

Manchester University NHS Foundation Trust

Laboratory Medicine

Department: Cellular Pathology/ Cytology

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Manchester University
NHS Foundation Trust

Directorate of Laboratory Medicine

Non Gynaecological Cytology User Manual
2018

Controlled Document

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1.0 About us

The non -gynaecological cytology service of Manchester University NHS Foundation Trust (MFT) is located on the 1st Floor of the Clinical Sciences Building 2. We report approximately 4000 samples per annum and offer a comprehensive specialist service, reporting on a wide range of samples including serous fluids, urine, cerebrospinal fluid, bronchoscopically obtained respiratory samples and fine needle aspirates (FNAs). FNAs are taken from a wide variety of sites including thyroid, lymph nodes, salivary glands, and deep tissues and organs, and may be performed freehand, under radiological guidance or by endoscopic ultrasound (EUS) and endobronchial ultrasound (EBUS).

We are staffed by approximately 3.85 WTE consultant cytopathologists, 6.0 WTE BMS with MLA support and provide a diagnostic service to MFT, Trafford General Hospital, the Christie Hospital, other NHS Trusts, private care sector providers and general practices. We have a consultant led service which provides on-site provisional diagnosis at EBUS clinics and BMS assistance at a wide range of FNA clinics, including adequacy assessment at head and neck clinics at MFT and Trafford General Hospital as well as all types of clinics at the Christie Hospital.

The department serves many specialised services at MFT including gynaecological, respiratory, head and neck, urological and hepatopancreaticobiliary diagnostic services. This unique department is at the forefront of personalised medicine due to our close working relationship with the Manchester Centre for Genomic Medicine based at MFT and preparation of a wide range of non-gynaecological cytology samples for molecular testing.

The NG cytology department is fully CPA accredited and is an IBMS approved training centre. We are closely associated with The North of England Pathology and Screening Educational Centre (NEPSEC) and provide training to medics and scientific staff and are fully committed to maintaining this accreditation by an established quality management system and standards

determined by the Royal College of Pathologists together, with scheduled clinical and quality audits and national guidelines. We are working towards full ISO 15189:2012 accreditation.

Reports generated by the Department of Cellular Pathology including Cytopathology are, in the main, qualitative rather than quantitative. Uncertainty of Measurement is considered and controlled throughout the sample pathway by employment of a robust quality management system and continued accreditation to national standards. Where direct clinical impact measurements are made, assessments of uncertainty of measurement are made and are available on request.

The laboratory adheres to Manchester University NHS Foundation Trust's policies on data protection and disclosure. In addition the Trust also produces a [patient information leaflet entitled "Your Information"](#).

1.1 Opening hours

The department is open from 08:00 hrs – 17:00 hrs, Monday to Friday (except bank holidays). Non-gynaecological samples should be received in the department by 16:45 hrs.

1.2 Services available at MFT

1. Exfoliative cytology
2. Biomedical Scientist (BMS) assistance at radiological and ad hoc FNA clinics
3. BMS assistance and on site specimen adequacy assessment at dedicated Head and Neck clinics, including thyroid – usually Tuesday mornings and Thursday afternoons
4. On site consultant led provisional diagnoses/adequacy assessment of endobronchial ultrasound (EBUS) FNA samples.

1.3 Services available at TGH

1. Exfoliative cytology
2. FNA without BMS on-site assistance.
3. BMS assistance and on site specimen adequacy assessment on Wednesday afternoons. Samples are transported to the MFT site 3 times per day.

1.4 Services provided to the Christie Hospital

1. Exfoliative cytology
2. FNA cytology, including BMS assistance in slide preparation and on site specimen adequacy assessment. The BMS assistance service is available Monday to Friday from 08:00 to 12:30hrs and on Tuesday afternoon from 13:00 to 16:30hrs

2.0 Find or contact us at MFT

The cytology department is located on the first floor of Clinical Sciences Building 2. All visitors must access the department via the reception area of Clinical Sciences Building 1.

Please also contact us if you have any complaints or service improvement suggestions.

