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ANATOMIC PATHOLOGY / CYTOLOGY

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Anatomic Pathology / Histology Request Form - *Inpatients*

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
<td>OR Room No.:</td>
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<tr>
<td>Performing Surgeon:</td>
<td></td>
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<tr>
<td>RN:</td>
<td></td>
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<tr>
<td>Reason for Procedure:</td>
<td>(Pre-Op)</td>
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<tr>
<td>Pertinent History (per MD):</td>
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<td>Number of Specimens:</td>
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<td>Patient Awake:</td>
<td>FRESH: (Call or Open &amp; Return)</td>
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**LESION:**

**BREAST:** UOQ UIQ LOQ LIQ
- Biopsy
- Lumpectomy
- Mastectomy
- Reduction

**SENTINEL NODE:**

**LUNG:**
- Right
- Left
  - Upper
  - Middle
  - Lower
  - Biopsy
  - Wedge
  - Lobe

**GI:**
- Esophagus
- Stomach
- Small Bowel
- Colon
- Subsite:
  - Gallbladder
  - Appendix

**LIVER:**
- Biopsy
- Wedge

**Spleen:**

**OTHER:**

**STONES:**

**KIDNEY:**
- Right
- Left

**BLADDER, Urinary:**
- Biopsy
- TUR

**UTERUS:**
- Total Hysterectomy
- Tube
- Ovary
- Right
- Bilateral
- Left
- Curettings:
- Products of Conception:
- Placenta:

**PROSTATE:**
- Total Prostatectomy
- Biopsy
- TUR
- Obturator Nodes
  - Right
  - Left

**EXTREMITY:**

**PLAQUE:**

LAB8003-S 10/2006
In order for us to provide the best service possible and to realize the full potential of our computer information system, it is important that the Histology Clinipac/Care Manager entry requisition be completely filled out. Filling out the request completely will provide accurate patient information and billing.

Our Clinipac/Care Manager entry form consists of two parts. Please complete the required information. The yellow copy (2nd copy) may be kept for your record-keeping purposes. One slip may be used for multiple specimens, as long as the specimens are numbered. More than one form can be used for multiple frozen specimens.

Surgical (Histology) specimens need to be entered in Clinipac/Care Manager. The panel for Histology specimens is “SUR”, which is found in the Laboratory section under “Other”. Please be sure to enter the “Surgeon or Performing M.D.” question.

How to fill out in order for us to provide the best possible service:

1. Patient information label.
2. Panel - SUR
3. Date, time, location, surgeon performing the surgery, and RN.
5. Pertinent History (per MD): diagnosis / ICD-9 code(s) to aid in correctly interpreting all tissue specimens.
6. Special Instructions.
7. Tissue Submitted: designates the sources/locations and types of material being submitted.
8. Collection time for frozen sections must be indicated in Time slot on requisition form. Indicate time in formalin for all breast cases.

Histology specimens that are ordered electronically use the panel “APS”. Only one “APS” needs to be ordered per patient.

How to fill out in order for us to provide the best possible service:

1. **Client Account Information:** This includes client number, name, address, telephone number, and billing numbers. This information assists our data entry and billing personnel.
2. **Doctor:** Check (✓) ordering physician’s name; if not preprinted on the slip, write in the physician’s first and last name.
3. **Patient Name:** Print the patient’s entire legal name (no nicknames). Note: Name on requisition and on specimen MUST be the same.
4. **Social Security Number:** The patient’s Social Security number is used as a unique identification number. **DO NOT** provide a parent’s or spouse’s Social Security number.
5. **Sex:** Check (✓) male or female.
6. **Birth Date:** Provide the patient’s birth date. This is very important for the patient’s identification, diagnosis, and billing. It is required for all third-party billing.
7. **Clinical History:** A diagnosis /ICD-9 code(s) to aid in correctly interpreting all tissue specimens.
8. **Reason for Procedure / Pre-Op Diagnosis.**
9. **Date Taken:** The date the specimen was collected.
10. **Panel - APS.** This is the panel to order when using electronic order entry.
11. **Tissue Submitted:** Designates the sources/locations and types of material being submitted. Indicate time in formalin for all breast cases.

12. **Bill To:** Check (✓) one of the billing options, indicating how billing should be handled, either by billing the client account, the patient’s insurance, or the patient directly. If there is no check, your account (client account) will be billed.

13. **Billing Information:** If we are to bill a third party payer, the corresponding provider numbers or insurance numbers must be provided, along with the patient’s address and phone number. If we are billing the patient, we only need the patient’s address and phone number.

14. **Patient address and phone number.**

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**Anatomic Pathology / Histology Request Form - HML**

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## CYTOLGY REQUISITION

**HealthEast Medical Laboratory**  
(651) 232-3500

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### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient Name: Last</th>
<th>First</th>
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<th>Responsible Party (if not patient):</th>
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### SYMPTOMS / DIAGNOSIS / ICD-9 CODE(S)

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<th>Cytology No.</th>
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</table>

Body Fluids (NGB): # of specimens

- [ ] CSF
- [ ] Pericardial Fluid
- [ ] Peritoneal Fluid
- [ ] Peritoneal / Pelvic Wash
- [ ] Pleural
- [ ] Left
- [ ] Right
- [ ] Ovarian
- [ ] Left
- [ ] Right
- [ ] Gutter
- [ ] Left
- [ ] Right

FNA (NGF): # of specimens

- [ ] Breast
- [ ] Thyroid
- [ ] Pancreatic
- [ ] Salivary Gland
- [ ] Neck
- [ ] Other

