assistance or by email info@cellpathservices.co.uk.

If you cannot find information on a test or have a question regarding any aspect of the services please do not hesitate to contact us on info@cellpathservices.co.uk so that we can help you.

I would be very happy to receive your call and hear your views on my mobile 07879 637874) or by e-mail joseph@cellpathservices.co.uk.

We aim to help you provide the best possible patient care.

Finally, we aim to update this Laboratory Guide annually.

Dr Joseph El-Jabbour

Managing Director
Cellular Pathology Services Ltd

Contents

01	About this Laboratory Guide	1
	1.1. General Information	2
	1.2. Specialist Information	2
	1.3. Complaints Procedure	3
	1.4. Protection of Personal Information	3
	1.5. Uncertainty Management	3
	1.6. Visitors	3
02	Contact Details	5
	2.1. Primary Contact	6
	2.2. Opening Hours	6
	2.3. Address	6
	2.4. Out of hours Service	6
	2.5. Contacts	7
03	Information for Patients	9
	3.1. Histopathology	10
	3.2. Diagnostic Cytology	11
	3.3. Gynaecologic Cytology	12
04	Specimen Packaging and Transporting	15
	4.1. Closing Specimen Pots	16
	4.2. Reviewing Specimens	16
	4.3. Specimen Transport Bags	17
	4.4. Preparation For Transport	17
	4.5. Health And Safety Note	17
	4.6. Posting Your Pathology Samples	17
	4.7. UN3373 Regulations	18
	4.8. Specimen Collection	18
05	Requesting Specimen Analysis	19
	5.1. Completion of Request Form	20
	5.2. Testing Profile	20
	5.3. Information Required On Request Form	20
	5.4. Information Required For Sample Labelling	21
	5.5. Urgent Requests	22
	5.6. High Risk Samples	22
	5.7. Referral Laboratories	22

06	Results	23
	6.1. Turnaround Times	24
	6.2. Results Services	24
	6.3. The E-Result Service	24
07	E-Result Userguide	25
08	Requesting Consumables	31
	8.1. General Information	32
	8.2. Histopathology	32
	8.3. Diagnostic Cytology	32
	8.4. Gynaecologic Cytology	32
09	Handling Histological Samples	33
	9.1. Specimen Handling	34
	9.2. Routine Histology Requests	34
	9.3. Histology Requests for Specific Tissue Types	34
	9.4. Frozen Sections	36
	9.5. Mohs Surgery	37
	9.6. Direct immunofluorescence	37
	9.7. Indirect immunofluorescence	37
10	Handling Diagnostic Cytology Samples	39
	10.1. Fine Needle Aspiration	40
	10.2. Urine Cytology	41
	10.3. Sputum Cytology	41
	10.4. Bronchial/Gastric/Oesophageal Washings & Brushings	42
	10.5. Cytology of Serous Effusions	42
	10.6. Cerebrospinal Fluid (CSF)	42
	10.7. Cyst Aspirates	42
	10.8. Synovial Fluid	42

Contents

11	Handling Gynaecologic Cytology Samples	43
	11.1. Clinician Information	44
	11.2. Laboratory Processing	44
	11.3. Turnaround Times	44
	11.4. Additional Testing	44
	11.5. Recommended Actions	45
	11.6. Gynae ThinPrep Collection Protocol A	46
	11.7. Gynae ThinPrep Collection Protocol B	47

01

About this Laboratory Guide



1.1. GENERAL INFORMATION

This Laboratory Guide contains material to support you in using our services. It includes information on turnaround times and how to obtain your results. It also explains how to order consumables and book courier collections.

The laboratory of Cellular Pathology Services is located on the outskirts of Watford with good transport links to the Motorway network. Our location enables us to service large areas of London and the Home Counties using our own in-house fully UN3373 compliant couriers.

Nationwide and International samples can also be sent to us securely and in compliance with P650 sample packaging requirements.

1.2. SPECIALIST INFORMATION

The Laboratory aims to provide a high quality of service to our users and patients.

We participate in all relevant technical External Quality Assurance (EQA) schemes, which are used to ensure the quality of the tissue processing and staining procedures.

Each of the Consultant Cellular Pathologists is experienced in general histopathology but also sub specialises in particular aspects of pathology. For example, these include dermatopathology, uropathology, breast pathology, gynaecological pathology and gastrointestinal pathology. Pathologists participation in EQAs is a requirement of practicing at CPS.

To ensure accurate diagnosis, the laboratory offers a comprehensive range of special and immunohistochemical stains to aid in diagnosis.

External referrals for second opinion are readily available. We participate regularly in MDTs in various hospitals and as required.

We do not report on renal biopsies, paediatric tumours or brain biopsies. There are no facilities for receiving or handling autopsies.

1.3. COMPLAINTS PROCEDURE

CPS handles all complaints according to its complaints procedure. The full details of this policy and procedure can be provided on request.

Complaints should be emailed to info@cellpathservices.co.uk

1.4. PROTECTION OF PERSONAL INFORMATION

Protection of personal information in CPS is governed by our policy on Information Governance. CPS is registered with the Information Commissioner's Office (ICO) as a holder of confidential data.