If you wish to make a formal or informal complaint please contact the Patient Advice and Liaison Service (PALS) at www.mft.nhs.uk

Many verbal complaints will be easily and quickly solved by the clinical lead, laboratory Manager or a cyto/histopathologist and will be recorded by the department.

It is the discretion of the Laboratory Manager to forward any complaints onto the Directorate of Laboratory Medicine team for recording if appropriate

Address: Cytology Department
First Floor
Clinical Sciences Building 2
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

Email: cyto.pathology@cmft.nhs.uk

2.1 Telephone enquires

	Telephone	Note
General	0161 276 5115/5116	0161 276 5113 (Fax)
Non gynaecological cytology results	0161 276 5115/5116	Please provide full name and date of birth for patient when calling for a result
Booking an FNA (at MFT)	0161 276 5110 0161 276 5115 0161 276 5116 or Bleep 07623916594	
Advice on non gynaecological cytology sample collection	0161 276 5110	

2.1 key contacts at MFT

Name	Position	Telephone	E- Mail address
Dr D N Rana	Consultant Cytopathologist & Clinical Lead Non gynaecological Cytology	0161 276 5108	durgesh.rana@mft.nhs.uk
Dr M Holbrook	Consultant Cytopathologist	0161 276 6475	miles.holbrook@mft.nhs.uk
Dr D A Shelton	Consultant Cytopathologist	0161 276 5109	david.shelton@mft.nhs.uk
Dr P Wright	Consultant Histo/cytopathologist	0161 701 1615	paul.wright2@mft.nhs.uk
Dr Sakinah Thiryayi	Consultant Cytopathologist	0161 701 1946	sakinah.thiryayi@mft.nhs.uk
Nicola Wood	Medical Secretary	0161 276 5116	nicola.wood@mft.nhs.uk
Helen Wilson	Medical Secretary	0161 276 6727	helen.wilson2@mft.nhs.uk
Bernadette Carden-Flynn	Secretarial Office Manager	0161 276 5115	bernadette.carden-flynn@mft.nhs.uk
Jennifer Bradburn	Medical & The North of England Pathology and Screening Educational Centre Secretary	0161 276 8804	jennifer.bradburn@mft.nhs.uk
Adanna Ehirim	Chief Biomedical Scientist	0161 276 5119	adanna.ehirim@mft.nhs.uk
Nadira Narine	Consultant Biomedical Scientist	0161 276 5110	nadira.narine@mft.nhs.uk
Rosebina Zafar	Interim Lead Biomedical Scientist	0161 276 5110	rosebina.zafar@mft.nhs.uk
Sally Wood	Cellular Pathology Manager	0161 276 6138	sally.wood@mft.nhs.uk

2.2 Find or contact us at the Christie Hospital

We are located in the Bereavement Suite at the Christie Hospital and are available between the hours of 09:00 hrs to 12:30 hrs, Monday to Friday (except bank holidays) and on Tuesday afternoon from 13:00 to 16:30hrs. One staff member is available for FNA services and to answer queries relating to non-gynaecological cytology only.

	Telephone	Note
General	0161 446 3643	
Non gynaecological cytology results	See MFT contact above as no results are issued at the Christie Hospital	Please provide full name and date of birth for patient when calling for a result
Booking an FNA (at Christie)	0161 446 3643 or 0755 411 6250	
Advice on non gynaecological cytology sample collection	0161 446 3643	

E mail: cytology@christie.nhs.uk

3.0 Specimen acceptance policy

All samples must be accompanied by a completed and matching sample request form. **This includes samples requested via ICE at MFT.**

Please ensure all fields of request forms are completed. See page 25 for help on completing ICE requests at MFT and page 26 for downloading request forms at all other sites including MFT.

Alternatively, we can supply bulk request forms on request.

