

Pathology Associates of Tyler, PA

Test Directory

Pathology Associates of Tyler, PA

1726 S. Beckham

Tyler, Texas 75701

Phone (903) 593-0481

Fax (903) 592-0555

CLIA ID: 45D0483328

Individually, the members of our pathology staff are:

Andrew D. Kulaga, MD board certified in Anatomic and Clinical Pathology

Scott M. Lloyd, MD board certified in Anatomic and Clinical Pathology

Brent R. Harris, MD board certified in Anatomic and Clinical Pathology

Robert B. Wells, MD board certified in Anatomic and Clinical Pathology

Foy G. Forehand II, MD board certified in Anatomic and Clinical Pathology

Lorenz M. Schmiede, MD board certified in Anatomic, Clinical and
Cytopathology

Steven R. Sanchez, MD board eligible in Anatomic, Clinical and Hematopathology

General Information

Scope of Testing

Pathology Associates of Tyler, PA services include a wide range of tests including surgical pathology, special staining, fine needle aspiration, pathology consultation, gynecologic cytology including liquid-based and conventional Pap test, non-gynecologic cytology, Chlamydia Trachomatis (CT) by PCR, Neisseria Gonorrhoea (NG) by PCR and the HPV Digene Assay. (Chlamydia (CT) by PCR, Neisseria Gonorrhoea (NG) by PCR and HPV Digene Assay are outsourced)

Client Services Department

Pathology Associates of Tyler, PA offers Client Services support during routine hours of operation to assist with test result inquiries, test requirements and general information.

Logistics

Pathology Associates of Tyler, PA provides or arranges for regularly scheduled courier services to our clients. The couriers are trained to provide direct specimen pick-up, and delivery of test results and supplies.

Reporting Results

Reports may be delivered in one of several ways; each carefully selected to provide fast, reliable service. They included hand delivery by courier, fax to your location, or first class mail.

Laboratory Supplies

All supplies necessary for collection and transportation of specimens to our laboratory are provided in the cost of testing. Call *Pathology Associates of Tyler, PA* to order supplies as your needs and the laboratory volumes indicate.

Test-Request Forms

All clients are provided with test-request forms to ensure that proper testing is performed. Using a ballpoint pen, print all pertinent information on the form. **A completed test-request form must accompany each specimen or series of specimens on an individual patient.**

Specimen Retention

Histology slides are retained in our lab for ten (10) years. Histology blocks are retained for ten (10) years. Gynecologic and non-gynecologic cytology slides are retained for five (5) years with the exception of FNA slides, which are retained for ten (10) years.

Laboratory Billing Policies

Patient Billing

Upon request, *Pathology Associates of Tyler, PA* will direct bill any patient who resides in the United States. Complete the test-request form, providing the patient's (or responsible party's) street address, city, state, zip code, phone number, I.D. and/or Social Security number as well as the physician's name and diagnosis.

Third-Party Billing

Pathology Associates of Tyler, PA will bill third-party payers directly upon request. Complete the test-request form, providing the patient's (or responsible party's) street address, city, state, zip code, phone number, I.D. and/or Social Security number as well as the physician's name and diagnosis. Also on the back of the request-form include the insurance company name, billing address, insured's name and relationship to the patient, policy and/or group numbers. Please attach a copy of the patient's insurance card. If the required information is not provided the patient will be billed directly.

Medicare/Medicaid Billing

Pathology Associates of Tyler, PA will bill Medicare outpatients and the State of Texas Medicaid program. Complete the test-request form, providing the patient's street address, city, state, zip code, phone number, Medicare (or Medicaid) number, date of birth and sex as well as the physician's name and diagnosis. All Medicare patients must be presented with and sign an **Advanced Beneficiary Notice** if the physician believes that the test ordered will not be covered under the Medicare plan.