CPS complies with the Data Protection Act 2018 (DPA 2018) and the General Data Protection Regulation ((EU) 2016/679).

Our Client Data and Privacy Policy can be viewed and downloaded from our website www.cellularpathologyservices.co.uk.

Request for confidential data must be sent in writing to IT@cellpathservices.co.uk.

1.5. UNCERTAINTY OF MEASUREMENT

In line with UKAS requirements and the ISO15189:2012, CPS has established a policy for uncertainty of measurement.

1.6. VISITORS

Visitors can only be received at CPS with a prior appointment.

02

Contact Details



2.1. PRIMARY CONTACT

Office Number: 01923 233 299
Email Address: info@cellpathservices.co.uk
Website: www.cellpathservices.co.uk

2.2. OPENING HOURS

09:00 - 18:00 Weekdays

2.3. ADDRESS

Unit 12, Orbital 25 Business Park,
Dwight Road, Tolpits Lane, Watford, WD18 9DA

2.4. OUT OF HOURS SERVICE

Contact Number: 07775 44 66 88

For all enquiries relating to results, courier pickups and urgent consumables or if you need to discuss a result with a pathologist.

2.5. CONTACTS

Laboratory Director	joseph@cellpathservices.co.uk
Quality & Lab Lead	QA@cellpathservices.co.uk
Lab Operations	miguel.evaristo@cellpathservices.co.uk
General & Results Enquiries:	info@cellpathservices.co.uk
Office & Account Enquiries:	office@cellpathservices.co.uk
Sales Enquiries:	sales@cellpathservices.co.uk
HR Enquiries:	hr@cellpathservices.co.uk
IT Enquiries:	it@cellpathservices.co.uk

03

Information for Patients

Squamous Cell Carcinoma
Of the Lig

3.1. HISTOPATHOLOGY

This discipline involves the examination of tissue removed from patients to determine the presence or absence of abnormalities, to make a tissue diagnosis and assess excision. For example, a patient may notice a pigmented lesion, an ulcer or lump in the skin, or find blood in the urine or experience a change in bowel habit. These symptoms will prompt a number of investigations that may or may not involve sending tissue to the histopathology laboratory for analysis, to rule out or confirm a cancer or other abnormalities.

When received in the Laboratory, these samples will undergo a number of quality controlled processes that include: confirming that the patient's ID and the requesting doctor's ID are on the specimen; to ensure that samples are made ready as soon as possible for overnight or rapid processing; to ensure that cutting and staining of microscope slides are of a high standard for presentation to the histopathologist.

The histopathologist examines these initial tissue sections and may in some cases request additional further work such as routine or special stains or immunohistochemical stains to determine the nature of the abnormality, if any exist. In breast cancer, hormonal receptors (ER, PR and HER-2) will also be assessed and reported.

The histopathologist may also discuss the results with your Doctor before or after issuing the report, as clinically appropriate. We also participate in a number of multidisciplinary meetings in a number of hospitals to correlate our results with other tests (e.g. x-rays or scans) and to discuss further management of the patient.

CPS monitors turnaround time for histopathology specimens as one of its Key Performance Indicator (KPI). Urgent processing of samples is possible, please consult with your doctor.

3.2. DIAGNOSTIC CYTOLOGY

Cytopathology is the discipline that involves the microscopic examination of cells exfoliated into body fluids such as urine or obtained from body cavities in the chest, abdomen or from cysts. This is different from Gynaecological cytology which is detailed in point 3.3 and section 11.

Cytology samples can also be obtained by aspiration of cells from solid lumps using a fine needle.

Gynaecological cytology refers to the examination of cervical smear specimens. Cervical smears are examined by a liquid-based cytology technique using a Thin-Prep vial. This is detailed in the next section of this guide – Gynaecological Cytology.

CPS monitors turnaround time for diagnostic cytology specimens as one of its KPI. Urgent processing of samples is possible, please consult with your doctor.

Fine Needle Aspirations

Fine needle aspiration (FNA) is frequently used in cytology to provide a rapid diagnostic procedure performed in an outpatient setting with or without the use of imaging. This involves the use of a needle to extract cells and spreading them onto microscope slides. The slides are submitted to the laboratory for proper handling and staining so that the Consultant Pathologist can examine the slides and issue a report. Often the pathologists will discuss the findings with your surgeon or physician so as to extract the maximum amount of information from your FNA sample.

Urine Cytology

The epithelial cells lining the urinary tract are naturally shed into the urine. Cytological assessment of these cells can be useful in the screening, diagnosis and follow-up of urological malignancy, in particular, transitional cell carcinoma. Samples may be obtained by direct collection of urine, from bladder washouts or from cystoscopy, catheterisation or ureteric brushes.

When patients are asked to submit a urine sample for cytological examination, it is important to 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 and render them unassessable).

If you are asked to submit three separate samples, these need to be collected on 3 different days, numbered consecutively starting with 1 and dated, so your Doctor can rely on the result. Submitting 3 different sample pots from the same urine sample or taken on the same day of each other is not recommended.