It is not acceptable for multiple tests to be requested on a single sample/form, thus, if cytology, biochemistry and microbiology are required then each department must be sent a separate sample (with cytology also receiving a request form). Guidance can be obtained via the DLM sample acceptance policy <http://labmed.staffnet.xcmmc.nhs.uk/>

All specimen containers must be clearly labelled with:

1. Patient's full name
2. Date of Birth
3. NHS &/or Hospital/District number
4. Specimen type (non-gynaecological)

4.0 Package and transport of samples

Samples taken at central site must be sent with the porter and not via the pneumatic tube.

Non-gynaecological cytology samples requiring transport on the public road must be packaged and transported in compliance with "The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (ADR Regulations) 2011". Specimens must be packaged according to P650 instructions with a UN3373 diamond point label – Biological Substance, Category B.

Please note instructions P650 requires three layers of packaging:

- Primary container (e.g. universal tube, vial)

- Secondary container (e.g. specimen bag)
- Outer packaging (e.g. rigid transport box).

The primary sample must be individually bagged in a secondary bag and sealed. If the sample is liquid, enough absorbent material must be added to the secondary bag to absorb a potential spillage of the sample. The request form must be placed in the specimen bag's separate pouch.

Specimens must then be placed in a rigid box and closed. The box must comply with Transport Regulations. The outside must be clearly labelled Biological Substance Category B, with a UN3373 diamond label.

If a sample is sent by post, please note that Royal Mail will only carry UN3373 Diagnostic Specimens if they are packed following Packaging Instruction P650 and:

- Are sent by first class post or Special Delivery and to inland addresses only
- The packet is marked with the sender's name, ☐ telephone number and address.

All specimens must be delivered to the laboratory as soon as possible in order to provide the best service possible and keep turnaround times to a minimum.

5.0 Turn around time

The NG cytology department is guided by the guidelines of the Royal College of Pathologists (RCPath) on turn around times (TAT), that is, 80% of cases are to be reported within seven calendar days of sample being taken whilst 90% are to be reported within ten calendar days – www.rcpath.org. TAT relates to the final local report and excludes cases sent for external opinion and those that require molecular biology analysis and the department is required to publish monthly audit reports. This information is available on request. Immediately send samples to the laboratory to avoid a delay in the turnaround time. If samples are batched, this will cause a delay in the turnaround time.

Sometimes a sample may be deemed urgent by the requesting clinician for a variety of reasons, including patients being of the HSC205 pathway. In these instances, the reporting

cyto/histopathologist will aim to give at least a verbal report to the requesting clinician within 1 to 3 working days provided the request form is clearly marked urgent/HSC205. Any verbal report is usually provisional pending assessment of all material and/or ancillary testing. In these instances, the clinician should telephone the laboratory in advance and provide a contact name and phone or bleep number.

Additionally, due to the nature of the sample, all cerebrospinal fluid (CSF) samples are deemed urgent regardless of any indication by the requesting clinician. It is strongly recommended that the clinicians inform the laboratory prior to aspirating any CSF samples so that transport instructions may be conveyed and the laboratory is prepared for receipt of the sample.

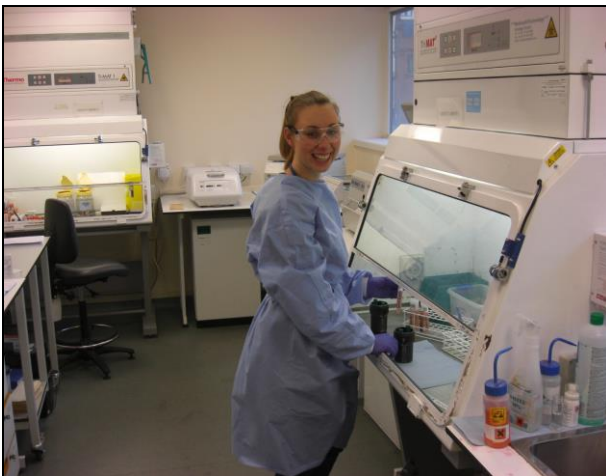
5.1 Reports

- Non-gynaecological cytology reports are printed and sent out daily, addressed to the consultant or GP who requested the test
- Results for MFT patients are available via ICE and Chameleon
- Results for Trafford General Hospital patients are available via EPR
- Reports of any malignancy are faxed to safe haven faxes
- To discuss any cytology report with the Consultant cyto/histopathologist, contact the department between 08:00 hrs and 17:00 hrs on 0161 276 5115/5116.

