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Author: Dipak Ruda Authoriser: Rosebina Zafar

Division of Laboratory Medicine

Diagnostic Cytopathology User Manual Jan 2024

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1.0 About us

The Diagnostic Cytopathology service at Manchester University NHS Foundation Trust (MFT) is located on the 1st Floor of the Clinical Sciences Building 2 at the Oxford Road campus (ORC). 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, deep tissues and organs, and may be performed freehand, under radiological guidance or by endoscopic ultrasound (EUS).

We are staffed by a team of consultant histo/cytopathologists, with BMS, MLA and clerical support and provide a diagnostic service to MFT, Trafford General Hospital, the Christie Hospital, other NHS Trust and general practices. We have a consultant led service and BMS assistance at a wide range of FNA clinics. These include adequacy assessment at head and neck clinics at the ENT and Ultrasound department at MFT, 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 (HPB) 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 (ORC) and preparation of a wide range of diagnostic cytopathology samples for molecular testing.

Manchester University NHS Foundation Trust Laboratory Medicine (ORC and T) Department: Cytology	Copy Number: Electronic Q-Pulse Edition Number: 012 Q-Pulse identifier: CYQUALPRO13
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The diagnostic cytopathology department is fully ISO 15189:2012 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. The department is 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.

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 MFT's policies on data protection and disclosure.

1.1 Opening hours

The department is open from 08:00 hrs – 17:00 hrs, Monday to Friday (except bank holidays).

Diagnostic Cytopathology samples should be received in the department by 16:45 hrs.

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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. BMS assistance and on site adequacy assessment at a dedicated Ultrasound clinic- on Wednesday mornings.

1.3 Services available at TGH

1. Exfoliative cytology

2. FNA without BMS on-site assistance.

Samples are transported to the MFT (ORC) 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, Wednesday, Thursday, Friday from 09:00 to 12:30 hrs and Tuesday 09:00 to 16:30 hrs.

** BMS attendance has been suspended till further notice**

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2.0 Find or contact us at MFT

The cytology department is located on the first floor of Clinical Sciences Building 2 Oxford Road campus. 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 <u>www.mft.nhs.uk</u>

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: <u>mft.ngcytology@nhs.net</u>

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2.1 Telephone enquires

	Telephone	Note
General	0161 276 5115/ 5116	
Diagnostic Cytopathology 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 07623 916 611	
Advice on diagnostic cytopathology sample collection	0161 276 5110	

2.1 key contacts at MFT

Name	Position	Telephone	E- Mail address
Dr M Chau	Consultant Cytopathologist	0161 276 5108	w.chau@mft.nhs.uk
Dr S Jahangir	Consultant Histo/Cytopathologist	0161 276 4470	sidra.jahangir@mft.nhs.uk
Dr S Edwards	Consultant Histo/Cytopathologist	0161 701 7782	stephanie.edwards4@mft.nhs.uk
Dr N Akhtar	Consultant Histo/Cytopathologist	0161 701 16997	noreen.akhtar@mft.nhs.uk
Dr S Dhar	Consultant Cytopathologist	0161 276 5109	supriya.dhar@mft.nhs.uk
Dr U Hassan	Consultant Histo/Cytopathologist		usman.hassan2@mft.nhs.uk
Katie Knapman	Medical Secretary	0161 276 5116	katie.knapman@mft.nhs.uk

Manchester University NHS Foundation Trust
Laboratory Medicine (ORC and T)
Department: Cytology

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|--|

Helen Wilson	Medical Secretary	0161 276 6727	helen.wilson2@mft.nhs.uk
Nadira Narine	Clinical and Biomedical Scientist	0161 701 7570	nadira.narine@mft.nhs.uk
Rosebina Zafar	Lead Biomedical Scientist	0161 276 5110	rosebina.zafar@mft.nhs.uk
Jacquelyn Medlock	Cytology Laboratory Manager	0161 276 5120	jacquelyn.medlock@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, Wednesday, Thursday and Friday, and 09:00 to 16:30hrs on Tuesdays (except bank holidays). One staff member is available for FNA services and to answer queries relating to diagnostic cytopathology only.