CLIA regulation 493.1105 requires that all tests be performed only at the written or electronic request of an authorized person. Therefore, all specimens submitted must be accompanied by a completed *Pathology Associates of Tyler, PA* test requisition form. Requisitions must state the patient's full first and last name, diagnosis code, source/site of specimen, patient's date of birth, and social security number. Include pertinent clinical information, e.g., previous malignancy, drugs, radiation therapy, and other history on requisition. Only one requisition is necessary for multiple specimens from the same patient. Each specimen should be in a separate container. Each specimen container **must be labeled with the patient's full first and last name and the source/site of the specimen.**

HISTOPATHOLOGY SERVICES

HISTOPATHOLOGY STUDY	SPECIMEN REQUIREMENTS
Tissue Examination, Gross Only	Tissue specimen in 10% buffered formalin. The volume of formalin should be at least 20 times that of the tissue.
Tissue Examination, Gross and Microscopic	Tissue specimen in 10% buffered formalin. The volume of formalin should be at least 20 times that of the tissue.
Decalcification	Bone or calcified tissue in 10% buffered formalin. The volume of formalin should be at least 20 times that of the tissue. Formalin available for bone marrow cores.
Fungal Stain (PAS or GMS)	Bone marrow smears, FNA slides, non-gynecologic cytology specimens, or tissue in formalin. DO NOT FIX SMEARS. Protect from light.

CYTOPATHOLOGY SERVICES

Female Genital-Tract and Breast Specimens

CYTOPATHOLOGY STUDY	SPECIMEN REQUIREMENTS
Papanicolaou Smear	Slide fixed with Cyto-Fix spray or 95% ethyl alcohol
ThinPrep Pap Test	One vial PreservCyt® solution
Cyst Aspiration	Cytolyte or 50% Alcohol
Nipple Secretion	Slides fixed with Cyto-Fix spray or 95% ethyl alcohol

Non-Gynecological Specimens

CYTOPATHOLOGY STUDY	SPECIMEN REQUIREMENTS
Brushings	Slide fixed with 95% ethyl alcohol
Cerebrospinal Fluid	Fluid in Cytolyte or 50% alcohol
Direct Smears	Slides fixed with Cyto-Fix spray or 95% ethyl alcohol
Effusion	Fluid in equal volume of 50% ethyl alcohol or small aliquot in Cytolyte
Fine Needle Aspiration	Slides fixed with 95% ethyl alcohol
Sputum	If transported within 12 hours fresh specimen is accepted. Early morning deep cough sputum in equal volume of 50% ethyl alcohol
Tzanck Smears	Slides fixed with Cyto-Fix spray or 95% ethyl alcohol
Urine	Urine in equal volume of 50% ethyl alcohol or in Cytolyte
Washings	Fluid placed in Cytolyte container

COLLECTIONS OF CYTOPATHOLOGY SPECIMENS

Female Genital-Tract and Breast Specimens

Papanicolaou Smear, One Slide

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of material submitted (cervical, endocervix, vaginal), and social security number. It is essential that pertinent clinical information is provided, e.g., diagnosis code, last menstrual period (LMP), hormonal status (postmenopausal, pregnant, post partum), hormone therapy (including birth control pills, treatment for endocrine responsive malignancy, estrogen creams), use of intrauterine device (IUD), DES exposure and whether the patient is at high risk for cervical cancer (HPV, HIV, smoker, abnormal vaginal bleeding, early age of sexual intercourse, grossly visible lesion, multiple sexual partners, previous gynecological history of dysplasia or higher, prior abnormal Pap smear or history of malignancy).
- Label all slides using a lead pencil on the frosted end of the slide with patient's full first and last name. We can not accept specimens that are improperly labeled.
- Prepare the patient in the accepted manner. Note: Do not use lubricant on the speculum as it may result in an unsatisfactory specimen.
- Remove the mucus plug from the cervix with a cotton tip swab and discard.
- VAGINAL POOL SAMPLE: Collect vaginal pool mucus using spatula, and place it on the slide near the frosted end. Do not smear yet.
- CERVICAL SAMPLE: Scrape the cervix with the spatula provided. Do not place on the slide yet.
- ENDOCERVICAL SAMPLE: Insert the cytology brush into the endocervical canal until the bristles are barely visible. Turn 90-180 degrees and remove. Do not place on slide yet. Immediately follow instructions below. Brush not recommended for use during pregnancy.
- SMEAR: In rapid succession. Mix half of the vaginal pool mucus with the spatula specimen and smear along the entire length of the slide using only half of the surface. Mix the remaining half of the vaginal pool mucus with the brush and smear by rolling the brush along the entire length of the slide using remaining half of the slide surface. Bending the bristles will help to transfer the cells to the slide.
- Spray fix the slide IMMEDIATELY by spraying 3 to 4 time, 8 to 10 inches from the slide. Allow the spray to thoroughly dry. The fixation step is one of the most important considerations in specimen preparation. FAILURE TO FIX IMMEDIATELY MAY RENDER THE SMEAR UNSATISFACTORY FOR EVALUATION.
- Place the slide in the transporting container and close. Place with requisition in specimen bag and transport to the laboratory.