GI Pulmonary (NGP): # of specimens

- [ ] Sputum
- [ ] Wang Bx
- [ ] Bronch Wash
  - [ ] Sputum
  - [ ] Wang Bx
  - [ ] Bronch Wash
- [ ] BAL
  - [ ] Sputum
  - [ ] BAL

GMS / Pneumocystis / Fungus (note specimen source)

- [ ] GI Wash (note source below)
- [ ] GI Brush (note source below)
  - [ ] Source: Gastric
  - [ ] CBD
  - [ ] Esophageal
  - [ ] EG Junction

### OTHER CYTOLGY SPECIMENS

<table>
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<tr>
<th>Specimen Type:</th>
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<th>Testing Type:</th>
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- [ ] SurePath
- [ ] Conventional

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- [ ] No
- [ ] Yes

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<th>Previous Normal Date:</th>
<th>Previous Abnormal Date:</th>
<th>DX:</th>
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<th>Cervical Appearance:</th>
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</table>

### DATA ENTRY / BILLING INFORMATION

Cytology No. ____________________

### FOR DOCTORS OFFICE TO COMPLETE

Body Fluids (NGB): # of specimens

- [ ] CSF
- [ ] Pericardial Fluid
- [ ] Peritoneal Fluid
- [ ] Peritoneal / Pelvic Wash
- [ ] Pleural
- [ ] Left
- [ ] Right
- [ ] Ovarian
- [ ] Left
- [ ] Right
- [ ] Gutter
- [ ] Left
- [ ] Right

FNA (NGF): # of specimens

- [ ] Breast
- [ ] Thyroid
- [ ] Pancreatic
- [ ] Salivary Gland
- [ ] Neck
- [ ] Other

GI Pulmonary (NGP): # of specimens

- [ ] Sputum
- [ ] Wang Bx
- [ ] Bronch Wash
  - [ ] Sputum
  - [ ] Wang Bx
  - [ ] Bronch Wash
- [ ] BAL
  - [ ] Sputum
  - [ ] BAL

GMS / Pneumocystis / Fungus (note specimen source)

- [ ] GI Wash (note source below)
- [ ] GI Brush (note source below)
  - [ ] Source: Gastric
  - [ ] CBD
  - [ ] Esophageal
  - [ ] EG Junction

Clinical Information / History __________________________

Reason for Procedure: __________________________

DATA ENTRY / BILLING COPY 1/09
Cytology Requisition Explanation

Please provide complete information on test requisition and send to HML with specimen to assure the best possible service.

1. Non-Gyn Cytology:
   To order tests, find the appropriate category for specimen on the requisition or use the following three-letter category codes if ordering via electronic order entry:
   - Urinary Tract = NGU
   - Herpes/Tzanck Smear = NGH
   - Body Fluids = NGB
   - FNA = NGF
   - GI/Pulmonary = NGP

   Enter the number of specimens submitted, (in-house specimens only), then select appropriate specimen type, noting source where indicated. Please note clinical information and patient history.

2. Specimen Type: Select SurePath or Conventional.

3. Client Account Information: This includes the client’s number, name, address, telephone number, and billing numbers. This information assists our data entry and billing personnel.

   Physician Name: This information is needed to route the report properly and compile monthly letters for follow-up. Physician names are listed to allow laboratory staff to simply check (√) the ordering physician’s name. All cytology specimens must be requested by a physician or other person authorized by law (i.e. nurse practitioner, physician assistant, etc.) Space is provided to write in a physician’s name not listed on the requisition. Print the physician’s first and last name; include a middle initial for common names, i.e., John K. Smith.

4. Patient Name and Address: Print patient’s entire legal name (no nicknames). NOTE: Name on requisition and Pap slide / SurePath vial must be the same.

5. Sex: Check (√) male or female: needed for sex-related reference values.

6. Birth Date: Provide patient’s birth date. This is very important for patient identification, and patient diagnosis.

7. Symptom(s)/Diagnosis/ICD-9 Code(s):
   We recommend completing this section on all patients in order to relate abnormal laboratory results to a patient’s clinical condition.
   Required for all third-party billing.

8. Bill To: Check (√) one of the billing options, indicating how billing should be handled, either by billing the client account, the patient’s insurance, or the patient directly. If there is no check, your account (client account) will be billed.

9. Insurance Information: If we are to bill a third-party payer, the corresponding provider numbers or insurance numbers need to be provided. If patient has secondary insurance, please indicate that information as well. If a Medicare patient has signed an ABN form, attach a copy of the signed form to the requisition.

10. Collection Date: Date specimen was collected from patient.

   Collection Time: Time of specimen collection.

11. Testing Type: Select one of the following.
   - Screening Low Risk: Ordered in the absence of signs or symptoms of disease and are strictly preventable in nature. Patient has never had an abnormal pap smear. Please provide supporting ICD-9 code.
   - Screening High Risk: Ordered in the absence of signs or symptoms or disease but the patient has High Risk factors as indicated in Item #14. Patient has never had an abnormal pap smear. Please provide supporting ICD-9 codes.
   - Diagnostic: Ordered because there are (or have been) signs or symptoms of disease. At least one of the following criteria needs to be met for a “Diagnostic” pap smear:
     - The patient is being treated for cancer of the cervix, uterus, or vagina.
     - The patient previously had an abnormal pap smear.
• The physician found abnormalities of the vagina, cervix, uterus, ovaries, or adnexa.
• The patient exhibits signs or symptoms that might, in the physician’s judgment, reasonably be related to a gynecological disorder.

