



MINISTRY HEALTH CARE
Ministry Saint Michael's Hospital Laboratory

LABORATORY POLICY AND PROCEDURE

TITLE/SUBJECT:	GENERAL INSTRUCTION
FILE NUMBER:	CT002.05
ASSIGNED MANUAL:	CYTOLOGY PROCEDURE MANUAL
ORIGINATION DATE:	12/06
EFFECTIVE DATE:	2/10/2013
DISTRIBUTION:	SAINT MICHAEL'S HOSPITAL LABORATORY

PRINCIPLE/PURPOSE

Cytology laboratories are primarily responsible for the detection and diagnosis of cancer or precancerous lesions by examination of cellular specimens obtained from a variety of sites in the human body. Cytology is also of use in the diagnosis of inflammatory processes, in the identification of bacteria, fungi and viral cytopathic changes.

PATIENT PREPARATION:

N/A

SPECIMEN/HANDLING:

N/A

MATERIALS:

Equipment	Reagents	Supplies
•	•	•

STANDARDS:

N/A

CALIBRATION:

N/A

QUALITY CONTROL:

N/A

PROCEDURE:

1.0 REQUISITION INFORMATION

Last Name			Complete First Name			MI	GYNECOLOGIC CYTOLOGY & HPV TESTING			CYTOLOGY REQUEST
BIRTH DATE	DATE & TIME COLLECTED	SUBMITTING DR.	SEX -			SOURCE: <input type="checkbox"/> VAGINAL <input type="checkbox"/> CERVICAL				
			M	F		TEST OPTIONS:				- LAB USE ONLY -
COMPLETE IF LAB IS BILLING PATIENT						<input type="checkbox"/> ThinPrep ONLY <input type="checkbox"/> HPV Only <input type="checkbox"/> ThinPrep & HPV <input type="checkbox"/> ThinPrep & HPV if ASCUS/AGUS <input type="checkbox"/> ThinPrep & HPV with reflex to HPV 16/18 (if cytology negative and HPV is positive in women ≥30 yrs.)			DATE LMP: _____	COLLECTION TIME: _____
PATIENT ADDRESS						<input type="checkbox"/> DIAGNOSTIC PAP-Dx (Any Hx of ASCUS, AGUS, Dysplasia or malignancy or abnormal findings on current exam) <input type="checkbox"/> ROUTINE EXAM <input type="checkbox"/> PRENATAL <input type="checkbox"/> POSTPARTUM <input type="checkbox"/> POSTMENOPAUSAL <input type="checkbox"/> REPEAT/REF #: _____				
STATE ZIP						<input type="checkbox"/> HIGH RISK - # V15.89 (Sexual activity under age 16, Multiple (>5) sex partners, Hx STD, DES exposure) <input type="checkbox"/> ROUTINE EXAM <input type="checkbox"/> PRENATAL <input type="checkbox"/> POSTPARTUM <input type="checkbox"/> POSTMENOPAUSAL <input type="checkbox"/> REPEAT/REF #: _____				
MEDICARE CLAIM #						<input type="checkbox"/> SCREENING - # V76.2 (No Hx of ASCUS, AGUS, Dysplasia or Malignancy and no abnormal findings on current exam) <input type="checkbox"/> ROUTINE EXAM <input type="checkbox"/> PRENATAL <input type="checkbox"/> POSTPARTUM <input type="checkbox"/> POSTMENOPAUSAL <input type="checkbox"/> REPEAT/REF #: _____				
MEDICAID CLAIM #						WHITE-LAB (ONE REQUEST PER PATIENT) YELLOW-SUBMITTER FORM NO. 25082490 REV 6/12				
OTHER INSURANCE & CLAIM #										
RESPONSIBLE PARTY										
NON-GYNECOLOGIC CYTOLOGY <input type="checkbox"/> Left <input type="checkbox"/> Right SOURCE SPECIFY: HISTORY / COMMENTS (SURGERY, HORMONES, BLEEDING RADIATION, ETC.)										

1.1 Patient Identification

Use addressograph on cytology request card or if addressograph is not available, fill out items #1-7 on cytology request card (see example above).

1. Patient Name
2. Birthdate
3. Date and Time Collected
4. Submitting Doctor
5. Sex
6. Patient Address
7. Insurance Number(s)

1.2 Patient/Specimen Information

1. Cervical/Vaginal Information if Applicable
2. Source other than cervical/vaginal - Specify "Right" or "Left"
3. Pertinent History/Comments
4. Coding information

2.0 SPECIMEN COLLECTION

Information on patient preparation and specimen collection, labeling, preservation, transportation and storage can be found under the cytology heading in the SMH Lab Test Reference at ourministry.ministryhealth.org (Ministry St. Michael's).

3.0 HANDLING INSTRUCTIONS

3.1 Monday-Friday

3.1.1 All body fluids are to be delivered, unfixed, to the cytology lab, along with the completed cytology request card. Notify tech of delivery. If the tech is out of the lab, leave specimen in the refrigerator and the request card on the counter.

3.1.2 Smears/Slides - Place properly prepared labeled slides on cytology counter along with completed cytology request card.

3.1.3 Gyn slides/thin prep vials and their requisition cards are to be placed in the cytology bucket.

3.2 PMs/Weekends/Holidays

Deliver fluids and smears along with completed request card to technologist in main lab.

2.3 Any/All types of body fluids may be included in routine submission to Cytology for processing and examination.

4.0 SPECIMEN DISPOSAL

Place all infectious specimens and contaminated material in a red biohazard bag to be picked up by Housekeeping. Place sharps in red sharps container. See Waste Management Plan for specific instructions.

DERIVATION OF RESULTS:

N/A

REPORTING:

N/A

NORMAL VALUES:

N/A

CRITERIA FOR IMMEDIATE NOTIFICATION:

N/A

INTERPRETATION:

N/A

CRITERIA FOR UNACCEPTABLE RESULTS AND CORRECTIVE ACTION:

N/A

LIMITATIONS:

N/A

PROCEDURE NOTES:

All GYN and NON-GYN reports are signed out electronically. A copy is automatically printed at the physician's office via Meditech.

SAFETY PRECAUTIONS:

Follow procedures and precautions described in the Saint Michael's Hospital Infection Control and Hazard Communication manuals, as well as the Saint Michael's Hospital Chemical Hygiene Plan. Refer to the MSDS for reagent-specific handling guidelines.

ATTACHMENTS:

N/A

REFERENCES:

N/A

ORIGINATING DEPARTMENT/SECTION:

Cytology

AUTHOR AND DATE:

DK 12/06

REVISED BY AND DATE:

LA 02/11

DK 4/25/2012

DK 1/13

APPROVAL:

Dawn Finch, MT (ASCP), Director of Laboratory Services

Jason Heese, MD – Medical Director of Laboratory Services

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