ThinPrep® Pap Smear, Broom-like Device

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of material submitted (cervical, endocervix, vaginal), and social security number. It is essential that pertinent clinical information is provided, e.g., diagnosis code, last menstrual period (LMP), hormonal status (postmenopausal, pregnant, post partum), hormone therapy (including birth control pills, treatment for endocrine responsive malignancy, estrogen creams), use of intrauterine device (IUD), DES exposure and whether the patient is at high risk for cervical cancer (HPV, HIV, smoker, abnormal vaginal bleeding, early age of sexual intercourse, grossly visible lesion, multiple sexual partners, previous gynecological history of dysplasia or higher, prior abnormal Pap smear or history of malignancy).
- Label vial with patient's full first and last name. We can not accept specimens that are improperly labeled.
- Prepare the patient in the accepted manner. Note: Do not use lubricant on the speculum as it may result in an unsatisfactory specimen.
- Remove the mucus plug from the cervix with a cotton tip swab and discard.
- Obtain an adequate sampling from the cervix using the 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 in the PreservCyt® solution vial by pushing the broom to the bottom of the vial 10 times, forcing the bristles apart. As a final step, vigorously swirl the broom at the bottom to release material. Discard the collection device. Note: Do not remove the head of the broom and leave it in the vial, as this will not allow proper fixation of the cells.
- Tighten the cap so that the torque line on the cap passes the torque line on the vial.
- Place the vial and the requisition in a specimen bag and transport to the laboratory.

ThinPrep® Pap Smear, Endocervical Brush/Spatula

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of material submitted (cervical, endocervix, vaginal), and social security number. It is essential that pertinent clinical information is provided, e.g., diagnosis code, last menstrual period (LMP), hormonal status (postmenopausal, pregnant, post partum), hormone therapy (including birth control pills, treatment for endocrine responsive malignancy, estrogen creams), use of intrauterine device (IUD), DES exposure and whether the patient is at high risk for cervical cancer (HPV, HIV, smoker, abnormal vaginal bleeding, early age of sexual intercourse, grossly visible lesion, multiple sexual partners, previous gynecological history of dysplasia or higher, prior abnormal Pap smear or history of malignancy).

- Label vial with patient's full first and last name. We can not accept specimens that are improperly labeled.
- Prepare the patient in the accepted manner. Note: Do not use lubricant on the speculum as it may result in an unsatisfactory specimen.
- Remove the mucus plug from the cervix with a cotton tip swab and discard.
- Obtain an adequate sampling from the cervix using a PLASTIC spatula.
- Rinse the spatula in the PreservCyt® solution vial swirling the spatula vigorously in the vial 10 times. Discard the spatula.
- Obtain an adequate sampling from the cervix using the cytobrush. Insert the brush until only the bottom most bristles are exposed. Slowly rotate ¼ to ½ turn in one direction. DO NOT OVER ROTATE.
- Rinse the brush in the PreservCyt® solution by rotating the device in the solution 10 times while pushing against the PreservCyt® vial wall. As a final step, swirl the brush vigorously to further release material. Discard the collection device.
- Tighten the cap so that the torque line on the cap passes the torque line on the vial.
- Place the vial and the requisition in a specimen bag and transport to the laboratory.

Cyst Aspiration

Cystic lesions of the breast may be aspirated with a syringe and an 18- to 20-gauge needle:

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous history of carcinoma or infection suspected.
- Label container(s) and/or slides with patient's full first and last name and source/site of specimen.
- Using sterile technique, aspirate all fluid from the cyst.
- Withdraw the needle from the breast, then detach the needle from the syringe.
- Transfer the aspirated fluid into a screw-capped Cytolyte container.
- Tighten the cap and mix the contents thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Nipple Secretions

Smears of nipple secretions may be utilized in the detection of both benign and malignant breast lesions of ductal origin.