Please provide supporting ICD codes.

NOTE: Once a patient has had an abnormal pap smear, “Diagnostic” should always be selected.

12. Reflex HPV: Check “Yes” or “No” (for SurePath only). If you check “No”, no HPV testing will be performed. If you check “Yes”, specify how you want the HPV reflexed.
   • If ASCUS: PCR HPV will be performed on an ASCUS diagnosis. NOTE: This does not include Atypical Squamous Cells Cannot Exclude a High Grade Lesion (ASC-H).
   • If Any Abnormal: PCR HPV will be performed on any abnormal diagnosis (to include ASCUS, ASC-H, LSIL, HSIL).
   • Regardless of Result: PCR HPV will be performed on any normal or abnormal result. NOTE: HPV will not be performed on any Unsatisfactory pap smears.
   • Special HPV Requests: This space allows you to specify other conditions.

NOTE: For information or answers to questions regarding the clinical uses of HPV DNA testing, please see the American Society for Colposcopy and Cervical Pathology website at www.asccp.org.

13. High Risk: Yes or No
   High risk for cervical or vaginal cancer as defined by HCFA (CMS):
   • Early onset of sexual activity (under age 16)
   • Multiple sex partners (five or more in a lifetime)
   • History of sexually-transmitted disease (including HIV infection)
   • Fewer than three negative pap smears within the last seven years
   • Daughters of women who took DES (diethylstilbestrol) during pregnancy

14. LMP/Menopause Date.
   We would prefer to have the month, day, and year whenever possible; however if a patient can only remember “middle of month” etc., we will accept this. A year for a patient who is Menopausal is sufficient.

15. Specimen Source (select one of the following):
   • Endocervical/Cervical
   • Endocervical/Vaginal
   • Vaginal
   • Other

16. Patient Status
   • Hysterectomy: Select “Yes” or “No”. If “Yes”, specify if Total or Partial.
   • Also annotate if the patient is Pregnant, Postpartum, or Not Applicable.

17. Abnormal Bleeding: Yes or No

18. BCP/Depo/Hormones/IUD (choose one)
   • Birth Control Pill/Patch
   • Depo
   • Hormones
   • IUD
   • None

19. Previous Normal Pap Date
   Preferred format M/D/Y

20. Previous Abnormal Pap, Date/Dx
   Prefer the date M/YR and the Pap smear diagnosis/interpretation

21. Cervical Appearance:
   If personnel collecting specimen notes any irregularities on the visual exam of the cervix, this should be added here.

PAP Smear Screening for Cervical Cancer and Precancerous Lesions

The cervical PAP smear is a highly effective screening test for cervical cancers and
precancerous lesions. Over the past 50 years the prevalence of the test in the US has been associated with a reduction in incidence of invasive cervical carcinoma, and a 70-80% reduction in deaths from cervical cancer. Like any screening test however, the PAP smear has known false negative and false positive rates and is an imperfect test. The accuracy of the PAP smear report depends on collection, history, preservation, staining, screening, and interpretation. Problems with any of these steps could compromise the accuracy of the test. Thus all PAP smear results should be interpreted in the appropriate clinical context.
PREFERRED SUREPATH AND CONVENTIONAL PAP SMEAR INSTRUCTIONS:

PATIENT INFORMATION:
1. The patient should be tested 2 weeks after the first day of her last menstrual period, and definitely not when she is menstruating.
2. The patient should not use vaginal medication, vaginal contraceptives, douches, or personal lubricants during the 48 hours before the exam.

PATIENT PREPARATION:
3. Lubricant jellies should not be used to lubricate the speculum.
4. Remove excess mucus or other discharge present before taking the sample. This should be gently removed with ring forceps holding a folded gauze pad.
5. Remove inflammatory exudates from the cervical canal before taking the sample. Remove by placing a dry 2 x 2 inch piece of gauze over the cervix and peeling it away after it absorbs the exudates or by using a dry proctoswab or scopette.
6. The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
7. The sample should be obtained before the application of acetic acid.

REAGENTS/SUPPLIES: (Provided by the Cytology Department)
SUREPATH:
1. SurePath Vial containing preservative solution
2. Collection Device(s):
   • Medscand Brush/Spatula combo
   • Rovers Cervix Brush (Broom device)
   • Rovers Combi-Brush

CONVENTIONAL SMEAR
1. Surgipath spray fixative
2. Cytology Pap Pak (contains glass slide, spatula, and brush)

PROCEDURE:
SUREPATH:
1. Label the SurePath vial with the patients full legal name and date of birth or Social Security number. Specimen should be labeled at the patient’s bedside by personnel collecting the specimen using an active ID process.
2. Depending on the collection device, collect the sample in the following manner:

Medscand Brush/Spatula Combo:
- Insert contoured end of plastic spatula into cervix and rotate 360° around the entire exocervix (1 entire rotation).
- Snap off head of spatula into the SurePath collection fluid.
- Use the cap to assist in breaking off the head of the spatula at the scored edge or use a ”2-handed Snap” to break off the head at the scored edge.
- Insert CytoBrush into the endocervix until only the bottom most bristles are exposed at the os. Slowly rotate 1/4 to 1/2 turn in one direction. To avoid unnecessary bleeding, do not over rotate.
- Snap off head of CytoBrush into the SurePath collection fluid.
- Use the Cap to assist in breaking off the head of the brush at the scored edge or use a ”2-handed Snap” to break off the head of the brush at the scored edge.
- Place the cap on the vial and tighten and send to the lab for processing.
Rovers Cervix Brush (Broom Device):
- Insert the Rovers Cervix-Brush (Broom) into the endocervix so that the tip of the broom is in the cervix and the bottom bristles are resting on the ectocervix.
- Rotate the device **5 times in a clockwise direction**.
- Snap off the head of Broom into the SurePath collection fluid.
- Use the cap to assist in pulling off the head of the broom or use your gloved hand to pull off the head of the broom.
- Place the cap on the vial and tighten and send to the lab for processing.