6.0 Current practice and research activity

We currently use a mixture of direct spreads, cytopins and SurePath® Liquid Based Cytology (LBC) technology in our sample preparation. All samples are prepared in a Containment level 3 room with Class 1 microbiological safety cabinets. Our research activity includes:

- Use of LBC technology in next generation sequencing
- Ongoing research project called DETECT study to screen women presenting with post-menopausal bleeding for evidence of endometrial carcinoma. This study is set to widen to a multicentre project pending funding in 2018.



6.1 Molecular testing

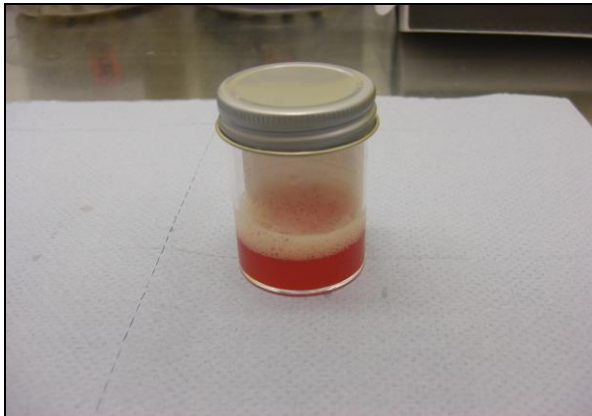
The NG cytology department can facilitate a number of molecular tests on cytology samples due to our close working relationship with the Manchester Centre for Genomic Medicine, The Christie Hospital NHS Foundation Trust and the Patterson Institute. We strongly recommended that the clinicians convey any requests for molecular tests to the attending BMS for any FNA cytology samples or to the consultant cyto/histopathologists for any exfoliative cytology samples, either by indication on the request card or by telephone

7.0 Non gynaecological cytology sample collection

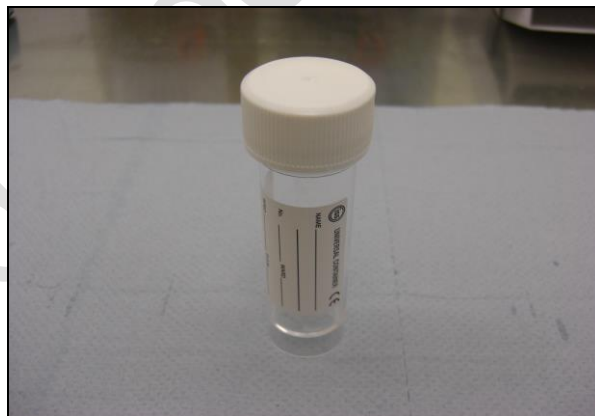
7.1 Serous fluid samples (pleural/ascitic/peritoneal/pericardial fluids & peritoneal washing)

- 30 -100 mls fluid should be sent in a clean dry container with screw cap (**Note: no formalin or alcohol should be added to the sample as both of these can cause interference with adherence to slide and quality of staining**)
- The fluid should be submitted as soon as possible to minimise cell deterioration, so that cell preservation is not compromised
- If there is a delay in delivering the sample to the laboratory, the sample should be kept refrigerated at 4°C (Note – the sample should NOT be frozen).

Serous fluid



Cyst Fluids



7.1.1 Cyst fluid samples

- Cyst fluid samples should be put into a clean dry container with screw cap.
- The fluid should be submitted as soon as possible to minimise cell deterioration, so that cell preservation is not compromised
- If there is a delay in delivering the sample to the laboratory, the sample should be kept refrigerated at 4°C (Note – the sample should NOT be frozen).