Recommendations for collecting material for cytologic evaluation:

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous history of carcinoma or infection suspected.
- Label container(s) and/or slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Gently strip the subareolar area and nipple using your thumb and forefinger. If no secretion appears, do not manipulate the breast further. If secretion appears, allow only a pea-sized drop to accumulate on the nipple tip.
- Immobilize the breast, and smear the secretion lengthwise on a fully frosted glass microscope slide by drawing the slide quickly across the nipple.
- Immediately spray-fix or place the slide in 95% ethyl alcohol for 30 minutes.
- Repeat this complete procedure as many times as the amount of secretion allows.
- Following fixation, allow the slides to dry thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

NON-GYNECOLOGICAL SPECIMENS

Brushings

Brushing may be obtained from various sites such as the bronchus, stomach, esophagus, and endometrium. Brushings should be collected only by a physician properly trained in these techniques.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., admitting diagnosis, previous history of carcinoma, radiographic findings, and any history of radiation or chemotherapy.
- Label container(s) and/or slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Immediately after collecting the specimen, apply the material from the brush to two or more glass microspore slides, using a circular motion.
- Do not smear the brushings over too large an area; rather, confine the spreading of the material to an area approximately the size of a nickel.
- Immediately spray-fix or place the slide in 95% ethyl alcohol.
- Disposable brushes may be submitted in a container of 95% ethyl alcohol. If there is specimen remaining on the brush and in the alcohol, a slide and cell block will be prepared.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Cerebrospinal Fluid

Lumbar puncture is the usual procedure used to obtain cerebrospinal fluid (CSF). This procedure should be performed only by a physician properly trained in this technique.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous malignancy, drugs, radiation therapy, and other history.
- Label container(s) with patient's full first and last name and source/site of specimen.
- A sterile, screw-capped container should be used to collect the CSF.
- If several samples are obtained, the second or third sample should be submitted for cytologic evaluation.

- If possible, the specimen should consist of a minimum of 3.0 mL of CSF.
- Immediately after collecting the specimen, add the fluid to a Cytolyte container. If received in fresh state within 4 hours of collection specimen will be accepted. If greater than 4 hours, refrigeration is needed.
- Tighten the cap, and mix the contents thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Direct Smears

In evaluating mucocutaneous lesions, smears may be prepared for cytologic examination.

If the lesion is moist, the following technique should be used...

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information
- Label slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Scrape the surface of the lesion with a moistened tongue blade.
- Smear the cellular material on the blade evenly onto a glass microscope slide.
- Immediately spray-fix the slide or place it in 95% ethyl alcohol for 30 minutes.
- Following fixation, allow the slides to dry thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

If the lesion is dry – or – partially covered by necrotic debris, the following technique is recommend...

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information
- Label slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Moisten a non-absorbent cotton-tipped swab with saline.
- Use the swab to moisten the lesion or remove the necrotic debris form the surface.
- Discard the swab; moisten another non-absorbent cotton-tipped swab with saline.

- Gently rub the growing margins of the lesion with the swab.
- Roll the swab gently over the surface of the glass microscope slide.
- Immediately spray-fix the slide or place it in 95% ethyl alcohol for 30 minutes.
- Following fixation, allow the slides to dry thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Effusions

The body cavities consist of the pleural, pericardial, peritoneal, and joint cavities. They are normally lubricated by a minute amount of serous fluid. When excess fluid accumulations in a body cavity, this is called an effusion.

Effusions are most often caused by inflammation, circulatory disturbances, and neoplasia. Effusions should be collected only by a physician properly trained in these techniques. In aspirating fluid from the pericardial, peritoneal, or pleural cavities, clinical judgment should be used in determining the amount of fluid to be removed at one time. A minimum volume of 100 to 200 mL is recommended for cytologic evaluation. In collecting fluid from a joint, as much fluid as possible should be aspirated.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous malignancy, drugs, radiation therapy, and other history.
- Label container(s) with patient's full first and last name and source/site of specimen.
- Using a sterile technique aspirate the specimen.
- Immediately after collecting the specimen, add a small amount (up to 10cc's) to a Cytolyte container. If larger volumes are obtained, the bulk of the fluid can remain unfixed as long as an aliquot is placed in Cytolyte fluid.
- Tighten the cap, and mix the contents thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Fine Needle Aspirations