Rovers Combi-Brush:
- Insert the Rovers Combi-Brush into the endocervix so that the tip of the broom is in the cervix and the bottom bristles are resting on the ectocervix.
- Rotate the device **2 times in a clockwise direction.** Do not over rotate.
- Snap off head of Broom into the SurePath collection fluid.
- Use the cap to assist in pulling off the head of the broom or use your gloved hand to pull off the head of the broom.
- Place the cap on the vial and tighten and send to the Lab for processing.

**CONVENTIONAL PAP SMEAR**
1. Label the glass slide, using a #2 pencil, with the patient’s full legal name and date of birth or Social Security number. Specimen should be labeled at the patient’s bedside by personnel collecting the specimen.
2. Using the plastic spatula, rotate the spatula 360° about the circumference of the cervical os and ectocervix, while maintaining firm contact with the epithelial surface.
3. Do NOT smear the sample at this time unless you are going to immediately fix the specimen. Hold the spatula between the fingers of the non-sampling hand (or rest it on the glass slide with the specimen face-up), while the cervical brush material is collected without delay.
4. Obtain an adequate sampling form the endocervix using an endocervical brush device. Insert the cervical brush with gentle pressure into the os until only the bottom most fibers are exposed. Slowly rotate ¼ to ½ turn in one direction. **DO NOT OVER-ROTATE.**
5. Spread the material collected on the spatula evenly over the glass slide with a single smooth stroke motion. Roll the brush across the glass slide by twirling the handle.
6. **IMMEDIATELY** fix the specimen by using a spray fixative, hold the container 12 inches from the slide to avoid “blasting” the cells.

**NOTES:**
**SUREPATH and CONVENTIONAL:**
- An optimal cervical specimen includes sampling both the squamous and columnar epithelium, encompassing in particular the transformation zone where the majority of cervical neoplasias arise.
- When collecting the spatula specimen, clockwise rotation beginning and ending at 9 o’clock (or counter-clockwise rotation beginning and ending at 3 o’clock) will position the spatula so that the collected material is retained on the upper horizontal surface as the instrument is removed.
- If multiple specimens are collected for cytopathology and ancillary studies, then the first sample obtained should be allocated for cytopathology.

**SUREPATH:**
- It is very important to place the collection device(s) immediately into the preservative solution after the specimen has been collected. The devices can be broken off anytime after they have been placed in the solution.
- SurePath vials received without a collection device will be rejected.
CONVENTIONAL:
  • The object is to quickly but evenly spread the cellular material in a thin layer on the glass slide. Thin-out large clumps of material as much as possible, while avoiding excessive manipulation, which can damage cells. Transfer the material from both sampling instruments to the slide within a few seconds and fix immediately, in order to avoid air-drying artifact.

REPORTING/INTERPRETING RESULTS:
HealthEast uses the Bethesda 2001 classification system. Reflex Testing for High Risk HPV is available. See HPV information.

REFERENCES:
1. SurePath Pap Test™ Quick Reference Guide
2. Papanicolaou Technique Approved Guidelines (NCCLS Document GP15-A)
BD SurePath™ test is easy to use with several collection device choices.

Option 1

BD SurePath™ Test Sample Collection with Broom-Type Detachable Head Device.

1. Collect
   Insert the Rovers Cervex-Brush* into the endocervical canal. Rotate brush five times in a clockwise direction.

2. Drop
   Drop the detachable head of the device into the BD SurePath™ vial.

3. Send
   Place the cap on the vial and tighten. Send the BD SurePath™ vial to the lab for processing.

Command: The Cervex-Brush* should not be used on patients after the first 10 weeks of pregnancy.

Option 2

BD SurePath™ Test Sample Collection with Combination Brush/Plastic Spatula Detachable Head Device.*

1A. Collect
   Insert the contoured end of the Pip Perfect® plastic spatula and rotate 360° around the entire exocervix.

1B. Collect
   Insert Cytobrush® Plus GT into the endocervix until only the bottom-most bristles are exposed at the os. Slowly rotate 1/4 to 1/2 turn in one direction. To reduce unnecessary bleeding, do not over-rotate brush.

2A. Drop
   Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.

2B. Drop
   Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.

3A. Next
   Place cap on vial; do not tighten cap until "Step #1B Send." Go to Cytobrush® Plus GT "Step #1B, Collect."

3B. Send
   Place the cap on the vial and tighten. Send the BD SurePath™ vial to the lab for processing.

Alternative Methods to Detach Heads of Collection Devices: Two-Hand 'SNAP™'

Do not touch the head of the device while detaching.

Alternative Methods to Detach Heads of Collection Devices: Cap-Assisted 'SNAP™'

Care must be taken to avoid splashing and/or contamination of the head(s) of the device(s).