Minimum acceptable volume useful for cytological assessment is 25mls. If it is not possible to send the sample to the laboratory straight away, you should refrigerate the specimen at 4° Celsius.

Sputum Cytology

Examination of sputum samples can be a useful tool in the detection of lung and bronchial cancer. The epithelial cells lining the bronchi are naturally shed into sputum during coughing.

A good deep cough early morning sputum sample, before eating or brushing your teeth, produces the best sample. You may be asked to submit three separate occasions (different days) to increase the yield if a lung carcinoma is suspected; these samples should be labelled consecutively 1, 2 and 3 and dated.

Each specimen should be 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° Celsius.

3.3. GYNAECOLOGIC CYTOLOGY

Cervical Smears

The cervical smear test is designed as a primary HPV screening test. The same sample can be used to undertake other related tests such as thin prep and to detect sexually transmitted infections of the cervix.

In taking cervical smear, a speculum is used to open vagina to allow inspection and collection of cells from the cervix, the entrance to the uterus. The cells are collected and sent to the laboratory for processing for HPV testing.

04

Specimen Packaging and Transporting



Inadequate packaging of samples may cause leakage of tissue or cellular material, which might result in the loss of the actual pathology sample, therefore jeopardizing the laboratory's ability to undertake the test. Moreover, there is potential harm to the transporting courier. Hence, we advise all personnel handling, packaging and transporting cellular pathology samples to follow these rules and advice. If you require any assistance, do not hesitate to call us on our office phone number.

Specimens known to be infected with high-risk organisms should be appropriately labelled and placed into a biohazard bag. Leaking specimens may neither be collected nor accepted into the laboratory.

Samples or request forms received unlabelled or without the minimum essential identification criteria may be referred back to the requesting practitioner.

4.1. CLOSING SPECIMEN POTS

It is extremely important to close the specimen pots tightly and securely ensuring that the seal is not broken. Improper closure of the specimen pot(s) is the most common cause for leakage.

4.2. REVIEWING SPECIMENS

Prior to packaging the specimen for transport to the laboratory, please check the request form and the specimen pot(s) to make sure that they are labelled correctly and that the form and the sample show the same patient details.

The patient name, date and time of collection and test requested should be identical on all items.

Please make sure that any special instructions (e.g. email results; call doctor with results; send a copy of results to) are clearly indicated in the appropriate area of the form.

4.3. SPECIMEN TRANSPORT BAGS

All specimen bags have two pockets - the front pocket is for the completed request form and the back pocket for the specimen(s). Once both request form and specimen(s) are in the specimen bag, seal the bag properly.

When packing the sample, place the request form in the outer pocket. This is to avoid it being contaminated should the sample leak and also allows us to read the request form without touching the sample container.

4.4. PREPARATION FOR TRANSPORT

Maintain formalin specimen pots, FNA slides, Thin-Prep vials at room temperature and refrigerate fresh diagnostic cytology specimens (such as fluids and cyst aspirates) over the weekend, unless otherwise noted in the specimen requirements.

4.5. HEALTH AND SAFETY NOTE

When decanting formalin into the specimen container, gloves and safety glasses should be worn and the procedure carried out in a well ventilated room. Formalin is a strong irritant and contact with the skin and eyes must be avoided. Inhalation of fumes can cause damage to the respiratory system.

In the event that spillages of this chemical should occur, use copious volumes of water to rinse it away and mop up any residue. Open windows and doors to increase ventilation.

4.6. POSTING YOUR PATHOLOGY SAMPLES

Small histology specimens or ThinPrep™ vials for posting must be packaged in accordance with UN3373 regulations. CPS are able to advise you on what to use or, provide all the postal packs to achieve compliance.

04 Specimen Packaging and Transporting

4.7. UN3373 REGULATIONS

Any sample which is to be posted or couriered by non-medical courier to CPS must adhere to the following instructions for packaging.

1. Primary packaging

The 'specimen pot' should be of relevant size to the specimen and contain the appropriate fixative. Ensure that the lid is securely tightened to avoid leakage during transportation.

2. Secondary packaging

A polythene bag provides the secondary packaging layer into which the specimen container is placed. There should be absorbent tissue paper within this bag to soak up any leakage should this occur. This bag will need to be sealed and the corresponding request form placed into the outer side pocket of the bag.

3. Outer packaging

An appropriate UN3373-compliant transport container must be used for specimens sent by courier overnight or by post. These can be provided free by CPS on request.

4.8. SPECIMEN COLLECTION

All specimens will be collected centrally from the designated collection area at each hospital / clinic site at the time agreed. CPS will arrange for the collection of specimens as agreed with the client.

05

Requesting Specimen Analysis



5.1. COMPLETION OF REQUEST FORM

If you need assistance with this process, please contact our staff on our office phone number, who are more than happy to assist you.

In the interest of patients, our staff will contact you or your staff if there is any issue with the completion of the request form or the sample labelling.

Where there are discrepancies, such specimens cannot be processed until correct information is supplied.

5.2. TESTING PROFILE

The laboratory undertakes a comprehensive list of Histological & Cytological tests. The detailed list is too long to be included in this guide, however, it can be obtained from our office on 01923 233 299.