Diagnostic sampling of cells with the aid of a fine needle is particularly useful for the cytologic evaluation of organs which do not shed cells spontaneously. The salivary gland, thyroid, spleen, breast, and lymph nodes are examples of such organs. This technique may be used to obtain diagnostic materials from palpable as well as non-palpable-but-radiologically visible lesions. This procedure should be performed only by a physician properly trained in this technique.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., diagnosis, and history of carcinoma or infection.
- Label slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Immediately after the aspiration procedure has been completed and the needle has been withdrawn, detach it from the syringe, then fill the syringe with air and reattach the needle.
- Place the bevel of the needle flush against a glass microscope slide and express a small amount of aspirate material onto the center of the slide -- do not express too much material – if this occurs, withdraw the syringe plunger slightly and re-aspirate a portion of the material.
- If the material is semisolid in nature, place another glass slide on top of the drop and pull the slides gently and quickly apart as the drop spreads from the weight of the slide.
- Immediately place the slide(s) in 95% ethyl alcohol for 30 minutes.
- Repeat this complete procedure as many times as the amount of material allows.
- Following fixation, allow the slides to dry thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Sputum

When a pulmonary lesion is suspected, an early morning sputum specimen is the material most often examined. The detection of primary bronchogenic carcinoma is significantly increased if multiple sputum specimens are examined. Therefore, we recommend that **five** early morning sputum specimens be collected using the following technique...

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous malignancy, drugs, radiation therapy, and other history.
- Label **five** container(s) with patient's full first and last name and source/site of specimen.

- Give the patient a wide-mouthed, screw-capped container filled with approximately 25 mL of 50% ethyl alcohol, with the following instructions: (If transported within 12 hours fresh specimen is accepted.
 - do not use the container until morning;
 - brush your teeth at night before retiring;
 - gargle with water in the morning upon arising, expectorating the water, and discarding it;
 - then, cough deeply and expectorate all sputum into the container.

A satisfactory deep cough specimen can usually be produced by instructing the patient to breathe as deeply as possible, then to exhale the air with vigorous coughing. This should be repeated several times.

Patients with scanty sputum production may require 15 to 30 minutes to produce a satisfactory specimen.

For patients unable to produce a satisfactory specimen, the inhalation of a heated aerosol solution may be used to induce coughing. However, this technique should be used only when a trained attendant is present to assist the patient.

- After the specimen is collected, tighten the cap on the container, and mix its contents thoroughly.
- Repeat this procedure each day for five days.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Tzanck Smears

When collecting material for direct examination for mucocutaneous HSV infection, the following technique is recommended...

An intact vesicle, if present, should be selected for study.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Specify Tzanck Smear.
- Label slide(s) using a lead pencil with patient's full first and last name and source/site of specimen.
- Use a sterile scalpel blade to gently scrape material from the base of the vesicle and undersurface of the vesicle roof. Care should be taken to prevent bleeding.
- Immediately after material is collected, gently smear the material over the surface of a glass microscope slide.

- Fix slide with spray fixative or immediately immerse the slide in 95% ethyl alcohol.
- Following fixation, allow the slides to dry thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Urine

Urine may contain cells exfoliated from cancers of the bladder, ureter, renal pelvis, or kidney. It is recommended that at least three early morning specimens be submitted for cytologic evaluation using the following technique..

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., previous malignancy, drugs, radiation therapy, and other history. Specimen may be a voided specimen, catheterized bladder urine or obtained at cystoscopy.
- Label **five** container(s) with patient's full first and last name and source/site of specimen.
- Hydrate patient with two 8oz. glasses of water, one hour part. Wait 30 minutes. Have patient void into specimen container.
- Fix approximately 50 mL of urine with an equal amount of 95% ethyl alcohol.
- Tighten the cap on the container, and mix its contents thoroughly.
- Repeat this procedure each day for three days.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.

Washings

Washings may be obtained from various sites such as the bronchus, stomach, esophagus, and sinuses. Washings should be collected only by a physician properly trained in these techniques.

- Complete a Pathology of Associates of Tyler, PA test requisition with the patient's full first and last name, date of birth, date of specimen collection, source/site of specimen, diagnosis code, and social security number. Include pertinent clinical information, e.g., diagnosis, history of carcinoma, radiographic findings, and any history of radiation or chemotherapy.
- Label container(s) with patient's full first and last name and source/site of specimen.

- Immediately after collecting washings, transfer them to a screw-capped container.
- Promptly add an equal volume of 95% ethyl alcohol to the container or use Cytolyte container. If transported with 12 hours, fresh specimen is accepted.
- Tighten the cap on the container and mix the contents thoroughly.
- Place the specimen(s) and the requisition in a specimen bag and transport to the laboratory.