*See Rovers Cervex-Brush* product insert for complete Directions for Use.
*See BD SurePath™ Sample Collection Kit product insert for complete Directions for Use. Cervex-Brush is a product and registered trademark of Rovers B.V., Oss, The Netherlands. BD SurePath™ Sample Collection Kit is manufactured by Mediscand, a Cooper Surgical Company, Trumbull, CT.
Cervex-Brush is a trademark of Rovers Medical Devices, B.V.
Cytobrush and Pip Perfect® are trademarks of Cooper Surgical, Inc.
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REFLEX HPV TESTING FOR SUREPATH PAP SMEARS

In October 2007, updated consensus guidelines regarding the management of women with abnormal cervical cancer screening tests were published based on a consensus guidelines conference held in September 2006. Participants in the conference included a panel of 146 experts in the diagnosis and management of cervical cancer precursors, including representatives from 29 professional organizations, federal agencies, and national and international health organizations. The conference was sponsored by the American Society for Colposcopy and Cervical Pathology (ASCCP).

The recommendation made in 2001 for management of women with a Pap Smear Interpretation of Atypical Squamous Cells of Undetermined Significance (ASC-U) was left essentially unchanged in 2006: “When liquid-based cytology is used or when collection for HPV DNA testing can be done, reflex High Risk HPV DNA testing is the preferred approach.” The ASCCP website home page (www.asccp.org) has a direct link to the published consensus guidelines for more details.

Beginning on October 1 2007, HealthEast Medical Laboratory will be partnering with Access Genetics to bring Polymerase Chain Reaction (PCR) HPV testing in-house. The PCR methodology will not only tell the clinician if the patient is positive or negative for HPV (high and/or low risk HPV), it will also pinpoint the specific genotype(s) of HPV that the patient has been exposed to. At the time of test ordering you may specify under what conditions you would like the HPV test reflexed:

- If ASCUS
- If any abnormal result
- Regardless of result

ORDERING INSTRUCTIONS:
1. LabWorks: Answer the "Reflex HPV?" ask-it-order question with one of the following responses:
   - “N” – No HPV testing will be performed.
   - “AS” – PCR HPV will be performed on an ASCUS diagnosis. NOTE: This does not include "Atypical Squamous Cells-Cannot Exclude a High Grade Lesion" (ASC-H).
   - “A” – If Any Abnormal Result: PCR HPV will be performed on any abnormal diagnosis (to include ASCUS, ASC-H, LSIL, HSIL).
   - “R” – Regardless of Result: PCR HPV will be performed on any normal or abnormal result. NOTE: HPV will not be performed on any Unsatisfactory pap smears.
2. HML Requisition: see Page E6-E7 for instructions.

ADD-ON REQUEST FOR HPV TESTING AFTER CLIENT RECEIVES FINAL REPORT:
HPV testing can be performed on a SurePath Pap up to 4 weeks after the specimen has been collected from the ThinPrep vial. In order to perform an "add-on" request for HPV testing, we MUST have a faxed request from the physician using the HML form "Authorization to Perform Laboratory Tests". It will be helpful for our staff if, at the top of this form you write, ATTENTION CYTOLOGY DEPARTMENT. This request may then be faxed to HML, Attention Cytology.

REPORTING: HPV results will be reported out as "Negative For HPV" or "Positive For HPV" to include the associated genotype(s) and risk assessment. The HPV results will still be incorporated into the Pap smear report.

NOTE: For information or answers to questions regarding the clinical uses of HPV DNA testing and to review the 2006 Consensus Guidelines, please see the American Society for Colposcopy and Cervical Pathology website at www.asccp.org.
Scheduling of Superficial Fine Needle Aspirations (FNAs) Performed by a Pathologist

The lesion will need to be palpable by the physician in order to request a pathologist-performed FNA.

We will perform these aspirates at St. John’s Hospital, St. Joseph’s Hospital, and Woodwinds Hospital. We would prefer these to be scheduled 48 hours before the procedure. The physician’s office will need to contact the Cytology Department at the following numbers to schedule the procedure.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone Number</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>St. John’s</td>
<td>651-232-7136</td>
<td>651-232-7112</td>
</tr>
<tr>
<td>St. Joseph’s</td>
<td>651-232-3470</td>
<td>651-232-3370</td>
</tr>
<tr>
<td>Woodwinds</td>
<td>651-232-0575</td>
<td>651-232-0970</td>
</tr>
</tbody>
</table>

The physician will need to fax a written order for the pathologist to perform the aspirate. We would also appreciate a photocopy of the physician’s progress note from the most recent office visit(s) describing the duration and location of the palpable mass.

Once we have confirmed the date and time with a pathologist, we will call the physician’s office so they may notify the patient. We will ask for the patient’s phone number so our Admitting Department may call them.