7.2 Respiratory tract samples

Please ensure details of smoking (never/light smoker or current/ex-smoker) and performance status (WHO 0 1 2 3) are recorded on the request form in the clinical details section

7.2.1 Endobronchial ultrasound fine needle aspiration samples

We are one of the few NHS Trusts that provide a consultant led endobronchial ultrasound fine needle aspiration (EBUS FNA) service which started in October 2012. A Consultant Cyto/histopathologist is on site to provide preliminary diagnoses with technical assistance provided by a biomedical scientist. This has proved extremely successful in terms of preliminary diagnosis, specimen triage and reflex molecular testing.



7.2.2 Sputum samples

- Best results are achieved with freshly obtained sputa following chest physiotherapy, with an early morning sputum before the patient has eaten
- Contamination with large amounts of saliva or food leads to inadequate specimens
- Multiple specimens (usually x 3) may be necessary, but these should be sent on 3 separate days, not all taken at the same time

- Send in clean, dry container with screw cap
- If examination for eosinophils is required please indicate this on the request form.

7.2.3 Bronchial aspirate/trap/lavage & bronchoalveolar lavage samples

- Fresh specimen should be placed in a clean dry container and an equal volume of CytoRich[®] Red preservative fluid added immediately for fixation
- The time of this fixation should be indicated on the label of the container
- If CytoRich[®] Red preservative fluid is not available, fresh specimen should be placed in clean dry container. Delay in receipt unfixed samples can lead to deterioration of specimen
- If differential cell count is required, split the sample and send half unfixed and the other half fixed in CytoRich[®]
- **DO NOT USE FORMALIN FIXATIVE**



Fresh Specimen



Specimen with an equal volume of CytoRich[®] Red preservative fluid

- Please note: When the stock of CytoRich[®] Red preservative fluid is running low or close to its expiry date, please contact the cytology department on 276 5110/5115 for replacement.

7.2.4 Bronchial brush samples

- Place brush into clean screw capped container with CytoRich[®] Red preservative fluid. Ensure brush is fully immersed in preservative
- The time of this fixation should be indicated on the label of the container.
- **DO NOT USE FORMALIN FIXATIVE**
- Please note: When the stock of CytoRich[®] Red preservative fluid is running low or close to its expiry date, please contact the cytology department on 276 5110/5115 for replacement of stock

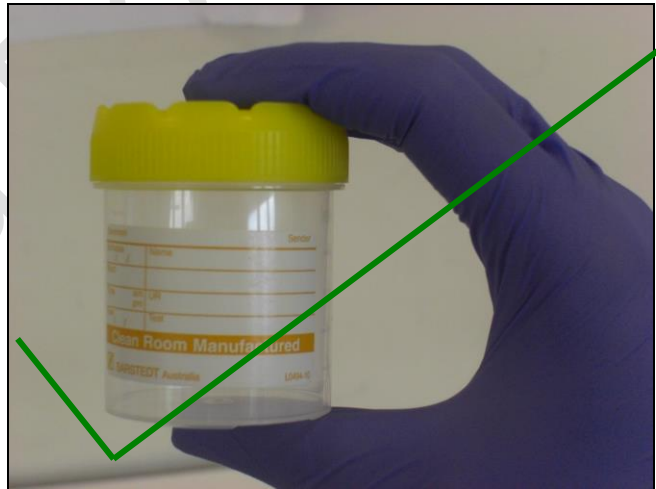


7.3 Gastrointestinal tract brush samples (including bile duct brushes)

- Place brush into clean screw capped container with CytoRich[®] Red preservative fluid. Ensure brush is fully immersed in preservative
- The time of this fixation should be indicated on the label of the container
- **DO NOT USE FORMALIN FIXATIVE**
- Please note: When the stock of CytoRich[®] Red preservative fluid is running low or close to its expiry date, please contact the cytology department on 276 5110/5115 for replacement of stock.

7.4 Urinary tract samples (including voided, catheter, ileal conduit, ureteric and urethral)

- Collect urine in a clean, dry container with a screw cap. A 20ml to 50ml container, preferably with yellow lid (below) is suitable
- Please do not send urine for cytology in Sarstedt Monovette
- An adequate urine sample is the second voided of the day, preferably mid morning or random
- **Please note: The first sample voided in the morning is unsuitable for cytological analysis**
- Urine can be collected from catheters as well as washings from the bladder or upper urinary tract. The request form must state the method of collection
- If there is a delay in delivering the sample to the laboratory, the urine sample should be kept in a fridge at 4°C
- The preferred method for the collection of industrial urine samples is the same as above (preferably in 25ml Universal tube). Please contact the cytology department in advance when sending large number of samples.