	Telephone	Note
General		
Diagnostic Cytopathology 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)	0755 411 6250	BMS attendance has been suspended till further notice
Advice on diagnostic cytopathology sample collection	0161 276 5110	

E mail: cytology@christie.nhs.uk or mft.ngcytology@nhs.net

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3.0 Specimen acceptance policy

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

Please ensure all fields of request forms are completed. See page 23 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 in a separate specimen bag (with cytology also receiving a request form). Guidance can be obtained via the DLM sample acceptance policy <u>mft.nhs.uk/laboratorymedicine</u>

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 (diagnostic cytopathology samples)

Samples received in the incorrect container will be rejected and the referrer informed. Samples received >48hrs after being taken, will be discussed with the reporting pathologist/senior BMS and may be discarded/rejected.

4.0 Package and transport of samples

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

Diagnostic Cytopathology samples requiring transport on the public road must be packaged and transported in compliance with "The Carriage of Dangerous

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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 Diagnostic Cytopathology department is guided by the guidelines of the Royal College of Pathologists (RCPath) on turnaround times (TAT), that is,

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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 – <u>www.rcpath.org</u>. TAT relates to the final local report and excludes cases sent for external opinion and those that require molecular biology analysis. The department is required to publish monthly audit reports and this information is available on request.

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 may give a verbal report to the requesting clinician 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, it is strongly recommended that the clinicians inform the laboratory prior to aspirating any cerebrospinal fluid (CSF) samples so that transport instructions may be conveyed and the laboratory is prepared for receipt of the sample. Due to the nature of these samples, CSFs should be sent and processed in a short timeframe to prevent degeneration of cells.

5.1 Reports

- Diagnostic cytopathology reports for external patients are printed and sent out daily, addressed to the consultant or GP who requested the test
- Results for MFT patients are available via Hive
- Results for Trafford General Hospital patients are available via Hive

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 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, and cytospins in our sample preparation. All samples are prepared in a Containment level 3 room with Class 1 microbiological safety cabinets. Our research activity includes:

- Protector study- Preventing Ovarian cancer through early excision of tubes and late Ovarian Removal
- DETECT –Research project to screen women presenting with postmenopausal bleeding for evidence of endometrial carcinoma



6.1 Molecular testing

The Diagnostic Cytopathology 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. We strongly recommended that the clinicians convey any requests for molecular tests to the attending BMS for any FNA cytology

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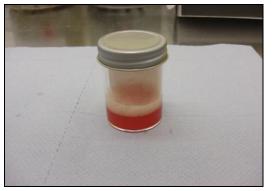
samples or to the consultant cyto/histopathologists for any exfoliative cytology samples, either by indication on the request card or by telephone.

7.0 Diagnostic Cytopathology sample collection

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

- 50 -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

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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^oC (Note – the sample should NOT be frozen)

7.2 Respiratory tract samples

For any respiratory samples, please ensure details of smoking (never/ light smoker/ current smoker/ ex smoker) and performance status (WHO 0, 1, 2, 3) are recorded on the request form in the clinical details section

7.2.1 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.

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7.2.2 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 of 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[®]. Send unfixed samples on ICE and received by the laboratory before 3.30pm
- 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.

7.2.3 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.

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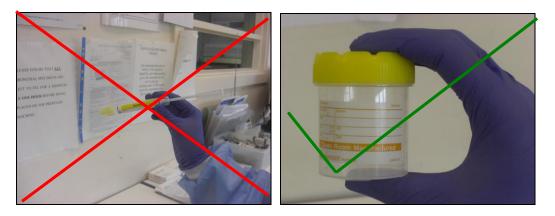
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7.3 Gastrointestinal tract brush samples (including bile duct brushes)

- 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.
- 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
- A voided urine received in the laboratory more than 2 days old may be rejected



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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 Diagnostic Cytopathology 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 (ORC). We also provide adequacy at the Ultrasound clinic in Radiology (ORC) on Wednesday mornings.