All patients are required to register at the hospital Admitting Department before the procedure is performed.
### Chromosome Analysis, Fibroblast Tissue Panel Code: APS (HML Clients) SUR (Surgical)

**Banded Karyotype**

Useful for detection of birth abnormalities

| CPT Code(s): | 88262 - Chromosome Analysis, Tissue Interpretation and Report  
| 88291 - Tissue Culture for Chromosome Analysis |
| Test Performed at: | Hennepin County Medical Center Clinical Laboratory |
| Analytic Time: | Varies. An interpretive report will be provided. |
| Collect: | Fresh sterile specimen. |
| Days Set Up: | Monday through Friday. Available other times as necessary: Chemistry sendouts. |
| Specimen: | Submit tissue from one of the following: |
| SUBMIT: |  
| 1. **Products of Conception.**  
Obtain a 5-10 mm³ biopsy specimen of tissue. If a fetus cannot be specifically identified, collect villous material or tissue that appears to be of fetal origin.  
Do not handle with hands. Place the specimen into a screw-capped, sterile container with sterile, normal saline. Specimen must remain moist. Label container with patient’s name. **Forward promptly at ROOM TEMP only.** |
| 2. **Placenta.**  
Obtain a 5-10 mm³ biopsy specimen of placental tissue. Do not handle with hands.  
Place the specimen into a screw-capped, sterile container with sterile, normal saline. Specimen must remain moist. Label container with patient’s name. **Forward promptly at ROOM TEMP only.** |
| 3. **Skin Biopsy.**  
Obtain a 5-10 mm³ biopsy specimen of tissue. Do not handle with hands.  
Place specimen into a screw-capped, sterile container with sterile, normal saline. Specimen must remain moist. Label container with patient’s name. **Forward promptly at ROOM TEMP only.** |

**NOTE:** On weekends, specimen must be handed directly to Lab staff. This is necessary so the specimen can be forwarded to HCMC within 24 hours.

**UNACCEPTABLE:** ANY TISSUE SUBMITTED IN FORMALIN. ANY TISSUE REFRIGERATED.

### Cytology, Body Fluid CSF Panel Code: NGB

| CPT Code(s): | 88112 |
| Test Performed at: | HML / ST. JOSEPH’S LABORATORY |
| Analytic Time: | 48 hours |
| Collect: | Sterile screw-capped tube. |
| Days Test Performed: | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** |
| | **Y** | **Y** | **Y** | **Y** | **N** | **N** |
| Specimen: | Submit: Spinal fluid in a clean sterile tube with no fixative or preservative added. Send specimen ASAP and refrigerated. |
| **NOTE:** | Indicate the number of specimens submitted. |
Cytology, Pap Smear
Panel Code: GYN

CPT Code(s): Use one of these codes, depending on what was ordered.
88142 SurePath Diagnostic
G0123 SurePath Screen
88164 Conventional Diagnostic
P3000 Conventional Screen

Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 120 hours

Days Test Performed:

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sa</th>
<th>Su</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
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Specimen:

SUBMIT: SurePath Vial. May require ABN form. Make sure at least one collection device is present in the vial.

NOTE: See Cytology Request Form for instructions to complete questions regarding clinical information - page C-12.

Pap smears requiring a pathologist’s review will have the following CPT code charges added, depending on the type of pap smear that was ordered:
88141 SurePath or Diagnostic
G0124 SurePath Screen
P3101 Conventional Screen

Cytology, Body Fluid - Pericardial/Peritoneal/Peritoneal Wash/
Pleural/Ovarian/Gutter
Panel Code: NGB

CPT Code(s): 88112

Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container

Days Test Performed:

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sa</th>
<th>Su</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Specimen:

SUBMIT: ≤ 100 mL of body fluid in a clean screw-capped container with no fixative or preservative. Send specimen refrigerated.

NOTE: DO NOT add Heparin.
Specimen must be received ASAP.
Identify source and side if applicable.
Indicate the number of specimens submitted.
Cytology, Fine Needle Aspiration - Deep Tissue

Panel Code: NGF

CPT Code(s): 10022 FNA with imaging guidance
88173 FNA Interpretation and Report
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Glass slide(s), CytoRich Red solution vial, 10% Neutral Buffered Formalin.
Days Test Performed: M T W Th F Sa Su
Y Y Y Y N N

Specimen:
SUBMIT: Radiologist will perform the procedure under CT or Ultrasound guidance. The Cytology Department will supply collection fluid, slides, and a person to assist at the procedure if in a HealthEast facility.
NOTE: Identify source and site. Indicate the number of specimens submitted.
Procedure is scheduled through Central Scheduling.

Cytology, Fine Needle Aspiration - Superficial Lesion

Panel Code: NGF

CPT Code(s): 88173
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Glass slide(s) and CytoRich Red vial.
Days Test Performed: M T W Th F Sa Su
Y Y Y Y N N

Specimen:
SUBMIT: Labeled air-dried slide(s) using #2 pencil with patient’s first and last name and labeled CytoRich Red vial. Aspirates may produce very small amounts of material. Express a small amount of material on one slide and spread with a second slide to make a monolayer of cells. Use a technique which makes a feathered edge, much the same as a peripheral blood smear. Rinse remaining material from syringe into CytoRich Red vial. This process may be repeated. If fluid is obtained from the aspiration site, this should be placed into the vial of CytoRich Red solution (up to 30 cc fluid may be placed in a vial).
NOTE: The Cytology Department would prefer no more than three air-dried slides. If more than three passes are made, the remaining passes may be expressed into the CytoRich Red vial without making the air-dried slides. Identify source and site. Indicate the number of specimens submitted. To schedule an in-house superficial fine needle aspiration, see “Scheduling FNA” in cytology section.

Do not submit a syringe with an attached needle to Cytology.
Cytology, GI Pulmonary BAL

Panel Code: NGP

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container.

Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: ≥ 20 mL of lavage specimen in sterile screw-capped container with no fixative or preservative added.
NOTE: At least 20 mL are needed to complete cell count, microbiology tests and cytology. Indicate if silver stain needs to be performed. Identify source and site. Indicate the number of specimens submitted.