We do not report on renal biopsies, paediatric tumours or brain biopsies. There are no facilities for receiving or handling autopsies.

5.3. INFORMATION REQUIRED ON REQUEST FORM

All samples must be accompanied by a fully completed Histology/Cytology request form.

The following information are required, and should be written clearly and legibly:

- Patient forename and surname (or anonymous)
- Patient date of birth
- Patient gender
- Patient ID number
- Name and signature of requesting consultant
- Date and time of sample collection
- Clinical details
- Anatomical site of each specimen identified by a letter / number
- Hospital / Clinic Name

It is also desirable to have the following information:

- Patient address
- Patient GP
- Priority status of the case for triaging
- Who to invoice
- NHS number (if known)
- If you wish to be emailed or phoned with results then please state this on the form providing relevant phone number and/or email address

5.4. INFORMATION REQUIRED FOR SAMPLE LABELLING

Specimen containers must have a minimum of the following information written clearly and legibly:

- Patient forename and surname (or anonymous)
- Date of birth
- Patient ID number
- Biopsy type and site plus cross reference on request form
- Date and time of collection

It is also desirable to have the following information:

- NHS number (if known)
- Patient gender

The date and time that the specimen was taken allows us to assess whether the material has been in formalin long enough for it to be processed on receipt.

We regret that in some cases where it is not possible to resolve un-labelling or mis-labelling of sample and request forms, it may be necessary to return the whole case to the base hospital/clinic for correct labelling so as to correctly identify the patient.

Such discrepant specimens cannot be processed until correct information is supplied.

5.5. URGENT REQUESTS

Urgent requests should be clearly marked on the top of the request form.

Please state clearly on the request form when the result is required and include a contact phone number.

5.6. HIGH RISK SAMPLES

Any samples that are considered to be High Risk must be clearly labelled with this information. These cases may take slightly longer to process as we need to allow such samples to fix for a longer period to reduce the risk from High Risk samples.

We cannot handle samples that have a known history of Creutzfeldt Jakob Disease (CJD). Radioactive specimens such as Sentinel nodes should be clearly marked as such and should not be submitted until the radioactivity has decayed to acceptable levels. For advice from our pathologists, please contact us on our office phone number.

If a patient is suspected or known to be **Covid-19 positive** please record this clearly on the request form. It is important to ensure staff are not unnecessarily exposed to infected samples and communication of information related to the patient will assist in keeping exposure to a minimum. Covid-19 does not transmit via tissues; however, such samples may take longer to process if extended fixation is required.

5.7. REFERRAL LABORATORIES

CPS uses accredited Laboratories to refer samples to for either processing alone or both processing and reporting.

These main labs include:

- HSL Advanced Diagnostics - London
- The Doctors Laboratory – London
- St Thomas' Hospital St John's Institute of Dermatology - London
- Genomic Health – California, USA
- Sarah Cannon Molecular Diagnostics - London



6.1. TURNAROUND TIMES

Our aim is to speedily issue quality reports, to ensure that our clinical colleagues can continue management of their patients in the shortest possible time frame.

Even more rapid same day processing can be arranged for very urgent specimens, please contact us to arrange this.

CPS monitors turnaround time from receipt of samples in the laboratory for all specimen types as one of its KPI.

6.2. RESULTS SERVICES

We despatch results as demanded by the requesting doctor for the convenience of their clinical practice.

We can e-mail and post hard copies in any combination and to more than one address or location.

Emails are sent automatically within 120 minutes of reporting.

Our team would be delighted to arrange the most convenient method of delivery of results to your clinic, secretary or your hospital by any combination of these methods.

Telephone results can also be obtained by calling our team on our office phone number. Clinical results are also available via online result service (PJPPath - Client Portal).

6.3. THE E-RESULT SERVICE

Once reported, the results are made instantly available to you 24 hours a day, 7 days a week.

Clinical users, their secretaries and hospitals can access their reports online via a secure access system, provided they have obtained a username and a password from us.

Applications can be obtained by emailing info@cellpathservices.co.uk. This online service is accessible at all times using a secure private Internet access.



Clinical users, their secretaries and hospitals can access their results online via secure online system (PJPPath), provided they have obtained a username and password from CPS. This online service is accessible at all times using a secure private internet access.

To use E-Result Service, please follow the steps below:

- a. Please enter this login address <https://cellularpathologyservices.co.uk> in the web browser address (top left). If you are logging in for the first time, please add this address to your favourites list for future easy access.
- b. Click the pink "Client Portal" link (top right).
- c. Click on the button "Client Portal Login".
Please make sure that you read the CPS Confidentiality Non-disclosure Agreement as on the website

CPS Cellular Pathology Services

Home About Services Journey of a Patient Referring Samples Contact **Client Portal**

VISIT OUR NEW FAQ PAGE AND GAIN ANSWERS TO SOME OF THE MOST POPULAR QUESTIONS WE GET ASKED. **Let's go**

PJPPath - Client Portal

I accept that by accessing this service I confirm compliance of the following confidentiality disclosure agreement, the whole of The PJPPath – Client Portal Service Agreement.