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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 (ORC site), 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 07623916611
- Please note calls must be received by 16:15 hrs for FNA attendance.

BMS attendance at The Christie Hospital has been suspended till further notice

In the absence of Cytology staff assistance, a guide to performing aspirations and making spreads is given on pages 20 and 21 respectively.

Please also see our series of short videos on the Cytology homepage or

via the link

mft.nhs.uk/laboratorymedicine

- Christie hospital FNA clinics:
 - Monday, Wednesday, Thursday, Friday 09:00 hrs to 12:30 hrs
 - Tuesday 09:00 hrs to 16:30 hrs

Contact: 0161 276 5110 or 0755-411-6250 (mobile no.) **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

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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 syringes
- 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 Diagnostic Cytopathology 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

mft.nhs.uk/laboratorymedicine

If you are unable to open the videos, please see diagrammatic representation of the above on pages 20 and 21.

See page 23 for a request form

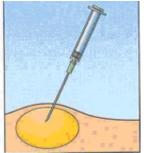
7.6.4 How to perform a fine needle aspiration

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

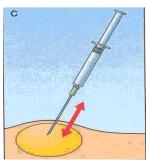
- Disinfect skin using pre-packed alcohol swabs.
- Before insertion of needle wipe away any excess ultrasound jelly with tissue paper (if U/S guided)
- Perform the aspiration according to the instructions 1 to 6

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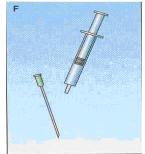
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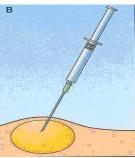
1 -Position needle within target tissue pressure



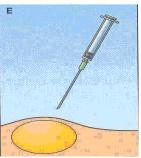
3 - Move needle back and forth inside target and withdraw needle



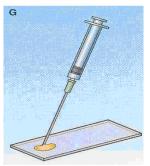
5 - Detach needle and draw air into syringe microscope slide



2 - Pull plunger to apply negative



4 - Release negative pressure



6 - Push a drop of sample onto

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.

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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 9) and use a pencil to label slide.

Step 4: Complete request form (see page 23), package sample (see page 9) and send to Cytology Department, Clinical Sciences Building 2, MRI

8.0 Requesting a Diagnostic Cytopathology test via Hive at MFT

Patients needing diagnostic cytopathology exfoliative cytology investigations at MFT may have their tests requested via Hive.

It is mandatory to print and send a request form with the sample.

If a sample requires multiple tests, then they will need separate Hive requests for each sample being sent for the required test.

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For fine needle aspiration samples at the Christie Hospital, please complete the request form on page 23 All other sites please request using Hive.

• Review, proceed with request and print request form

• Send to the Cytology department via porter. <u>Do not</u> send any samples via the pod system.

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8.1 Download a Diagnostic Cytopathology request form

Non-Gynaecological Cytology Reque	st Form - Manchester Cytology Centre
PATIENT'S DETAILS:(AFFIX STICKER HERE)	SPECIMEN DETAILS: (PLEASE TICK)
Surname Forename	URINE CASTROINTESTINAL Voided [] Pancreatic cyst fluid Catheterised [] - Biochemistry sent [] Post instrumentation [] - No biochemistry [] Ileal conduit [] Endoscopic ultrasound (U/S) Ureteric [] - Transduodenal [] Urethral washing [] - Transgastric []
Address	BODY CAVITY - Transoesophageal [] Pleural Fluid [] FNA TECHNIQUE Pericardial Fluid [] Ultrasound Guided [] Ascitic Fluid [] CT Guided [] Peritoneal Fluid [] Transbronchial [] Peritoneal Washing [] FNA SITE (State clearly)
Sex DOB Private/ NHS	Cyst Fluid [] Please state site FNA SIDE: RIGHT / LEFT
Hospital number NHS number Ward/Dept Consultant to whom the report is to be sent (please print):	OTHER Please state site 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 Significant Findings Diagnosis Previous Cytology Previous Histology Previous Treatment Chemo/radiotherapy High Risk Yes No	Right Left
Aspirating Clinician (PLEASE PRINT)	-
Signature	

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