Cytology, GI Pulmonary/Bronchial & Esophageal Wash

Panel Code: NGP

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container

Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: ≤ 100 mL of wash in screw-capped container with no fixative or preservative added. Send specimen refrigerated.
NOTE: Identify source and site. Indicate the number of specimens submitted.

Cytology, GI Pulmonary, Brush

Panel Code: NGP

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: CytoLyt™ solution vial.

Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: Rinsed brushing from specific body site in vial containing CytoRich Red solution. Rotate brush in solution 10 times while pushing against the CytoRich Red solution vial wall. Swirl brush vigorously to further release material. Place brush in vial. Brush should not be reused.
NOTE: If brush is not rinsed immediately, cells will harden and adhere to brush. If physician plans on re-using brush to obtain another specimen, sterile saline should be used instead of CytoRich Red. Send specimen refrigerated if in saline. Specimen **cannot be shared with Microbiology** Department if CytoRich Red is used. Identify source. Indicate the number of specimens submitted.
Cytology, GI Pulmonary, GMS for Pneumocystis Carinii and/or Fungus

Panel Code: NGP

CPT Code(s): 88312
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Sterile screw-capped container.
Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: Preferred specimen is bronchoalveolar lavage. No fixative or preservative. Testing may be performed on bronchial wash specimen or sputum samples.
NOTE: Patient history is critical. The physician must contact the Cytology Department if the specimen needs to be done STAT.

Cytology, GI Pulmonary/Sputum

Panel Code: NGP

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container with CytoRich Red solution.
Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: First morning “deep cough” sputum.
NOTE: Instruct patient to rinse mouth with water prior to collection and to NOT DRINK the solution in the specimen container. In certain cases, Respiratory Therapy should assist in specimen collection if patient is having a problem coughing or cannot obtain a deep cough specimen. Post-bronchoscopy sputum or a 24-hour collection means that one specimen should be collected within 24 hours of bronchoscopy.

Cytology, Herpes-Tzanck Scraping

Panel Code: NGH

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: A. CytoRich Red (preferred)
B. Smear fixed with pap spray fixative
C. If no spray fix, an air-dried smear may be submitted.
Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: Spatula rinsings in CytoRich Red vial of the scraped opened outer edges of lesion.
NOTE: Identify the site of the scraping. Indicate the number of specimens submitted.
## Cytology, (Transbronchial Fine Needle Aspiration) Wang Bx

**Panel Code:** NGP  
**CPT Code(s):** 88173  
**Test Performed at:** HML / ST. JOSEPH’S LABORATORY  
**Analytic Time:** 48 hours  
**Collect:** Glass slide(s), CytoRich Red vial.  
**Days Test Performed:** M T W Th F Sa Su Y Y Y Y Y N N  
**Specimen:** SUBMIT: Physician will perform the procedure. The cytology department will supply collection fluid, slides, and a person to assist at the procedure if the cytology department is notified 24 hours prior to the procedure.  
**NOTE:** Identify source and site. Indicate the number of specimens submitted.

## Cytology, Urinary Tract Brush

**Panel Code:** NGU  
**CPT Code(s):** 88112  
**Test Performed at:** HML / ST. JOSEPH’S LABORATORY  
**Analytic Time:** 48 hours  
**Collect:** CytoLyt™ solution vial.  
**Days Test Performed:** M T W Th F Sa Su Y Y Y Y Y N N  
**Specimen:** SUBMIT: Rinsed brushing from lesion in vial containing CytoRich Red solution. Rotate brush in solution 10 times while pushing against the CytoLyt™ solution vial wall. Swirl brush vigorously to further release material. Place brush in vial. Do not re-use.  
**NOTE:** Identify source and side if applicable. Indicate the number of specimens submitted.

## Cytology, Urinary Tract Wash

**Panel Code:** NGU  
**CPT Code(s):** 88112  
**Test Performed at:** HML / ST. JOSEPH’S LABORATORY  
**Analytic Time:** 48 hours  
**Collect:** Screw-capped container  
**Days Test Performed:** M T W Th F Sa Su Y Y Y Y Y N N  
**Specimen:** SUBMIT: ≥ 1.0 mL of wash in screw-capped container with no fixative or preservative added. Send specimen refrigerated.  
**NOTE:** Identify site of washing. Indicate number of washings submitted.
Cytology, Urine

Panel Code: NGU

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH’S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container
Days Test Performed: M T W Th F Sa Su
Y Y Y Y Y N N

Specimen:
SUBMIT: ≥ 1.0 mL fresh voided urine (not first void of day). Clean-catch specimen preferred.
Send specimen refrigerated.
NOTE: Identify source (clean catch or catheterized).
Indicate number of specimens submitted.

HPV Cascade (PCR)

Panel Code: HPP

CPT Code(s): 87621
Test Performed at: HealthEast Medical Laboratory
Analytic Time (hours): 72
Collect: SurePath vial
Days Test Performed: M T W Th F Sa Su
Y N Y N Y N N

Specimen:
Submit: Cervical collection device(s) collected in SurePath vial with at least 10 mL liquid
ROOM TEMP.
Unacceptable: SurePath Vial FROZEN.
NOTE: Use cervical collection device(s) to collect sample, then breakoff device in SurePath
vial. This test is performed automatically and charged separately using CPT code 87621
if ordered as a SurePath.