Cellular Pathology Services, Confidentiality Non-Disclosure Agreement

Cellular Pathology Services (known thereafter as CPS) handles highly sensitive and confidential information related to healthcare of patients. All the handled information is of confidential nature and not available to the public. I agree not to discuss or disclose any patient information, confidential business information or trade secrets such as, but not limited to: customer lists, customer preferences, financial information, or scientific data. Any violation of this agreement is grounds for criminal or professional prosecution in accordance with English laws.

Client Portal Login

Whilst you here, why not subscribe to our newsletter. Click on the image below.

Keep up to date with

- d. A new login window will open. (See screenshot below).

The left screenshot shows the main login form for CPS Cellular Pathology Services. It includes a header with the CPS logo and name. Below is a form with an 'Email' field (containing 'bast.memor@cellpathservices.co.uk'), a 'Password' field (masked with dots), a 'Remember my email' checkbox, a 'Forgot password?' link, and a pink 'Sign In' button.

The right screenshot shows a 'Sign In' sub-form. It has a header with the CPS logo and name. Below is a 'Sign In' section with the prompt 'Please enter the following digits of your passcode'. It contains three input fields for the '2nd', '5th', and '7th' digits, a 'Forgot passcode?' link, and a pink 'Sign In' button.

- e. Type the following in the login boxes:

Email: Your email address registered with CPS
Password: password (case sensitive).
Passcode: passcode (numbers only), 3 numbers e.g. 2nd, 5th and 7th .

- f. You will now see the "Dashboard".

Dashboard contains following functionalities depending on your access right and job role.

1. My Cases: To view your Results
2. Request Specimen Analysis: Online request form
3. Request Consumables: Online supplies request form.
4. Request Courier Collection: Online request to collect specimens
5. Search: To search for Results

g. My Cases:

This page lists all your cases. The "Status" column shows live progress of the cases such as 'Received in Lab', 'In Process', 'Sent to Pathologist', 'Further Work Awaited', 'With Pathologist' and 'Result Issued'.

When a result is issued the "Result" column will show the "PDF" icon. Click on the "PDF" icon to view the result.

Click on the "Envelope" (email) icon to email the Clinical Result PDF to any email address.

MY CASES

Date From

To

Status

Search

Results per page: 20

Lab No	First Name	Last Name	Date Of Birth	Age	Sex	Test	Source	Source No	Primary Requester	Secondary Requesters	Procedure Date	Date Received	Status	Date Reported	Pathologists	Result*	Email^
H19-00997																	

h. Request Specimen Analysis:

This utility allows you to request specimen analysis by completing the online request form, (*) indicates mandatory fields. After completing the form click on "Save" button to generate a PDF.

Print a copy of the Specimen Analysis Request PDF to accompany the specimen(s).

This option is only available to Requesters only.

REQUEST SPECIMEN ANALYSIS

Source *

First Name *

Sex *

Consultant Name

Basit Memon

Department

☒ N/A ☐ Day Care ☐ Endoscopy ☐ In patient

☐ MPU ☐ Out patients ☐ X-Ray

Urgent Case

☐

Gynae *

☐ Yes ☒ No

Case Details

Clinical Details *

Invoice To *

☐ Source ☐ Requester ☐ Patient ☐ Insurer

Surname *

DOB *

Patient Type

☒ N/A ☐ NHS ☐ Private

Source No

Photo Types

☐ Gross Photo ☐ Microscopic Photo

Result Required By

Details Of All Specimens *

Cancel Save

i. Request Consumables:

Use this utility to request supplies online and keep track of your previous requests.

Click on the "Add New" button (see image below), to request supplies/consumables.

Enter "Source", "Department/Area" and the quantity required in the "Qty Requested" field for each item, once complete click on "Save" button to submit your request, see image below.

The screenshot shows the 'REQUEST SPECIMEN COLLECTION CONSUMABLES' form. On the left is a sidebar with 'Dashboard' selected. The top header includes the CPS logo and 'Basit Memon'. The form has two main sections: 'REQUEST SPECIMEN COLLECTION CONSUMABLES' and 'Cytology Supplies'. The first section contains input fields for 'Source' (ABC Hospital) and 'Department / Area' (X-Ray). The second section is a table with columns 'CPS Stock Id', 'Name', and 'Qty Requested'. In the top right corner, there are 'Cancel' and 'Save' buttons with red arrows pointing to them.

j. Request Courier Collection:

Use this utility to request collection of samples online.

Click on the "Add New" button on the top right corner, to request courier collection.

Complete the Courier Collection online form, (*) indicates mandatory fields. Once complete click on "Save" button to submit your request, see image below.

The screenshot shows the 'COURIER COLLECTION REQUEST DETAILS' form. On the left is a sidebar with 'Dashboard' selected. The top header includes the CPS logo and 'Basit Memon'. The form has a section titled 'COURIER COLLECTION REQUEST DETAILS' with several input fields: 'Collection Date And Time *', 'Contact Name *', 'Contact Number *', 'Source *', 'Department *', and 'Consultant'. In the top right corner, there are 'Cancel' and 'Save' buttons with red arrows pointing to them.

k. Search:

Searching for results is very simple and easy, just click on "Search". enter patient/ procedure details in the relevant fields including first name, last name, DOB, age, sex, requester (consultant), source (hospital), source number, procedure date, lab no and SNOMED codes.