7.5 Cerebrospinal fluid samples

- A clean, dry container with screw cap should be used
- CSF samples are liable to degenerate rapidly and as such must be prepared immediately. **Please contact the laboratory to inform staff of imminent arrival of a CSF sample, and leave a bleep or contact number**
- **Latest processing time for samples is 15.30 hrs Mon-Fri. CSF samples must be received at least half an hour before this time**
- If out of hours sampling is unavoidable, storing the sample in refrigerator at 4°C may help preserve cells for up to 24 hours.



7.6. Fine needle aspiration cytology samples

The non-gynaecological cytology department provides biomedical scientist (BMS) assistance at fine needle aspiration cytology (FNAC) clinics to prepare direct spreads and needle rinses.

Please note the BMS staff do not perform the aspirations.

We do provide BMS on site rapid specimen adequacy assessment at Head and Neck clinics, including thyroid, every Tuesday and Thursday afternoons at MFT and Wednesday afternoons at Trafford General Hospital.

At the Christie Hospital NHS Foundation Trust, the BMS provides FNA assistance and on site specimen adequacy assessment of all types of FNA samples. The staff in the laboratory will be pleased to advise and assist on any aspect of sample collection. Please contact the department at:

- Cytology Department, Monday to Friday between 08:00 hrs and 17:00 hrs on 0161 276 5110/5115/5116. We may also be contacted by bleep on 07623916594
- Please note calls must be received by 16:15 hrs for FNA attendance.

In the absence of Cytology staff assistance, a guide to performing aspirations and making spreads is given on pages 22 and 23 respectively.

Please also see our series of short videos on the Cytology homepage or via the link www.cmft.nhs.uk/laboratorymedicine

- Christie hospital – FNA clinics Monday to Friday 09:00 hrs to 12:30 hrs and on Tuesday afternoon from 13:00 to 16:30hrs on 0161 446 3643 or 0755-411-6250

It is recommended that the support of a BMS be utilised for optimal sample preparation.

7.6.1 Use of fine needle aspiration

- Patients presenting with palpable lesions in clinics (ENT, maxillofacial), outpatients and wards.
- Deep seated lesions sampled by radiologically guided techniques (Ultra Sound, CT)
- Endoscopic, endobronchial and transbronchial guided specimens

7.6.2 Equipment required for fine needle aspiration

- Standard disposable 23-25 gauge needles. A 25 gauge (orange) needle is suitable for most lesions
- Disposable 10 ml plastic syringe
- Clean container with tight lid (preferably universal) containing CytoRich[®] Red preservative fluid
- Standard microscopic glass slides onto which aspirate is to be spread.

7.6.3 Performing a fine needle aspiration

The non-gynaecological cytology department in collaboration with the Christie Hospital NHS Foundation Trust has produced a series of short videos demonstrating the techniques of performing FNAs and making direct spreads. Please see our home page for these videos or follow the link www.cmft.nhs.uk/laboratorymedicine

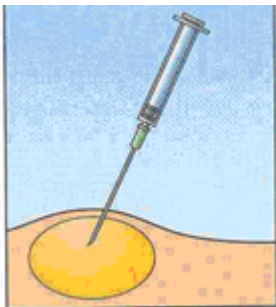
If you are unable to open the videos, please see diagrammatic representation of the above on pages 22 and 23.

See page 25 for a request form

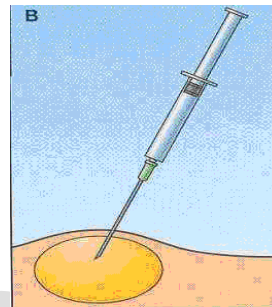
7.6.4 How to perform a fine needle aspiration

Figure taken from Fine Needle Aspiration. (2005), 4th Edition. S. Orell; G.F. Sterrett; and D. Whittaker. Elsevier Churchill Livingstone.

