

**For All Specimens:** Submit specimens labeled with patient's name and matching completed PDL Request Form. Please use the detachable sticky label from the request form to identify each specimen container. **Slides should be labeled with a #2 pencil only, no label.** Previous pathology is helpful, particularly if it was performed at another laboratory. A copy of the outside report is appreciated. **Improperly labeled specimens will be returned to the physician's office for correction, which may cause a delay in receiving results and reports.**

**Fine Needle Aspirate** specimens should be prepared as follows: if possible two air-dried smears (prepared and left to dry without preservative) and two alcohol (95%) fixed smears (prepared and put into 95% alcohol container). When sending samples for bilateral lesions please indicate "right" and "left" sides (i.e. "Rt breast") on the slides and specimen bottle. Please use a #2 pencil to label all slides with the patient name (last & first), birthdate and **WF** (wet fixed, alcohol prepared) or **AD** (air dried). Any remaining aspirate material should be expressed directly into a 30-ml aliquot of Cytolyt solution.

**Urine** samples should be prepared in a 30-ml aliquot of CytoLyt solution.

**Voided Urine or Bladder Washings for FISH** catheter or clean catch at least 30 ml of sample into specimen container including fixative tablet. Please be sure to tighten the lid past the "click" to prevent leakage.

**CSF** samples should be refrigerated and sent within 24 hours. If the specimen cannot be refrigerated please express directly into a 30-ml aliquot of Cytolyt solution.

**Pleural, Ascetic and Pericardial Effusions** add 1 unit of heparin per 1000 cc of fluid.

**Nipple Discharge** smears are obtained by blotting the nipple with absorbent cotton then smearing the surface of a previously labeled slide across the new secretion from the nipple. Use an additional labeled slide and smear the two slides against each other in a one stroke motion to spread the specimen across the slides. Immediately place one slide into a 95% alcohol container and the other slide in a cardboard slide holder to air-dry. If there is additional discharge material it should be expressed directly into a 30-ml aliquot of CytoLyt solution. **Please be sure to use a #2 pencil to label all slides.**

**Tissue Specimens.** Most specimens should be placed in a formalin container, with at least three times the volume of formalin compared to tissue.

**Breast Tissue.** Specimens should be immersed in fixative within 1 hour of the biopsy or resection procedure. If delivery of a resection specimen to the pathology department is delayed, more than 24 hours, the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted. The time of removal of the tissue and time of immersion of the tissue in fixative should be recorded and submitted to the laboratory

**Fresh Specimens.** A few specimens should be transported fresh on a sterile telfa pad moistened with sterile saline for urgent handling in the lab. Please call STAT courier for transport. These include:

- Lymph nodes or other specimens to rule out lymphoma.
- Frozen section specimens.
- Muscle Biopsies- send no later than 1pm Monday through Thursday only.
- Nerve Biopsies – send no later than 1pm Monday through Thursday only.

**Peripheral Blood** for smear review, molecular, cytogenetic or flow cytometry should be submitted in 1 purple top (EDTA) and 1 green top (Na Heparin) tube. Specimens should be sent same day at room temperature or refrigerated for next day courier pick up. If available send 2 unstained smear slides and a copy of the CBC. Otherwise, smear slides and CBC will be performed at PDL.

**FISH- Fluorescence In Situ Hybridization** For Breast Tissue: Specimens should be immersed in fixative within 1 hour of the biopsy or resection procedure. If delivery of a resection specimen to the pathology department is delayed, more than 24 hours, the tumor should be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensure that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted. The time of removal of the tissue and time of immersion of the tissue in fixative should be recorded and submitted to the laboratory

**Flow Cytometry Specimens: Bone Marrow, Blood and Tissue.** Please contact the flow cytometry department at Forsyth Medical Center at (336) 718-5856 for a faxed copy of specimen collection and transportation requirements.

***If in doubt about submission of specimens please contact Pathologists Diagnostic Laboratory at (336) 718-5856.***

For additional information please contact Carla Smith, Client Service Representative, at (336) 817-9768