You can use "Keyword Search" to search the "Clinical Result" itself. For example if you want a list of all "melanoma" cases then use keyword search, see image below.

You can use "DOB From" field to search if you know the DOB of the patient otherwise use "DOB From & To" by giving a date range for example from '01/06/1980' to '30/06/1980'.

Click on the "PDF" icon to view Clinical Result PDF.

Click on the "Envelope" (email) icon to email the Clinical Result PDF to any email address.

SEARCH

Keyword Search

melanoma

Search Type *

And

Or

First Name

David

Last Name

Lab No

DOB From

dd/mm/yyyy

To

dd/mm/yyyy

Received Date From

dd/mm/yyyy

To

dd/mm/yyyy

Procedure Date From

dd/mm/yyyy

To

dd/mm/yyyy

Source

Sex

Source Number

Requester

SNOMED T

SNOMED M

SNOMED P

SNOMED D

Search

Results per page: 20

Lab No	First Name	Last Name	Date Of Birth	Age	Sex	Test	Source	Source No	Primary Requester	Secondary Requesters	Procedure Date	Date Received	Status	Date Reported	Pathologists	Result	Email
H19-00932	David																

If you have any difficulty in accessing results please inform us by calling our office.

To gain access to the PJPPath Client Portal, please email IT@cellpathservices.co.uk

08

Requesting Consumables



8.1. GENERAL INFORMATION

All Histology and Cytology specimen collection consumables can be obtained from CPS. Please allow 5-7 days for delivery of consumables.

Request for consumables can only be made online via PJPPath - Client Portal, see point "i" in section 6.3

For urgent despatch of consumables you are welcome to call our office on 01923 233 299.

8.2. HISTOPATHOLOGY

We can supply various sizes of pre-filled 10% neutral buffered formalin pots: 20ml, 60ml and 120ml.

Formalin buckets for larger specimens are also available in the following sizes: 500ml, 1000ml, 2500ml, 5000ml, which can be supplied with 10% neutral buffered formalin on request.

8.3. DIAGNOSTIC CYTOLOGY

All supplies such as glass slides, slide boxes, cytofix spray and universal containers of various sizes can be provided.

8.4. GYNAECOLOGIC CYTOLOGY

All the necessary collection supplies can be provided. These include conventional brush, spatula, Thin-Prep vials and plastic broom.

09

Handling Histological Samples



9.1. SPECIMEN HANDLING

Samples for routine Histological examination should be placed into 10% formalin and sent to the laboratory with the next courier.

Samples for Immunofluorescence, frozen sectioning or cytology must **NOT** be placed in formalin, see section 9.4, 9.6 and 9.7 for guidance on these specimen types.

9.2. ROUTINE HISTOLOGY REQUESTS

Immediately place each specimen in a tightly secured, leak-proof container with 10% neutral buffered formalin. Do **NOT** allow the specimen to dry out.

For optimal sample fixation, the formalin volume to specimen ratio should be 10:1. Best clinical practice is to use a separate container for each specimen.

Do **NOT** crush or stretch the specimen with forceps or other instruments.

Ensure that you use the correct container size; do not force a large specimen into a small container as this will deform the specimen and reduce the rate of fixation and could affect the results.

Specimen labelling and completion of request forms is covered earlier in this guide in section for “Requesting Specimen Analysis”.

9.3. HISTOLOGY REQUESTS FOR SPECIFIC TISSUE TYPES

Breast core biopsies

These must be immediately placed in formalin pots, to preserve both the tissue integrity and ER, PR and HER-2 receptors. These core biopsies must be fixed for at least 6 hours before they can be processed, again to ensure optimal expression of hormonal receptors.

Breast wide local excisions and mastectomies

These must be fixed in formalin immediately to ensure that tumour tissue is fixed properly and its assessment (including hormonal receptors) is not compromised.

If these cannot be sent to the laboratory immediately, it is advisable that formalin is injected around the tumour area as this has been found to improve fixation and reduce tissue autolysis.

When specimens x-rays are taken please send these with the sample for correlation to avoid potential delays in the assessment of these specimens.

Skin excision for malignancies

It is preferred that skin excisions for malignancies are orientated by placing a suture or a double surgical nick on the specimen, stating its location (e.g. 12 o'clock). This makes it possible for the pathologist to measure precise peripheral margins as well as the deep margin. This information should be provided on the request form.

Colectomies and resections of small intestine

These specimens must be fixed in formalin immediately and sent to the Laboratory for proper handling. The specimens may need to be inked and opened partially or completely. This ensures the penetration of formalin into tumour tissue from both the mucosal and serosal surfaces.

Lymph node

Do not handle or palpate the node. Nothing of value will be learnt from such examination and may distort the architecture to an extent that makes subsequent histological interpretation very difficult or impossible.