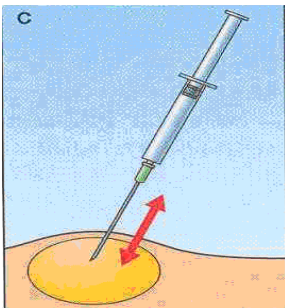
- Disinfect skin using pre-packed alcohol swabs.
- Before insertion of needle wipe away any excess ultrasound jelly with tissue paper (if U/S guided)
- Perform the aspiration according to the instructions 1 to 6



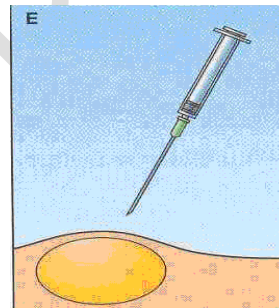
1 - Position needle within target tissue



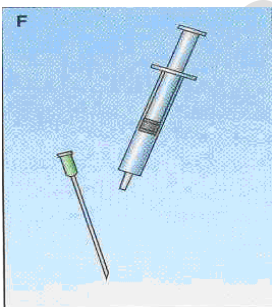
2 - Pull plunger to apply negative pressure



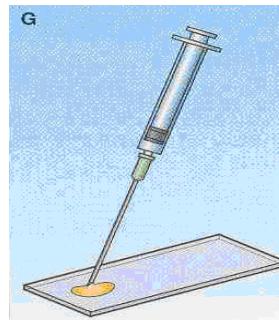
3 - Move needle back and forth inside target needle



4 - Release negative pressure and withdraw



5 - Detach needle and draw air into syringe

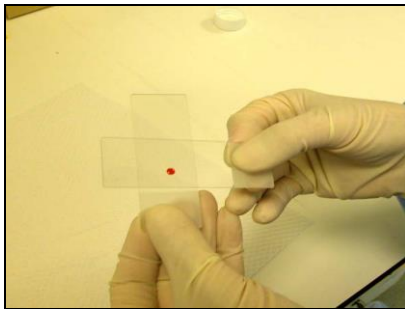


6 - Push a drop of sample onto microscope slide

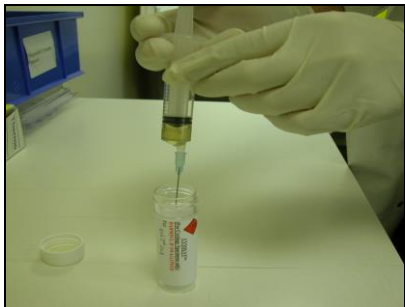
7.6.5 Making spreads from fine needle aspiration

The ideal FNA sample is prepared as follows:

- Even monolayer spreads onto glass slides for **air-dried** 'direct spreads'
- Needle to be rinsed in CytoRich® Red preservative fluid
- 2 passes are recommended for each case
- **If Tuberculosis is suspected, please also send an aspirate to microbiology in a sterile container.**



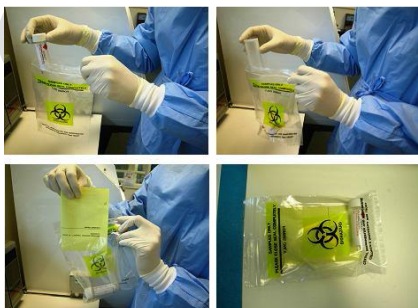
Step 1: Having expelled a small drop of the aspirate onto a glass slide (step G above), place a clean slide (spreader) above the drop and spread gently but swiftly. Leave to air dry.



Step 2: Rinse the remaining material from the needle into the CytoRich® Red preservative fluid by repeated aspiration and expelling of the said CytoRich® Red preservative fluid



Step 3: Label container containing CytoRich® Red preservative fluid according to specimen acceptance policy (page 10) and use a pencil to label slide.