“Stand-Alone” HPV requests (ordered separately without pap smear) collected in
Nucleic Acid Transport® media will be performed at Access Genetics. If HPV test
is positive, genotyping will be performed and charged using codes 87620 x 3.
Kidney Biopsy

Panel Code: SUR (Surgical)

CPT Code(s):  
- 88305 Gross and Micro, Level IV  
- 88346 x 9 Immunofluorescence  
- 88348 Electron Microscopy  
- 88313 x 3 Special Stains, Group 2

Test Performed at: Hennepin County Medical Center Pathology Laboratory

Analytic Time: Approximately 2 weeks.

Days Test Performed: M T W Th F Sa Su 6 AM - 4:30 PM
Y Y Y Y Y N N

Specimen: SUBMIT: When a renal biopsy is ordered on a patient, call the Histology Laboratory (ext. 23575 at St. Joseph’s; ext. 27575 at St. John’s; ext. 20575 at Woodwinds). Renal kits and requisition forms are available in the Histology Laboratory. Kits must be refrigerated: pick up just before the procedure. Procedure not performed by Histology Lab staff.

When the physician has finished the biopsy and divided the biopsy into the appropriate containers, the kit must be brought to the Histology Laboratory immediately. The kit must be brought to the Histology Laboratory to be given its appropriate surgical number for Medical Records and for billing purposes. The Histology Laboratory will send the biopsy to Hennepin County Medical Center via courier.

The kit contains:
1. A small bottle of Immunofluorescence media.
2. One container of gluteraldehyde. CAUTION: Breathing the vapors of gluteraldehyde may be harmful.
3. One container of 10% formalin.
4. A requisition form to be filled out by the physician.
5. Send a copy of the patient face sheet to the Lab.
**Muscle Biopsy**

**Panel Code:**
SUR (surgical)

<table>
<thead>
<tr>
<th>CPT Code(s)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>88305</td>
<td>Gross and Micro, Level IV</td>
</tr>
<tr>
<td>88348</td>
<td>Electron Microscopy</td>
</tr>
<tr>
<td>88319 x 11</td>
<td>Histochemistry</td>
</tr>
<tr>
<td>88313 x 4</td>
<td>Special Stains, Group 2</td>
</tr>
</tbody>
</table>

Test Performed at: Hennepin County Medical Center Neuromuscular Laboratory

Analytic Time: Approximately 2 to 3 weeks.

Days Test Performed:
M T W Th F Sa Su
Y Y Y Y Y N N

Specimen: **SUBMIT:** Must be scheduled with Pathology (Histology) Laboratory 24 hours in advance. Specimen must be received at HCMC not more than one hour after excision.

The Histology Laboratory will provide fixative and instructions.

**PROCEDURE:**
1. Two unfixed muscle pieces, lying on a tongue blade, wrapped in saline-moistened gauze on wet ice. (Do not allow specimen to soak with water.) Recommended size: 3 to 5 mm. in diameter by 1 cm in length for each.
2. A third muscle piece that is held at resting length by sutures on a piece of tongue blade immersed in EM fixative. Size: 2 mm in diameter.
3. **If** biochemical studies are anticipated, additional muscle samples must be quickly frozen and sent on dry ice. Quick freeze in liquid nitrogen if available, or quick freeze specimen on a tongue blade on dry ice.

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**Stone Analysis**

**Integrated Crystallographic Analysis of Calculi**

**Panel Code:**
SUR (surgical)
APS (HML client)

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<thead>
<tr>
<th>CPT Code(s)</th>
<th>Description</th>
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<tbody>
<tr>
<td>82360</td>
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</table>

Test Performed at: Louis C. Herring & Co.

Analytic Time: 10-14 days. A quantitative report will be provided.

Days Tests Performed:
M T W Th F Sa Su
Y Y Y Y N N

Specimen: **SUBMIT:** Entire specimen.

**NOTE:** Do not put specimen in preservative or fixative. DO NOT TAPE THE SPECIMEN TO ANYTHING - tape interferes with the analytical procedure. SPECIMEN SOURCE IS REQUIRED ON HISTOLOGY REQUEST FORM FOR PROCESSING.

**UNACCEPTABLE:** Any stone submitted in formalin.
**Tissue, Frozen Section**

Panel Code: SUR
SUR (surgical)
APS (HML client)

CPT Code(s): 88331 First Frozen Section
88332 Each additional

Test Performed at: HML / ST. JOSEPH’S LABORATORY

Analytic Time: 20 minutes from time of receipt in Laboratory. An interpretive report will be provided.

Collect: Fresh tissue.

Days Test Set Up: Monday through Friday, 7:30 AM to 5 PM. Available other times as necessary: page on-call pathologist for approval and scheduling.

Specimen:

SUBMIT: Tissue fresh, or in saline or saline-soaked gauze. Place specimen on wet ice and send immediately by cab at your expense.

NOTE: **DO NOT PUT INTO 10% FORMALIN.**
**SPECIMEN CANNOT BE FROZEN.**

UNACCEPTABLE: Any tissue submitted in formalin or frozen.

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**Tissue, Gross and Micro**

Panel Code: SUR (surgical)
APS (HML client)

CPT Code(s): 88300 - Gross only
88302 - Level II
88304 - Level III
88305 - Level IV
88307 - Level V
88309 - Level VI

One or more of the above CPT codes may be appropriate, depending on the specimen.

Test Performed at: HML / ST. JOSEPH’S LABORATORY

Analytic Time: 1 - 3 days. An interpretative report will be provided.

Days Test Set Up: Monday through Friday.

Specimen:

SUBMIT: Tissue in a container with 10% neutral buffered formalin or other required fixative. Forward promptly at room temperature only.

UNACCEPTABLE: Tissue with insufficient amount of fixative.