As formalin penetrates lymphoid tissue slowly, the node should be immediately placed in formalin fixative. Correct fixation is vitally important. If there is any indication of an inflammatory condition, and particularly if tuberculosis is suspected, a portion of the lymph node should be submitted fresh in a sterile container to a Microbiology Laboratory, and a portion of it fixed in formalin and sent to the Histopathology laboratory for histological examination. Attempts at microbiological culture from formalin fixed tissues will be unsuccessful, although increasingly PCR studies can be undertaken on formalin fixed tissue.

Prostatic Core biopsies including mapping biopsies

Place all cores from one site in a separate pot from the other sites. If appropriate, the lab will merge the prostatic cores. For mapping prostate core biopsies, please send the biopsy grid and the MRI scoring of the prostatic zones.

Cone/LLETZ Excisions of the Cervix

Place the specimen in formalin intact. If the specimen is taken in pieces, a drawing explaining the relationships between the various pieces will be very helpful in determining which margins the pathologist should be reporting on.

Unusual Cases

If special investigations such as electron microscopy and muscle or nerve biopsies for degenerative conditions are required, please discuss them with us in advance. These may require non-routine fixation, special transport media and referral to a specialist laboratory.

Specimens requiring consent

We are unable to examine, process or dispose of specimens that contain foetal tissue without a fully completed consent form, which must be submitted to the laboratory with the specimen.

Consent forms are available from our team on 01923 233 299 or info@cellpathservices.co.uk. We cannot handle foetal specimens of 24 weeks or greater gestational age.

Specimens that may contain foetal tissue require a consent form include:

- Products of conception (miscarriage)
- Salpingectomy for suspected ectopic pregnancy
- Termination of pregnancy specimens

9.4. FROZEN SECTIONS

Frozen sections will be undertaken after discussion with one of the Consultant Histopathologists. Contact the Histopathologists on our office phone number.

Requests for frozen section should be booked at least a week in advance. However, we may be able to assist you with ultra urgent requests for frozen section such as may occur as a result of an unexpected intraoperative finding.

Handling specimens for Frozen Section

Fresh specimens for frozen section must be sent directly to the frozen section station at either the hospital or CPS without delay in a dry container. Do NOT add any formalin.

The telephone number of the theatre should be noted on the request form so that the pathologist can discuss the frozen section findings with the consultant surgeon.

9.5. MOHS SURGERY

CPS offers a MOHS micrographic surgery frozen section service for skin cancer and conservation of tissue. This can be in the form of on-site support from a Biomedical scientist and/or a Pathologist.

Specialist equipment will be required for an on-site service. Alternatively courier to the CPS premises for the MOHS frozen section can be arranged. Please contact the organisation to discuss requirements further and before your service is put into place.

9.6. DIRECT IMMUNOFLUORESCENCE

This is a procedure for detecting in-vivo deposition of immunoglobulins, complement components and fibrinogen in a patient's skin or oral mucosal tissue.

Procedure for biopsy

Specimens for direct immunofluorescence studies must be sent in Michel's transport medium, which is available on request from CPS.

Whenever possible, biopsy a single fresh small blister including adjacent clinically uninvolved skin (perilesional). For a large blister, biopsy edge of blister and adjacent uninvolved skin (perilesional). Cut the perilesional end and send for immunofluorescence studies and the remaining blister for histology. For uninvolved skin, a 3mm punch biopsy is sufficient for IMF.

9.7. INDIRECT IMMUNOFLUORESCENCE

10ml clotted blood should be sent to the laboratory within 48 hours or serum separated and sent within one month of collection.

10

Handling Diagnostic Cytology Samples



10 Handling Diagnostic Cytology Samples

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, X ray 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.

CPS monitors turnaround time for diagnostic cytology specimens as one of its KPI. Urgent processing of samples is possible, please discuss with the pathologist.

10.1. FINE NEEDLE ASPIRATION

Fine needle aspiration (FNA) is frequently used to provide a rapid diagnostic procedure performed in an outpatient setting with or without the use of imaging.

Prepare direct smears on slides, which 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".

10.2. 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 obtained by direct collection of urine, bladder washouts, samples obtained from cystoscopy, catheterisation or ureteric brushes. It is important to 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 volume useful for cytological assessment is 25mls. If it is not possible to send the sample to the laboratory straight away, you should refrigerate the specimen at 4°Celsius.

Please do not send a single sample for both Cytology and Microbiology testing as samples cannot be shared.

10.3. SPUTUM CYTOLOGY

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 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°Celsius.

10.4. BRONCHIAL/GASTRIC/OESOPHAGEAL WASHINGS & 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° Celsius. To obtain a detailed procedure for oesophageal brushings, please contact the laboratory.

10.5. 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 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° Celsius. Anticoagulants should not be added.

10.6. 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 that the specimen can be processed on arrival.

10.7. CYST ASPIRATES

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

10.8. 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° Celsius.

11

Handling Gynaecologic Cytology Samples



11 Handling Gynaecologic Cytology Samples

11.1. CLINICIAN INFORMATION

The processing laboratory now uses HR-HPV mRNA as its primary cervical screening test using the Hologic Aptima assay. This assay is approved for UK cervical screening.

