

Ultrasound & CT

How to handle material obtained by Fine Needle Aspiration when Cytopathology staff is not available

Requisitions

The FNA can be ordered in Cerner or a paper "Request for Fine Needle Aspiration" requisition can be used. All requisitions must be filled out completely to include the following (see next page):

Note: A **separate** requisition (or Cerner order) must be filled out completely for **EACH FNA site** collected on the same patient.

1. Place patient identification label in upper left box.
2. Specimen Source – Write the FNA body site
3. Write "Deliver to Cytology" at the top of the requisition.
4. Clinical history- Fill in the pertinent clinical history.
5. Report sent to- Write the name of the clinician(s) (first and last name) and pager number.
6. ICD-10 code for all outpatients, "IP" for inpatients
7. Diagram box- can be used for additional information, diagram of lesion aspirated etc.
8. FNA Performed By:- write the name of the clinician performing the procedure
9. FNA location- circle the location (US or CT)
10. Write the date and time the FNA is collected.

Identification of Containers with needle rinses, cores, etc.

The container must have the following info (may use pt. label for 1&2):

1. Patient's full name
2. A second patient identifier, i.e. medical record number.
3. The body site
4. ****Staff initials, and date and time of collection must be hand-written on the label****

Slide identification (if using)

1. On the frosted end of slide, using a **PENCIL** write the patient's full name and second patient identifier, i.e. medical record number. Do **not use ink** as ink will wash off when the slide is stained. Write the body site on each slide.
2. Allow material to dry then place slides in a plastic slide holder. Label the slide holder with a patient label and FNA body site.
 - ❖ For additional slide holders, contact 6-2591 between 8:30 am and 4:30 pm Monday through Friday and give them your location, a cytology staff member will deliver the holders.

FOR NEEDLE CORE BIOPSY:

1. If making touch prep slides of cores, label slides according to instructions listed above.
2. Place core on slide momentarily, then carefully lift core off of slide and place core in container with **formalin**.
 - ❖ **Cores can be placed directly in formalin without preparing slides if so desired.**

FOR FINE NEEDLE ASPIRATION MATERIAL (NOT CORES):

1. If preparing slides from the aspirated material: label the slide(s) according to instructions listed above, place drop on slide, smear with another slide, and rinse needle in RPMI or saline.
 - ❖ Needles can be rinsed in RPMI without preparing slides if so desired.
2. **Cyst fluid:** place it in an empty tube. **Do not** add fixative to the tube (**no alcohol, no formalin**).
KEEP REFRIGERATED AFTER COLLECTION

Specimen Transport:

1. Place folded requisition sheet in outside pocket of a plastic biohazard specimen bag
2. Place labeled formalin or RPMI containers and slide holders inside bag and seal.
3. Have specimen delivered to Anatomic Pathology Gateway 6th Floor, attention Cytology

DELIVER TO CYTOLOGY

VCU Health System

MCV Hospitals and Physicians

VCU Health System / MCV Hospitals & Physicians
Richmond, VA 23298 • Phone (804) 828-7284 (PATH)

REQUEST FOR FINE NEEDLE ASPIRATION

PLACE STAMP OR LABEL HERE		ACCESSION #
[Place Patient Label]		[Leave Blank]
MEDICAL RECORD NUMBER	SSN	SOURCE
PATIENT NAME LAST	FIRST	
lung, Right Upper lobe		

HX: 50 year old female with 3cm Right upper lobe mass, enlarging since last chest CT

REPORT SHOULD BE SENT TO (PLEASE ENTER MCV DELIVERY LOCATION)	ICD-9 DIAGNOSIS CODE
Dr. John Doe Pager # 1235	REQUIRED R91.1

diagram
[Optional]

FNA Performed by: _____
 Pathologist: _____
 Resident/Fellow: _____
 Radiologist: _____
 Clinician: Dr. John Doe
 Other: _____
 Special Instructions: _____

Location:
 FNA Clinic _____
 Bronchoscopy _____
 Endoscopy _____
 CT 2/5/18
 US _____
 Other 6 pm

ADDITIONAL PREPARATIONS:

Cyst Fluid _____ cc Cytospins _____ Needle Rinse/Cell Block _____ Core Biopsy: _____
 Flow Cytometry _____ IHC _____ ER/PR/Her2/neu _____ Special Stains _____
 TDAAC _____ Molecular Dx _____

PRELIMINARY DIAGNOSIS:

[Leave blank]