

LABORATORY COLLECTION MANUAL	<b>COLLECTION AND SUBMISSION OF SPECIMENS FOR GYN-CYTOLOGY (THIN PREP)</b>
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**PROCEDURE:**

1. The physician, using one of the three collection devices (mop, brush, and/or spatula), collects a specimen.
2. The device is promptly put into the vial of PreservCyt solution. (These vials are sent to the Physician office at their request from the Pathology Department by a Runner.)
3. Once the device is placed in the vial, the device is agitated immediately **WITHOUT DELAY** to remove the specimen collected. Agitating the device suspends the cells collected in the PreservCyt solution for fixation until processing. The specimen is stable in this PreservCyt solution for up to 2 weeks at room temperature.
4. The vial is then closed (until the torque line on the cap passes the torque line on the vial). The vial should be ***labeled*** with a patient label or the ***patient's name and patient's date of birth*** should be written on the vial with a permanent marker. It is then placed in a biohazard bag for shipment.
5. For Pap Smears collected in physicians' offices, please complete the Surgical Pathology/Cytology (Form #2303) with the correct patient information.
  - ❖ 00000000 Patient's full name
  - ❖ Patient's date of birth
  - ❖ Patient's full social security number
  - ❖ Patient's complete first date of last menstrual period
  - ❖ Patient's complete address and phone number
  - ❖ Patient's complete billing information
  - ❖ Patient's **CLINICAL HISTORY AND DIAGNOSIS**, to include:
    - ✓ Pregnancy
    - ✓ Postpartum
    - ✓ Hysterectomy (type: partial, total, etc.)
    - ✓ Postmenopausal
    - ✓ Medications that may affect the hormonal pattern: such as depo-provera, norplant, etc.
    - ✓ History of abnormal pap smears
    - ✓ History of previous malignancies with primary if known, history of receiving medications and/or radiation therapy
    - ✓ Precise specimen(s) and site (location) of collection
    - ✓ Requesting health care provider's name
    - ✓ Date of collection
    - ✓ **REASON FOR THE PROCEDURE BEING PERFORMED**  
Please be as specific as possible, you can say Screening, Annual exam, but if the patient needs a pap smear due to clinical symptoms, please state so. PLEASE DO NOT USE PELVIC EXAM FOR A DIAGNOSIS.
6. For Pap Smears collected on an inpatient, please complete a Surgical Pathology/Cytology Form (form #2023).

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7. The request is then secured in the side pocket of the biohazard bag that contains the vial. Be sure that the vial is properly labeled.
8. The specimen is then sent to the pathology Department in the Laboratory by a runner.
9. The slides are prepared in the Cytology Department at the Hospital using the ThinPrep 2000 Pap machine.
10. The specimen **will not be processed if it is not positively identified and adequate patient data is not available.**

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**See original policy in the Laboratory for all documented annual reviews.**