The method of taking the cervical smear has not changed and the new test continues to use the same ThinPrep vial.

We ask that you fully complete the request form ticking the HPV box when requesting a cervical screening test. It is important to provide details of previous smear history.

If you also require a conventional PAPT test you should tick the HPV box and the PAPT test boxes. Note that it is not possible to request a PAPT test in isolation. In this situation the sample will undergo HR-HPV testing followed by a PAPT test and both tests will be charged.

11.2. LABORATORY PROCESSING

Requests for cervical screening received at CPS are referred to an accredited laboratory for HR-HPV mRNA testing (and preliminary screening if a PAPT smear was requested) and returned to CPS for in-house reporting and issuing of results. All PAPT test smears are examined and reported by a consultant pathologist.

11.3. TURNAROUND TIMES

CPS monitors turnaround time for gynaecologic cytology specimens as one of its KPI.

11.4. ADDITIONAL TESTING

The following additional tests can be requested on the same ThinPrep vial by ticking the appropriate box. These tests will be referred to an accredited laboratory for assessment.

The following additional tests can be performed on the Thin-Prep vial:

- **HPV20** - HPV DNA testing for 20 subtypes of low/high risk HPV subtypes
- **HPVT** - HPV20 with reflex mRNA testing if high risk subtypes detected.

- **Chlamydia PCR**
- **Gonorrhoea PCR**
- **7STD** - PCR sexual health screening for 7 organisms (Chlamydia, Gonorrhoea, Mycoplasma, Ureaplasma, Gardnerella, Trichomonas and HSVI/II).

The laboratory may also receive swabs for HVS or chlamydia which are sent to an accredited microbiology laboratory.

Note: These results are transcribed into our CPS report format. The date of the original report and the referral laboratory are clearly stated.

11.5. RECOMMENDED ACTIONS

The recommended action is based on the HR-HPV test result or on the combined HR-HPV and PAPT results in situations where both these tests were performed. The recommended actions follow NHSCSP guidelines.

- If **HR-HPV** is requested in isolation and is **NEGATIVE** - no further testing is required. The sample will not undergo a PAPT test unless this was specifically requested. The **Recommended Action** will be "**Return to normal recall**".
- If **HR-HPV** is requested in isolation and is **POSITIVE** – then a PAPT will be performed at no additional charge.
- If **CYTOLOGY** is **NEGATIVE** the recommendation will either be "**Repeat in 12 months**" or, if the smear history indicates HR-HPV is persistent, "**Refer for colposcopy**".
- If **CYTOLOGY** is **ABNORMAL** the recommendation is to "**Refer for colposcopy**".

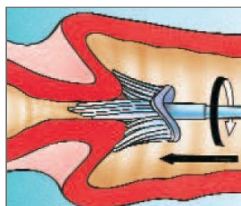
11 Handling Gynaecologic Cytology Samples

11.6. GYNAE THIN-PREP COLLECTION PROTOCOL A



Broom-Like Device Protocol

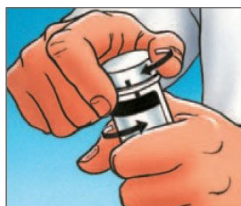
Record the patient's full name and DOB on the ThinPrep vial



Obtain an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times.



Rinse the broom as quickly as possible into the ThinPrep solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device, do not send this to the laboratory



Tighten the cap so that the torque line on the cap passes the torque line on the vial.



Complete the patient information and medical history on the cytology requisition form.

Place the vial and requisition in a specimen bag for transport to the laboratory.

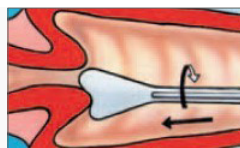
11.7. GYNAE THIN-PREP COLLECTION PROTOCOL B

Endocervical Brush / Spatula Protocol

Record the patient's full name and DOB on the ThinPrep vial



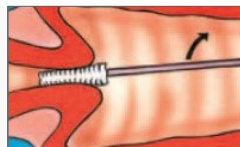
Obtain an adequate sampling from the ectocervix using a spatula.



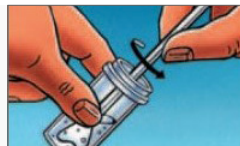
Rinse the spatula as quickly as possible into the PreservCyt solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.



Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE.



Rinse the brush as quickly as possible in the ThinPrep vial solution by rotating the device in the solution 10 times while pushing against the vial wall. Swirl the brush vigorously to further release material. Discard the brush.



Tighten the cap so that the torque line on the cap passes the torque line on the vial.



Complete the patient information and medical history on the cytology requisition form.

Place the vial and requisition in a specimen bag for transport to the laboratory.





Primary Contact - 01923 233 299

www.cellpathservices.co.uk

Info@cellpathservices.co.uk

Opening Hours

09:00 – 18:00 Weekdays

Out of hours Service

07775 44 66 88

Sales

07741 855 550

For all enquiries relating to results, courier pickups and urgent consumables or if you need to discuss a result with a pathologist.

Address

Unit 12, Orbital 25 Business Park,
Dwight Road, Tolpits Lane,
Watford, WD18 9DA