Step 4: Complete request form (see page 25), package sample (see page 10) and send to Cytology Department, Clinical Sciences Building 2, MRI

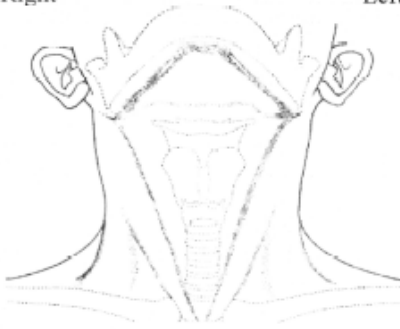
8.0 Requesting a non gynaecological cytology test via ICE at MFT

Patients needing non gynaecological cytology exfoliative cytology investigations at MFT may have their tests requested via ICE. **It is mandatory to print and send a request form with the sample.** For fine needle aspiration samples, please complete the request form on page 25.

To request CSF, serous fluids including peritoneal washing, urine, cyst fluids, bile duct and bronchial samples, request investigations via ICE as follows:

- Log onto ICE and select 'requesting'
- Enter patient details
- At request screen, select 'laboratory medicine' which is located on the top bar, 3rd from left
- Select 'Cellular Pathology' which is located on the left bar, 7th from top
- Select 'non gynaecological cytology' located in the middle
- Select 1 label and enter sample type and site
- Accept and 'continue with request' located bottom left
- Complete all fields, especially 'global clinical details'
- Review, proceed with request and **print** request form
- Multiple tests require separate ICE forms
- Send to the Cytology department via porter. Do not send any samples via the pod system.

8.1 Download a non gynaecological cytology request form

Non-Gynaecological Cytology Request Form - Manchester Cytology Centre							
PATIENT'S DETAILS:(AFFIX STICKER HERE)			SPECIMEN DETAILS: (PLEASE TICK)				
Surname			URINE				
Forename			Voided	<input type="checkbox"/>	GASTROINTESTINAL		
			Catheterised	<input type="checkbox"/>		Pancreatic cyst fluid	
			Post instrumentation	<input type="checkbox"/>		- Biochemistry sent	<input type="checkbox"/>
			Ileal conduit	<input type="checkbox"/>		- No biochemistry	<input type="checkbox"/>
			Ureteric	<input type="checkbox"/>		Endoscopic ultrasound (U/S)	
Address			Urthral washing	<input type="checkbox"/>	- Transduodenal	<input type="checkbox"/>	
					- Transgastric	<input type="checkbox"/>	
					- Transoesophageal	<input type="checkbox"/>	
			BODY CAVITY		FNA TECHNIQUE		
			Pleural Fluid	<input type="checkbox"/>	Ultrasound Guided	<input type="checkbox"/>	
Pericardial Fluid	<input type="checkbox"/>	CT Guided	<input type="checkbox"/>				
Ascitic Fluid	<input type="checkbox"/>	Transbronchial	<input type="checkbox"/>				
Peritoneal Fluid	<input type="checkbox"/>						
Peritoneal Washing	<input type="checkbox"/>						
		CSF	<input type="checkbox"/>	FNA SITE (State clearly)			
Sex		DOB		Private/ NHS			
				Cyst Fluid	<input type="checkbox"/>		
				Please state site			
					FNA SIDE: RIGHT / LEFT		
Hospital number			OTHER				
NHS number			Please state site				
Ward/Dept							
Consultant to whom the report is to be sent (please print):			Copy report to/ Department (please print):				
Consultant's department where report is to be sent:			Date taken:				
Bleep/contact number (for requesting consultant):			Time taken:				
CLINICAL INFORMATION			HEAD AND NECK FNAs (Please indicate and label site on diagram below)				
Clinical History			<div style="display: flex; justify-content: space-between;"> Right Left </div> 				
Significant Findings.....							
Diagnosis.....							
Previous Cytology							
Previous Histology							
Previous Treatment Chemo/radiotherapy							
High Risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Aspirating Clinician (PLEASE PRINT)			Contact no./bleep.....				
Signature.....							

N.B. Incomplete forms will result in delay in the reporting of the specimen
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