



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-CYT-08.01 Body Fluids Collection-PRO		
ISSUED BY:	Cytotechnologist	REFERENCE #:	LAB-SPC-CYT-08.01-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	1993-04-13

SCOPE: All potential submitters and collectors of body fluids for testing at Conway Medical Center Laboratory.

This procedure addresses the proper protocols for submission of body fluids.

I) PLEURAL (THORACENTESIS), PERITONEAL (ASCITES), PERICARDIAL, JOINT FLUIDS, ETC.

1) MATERIALS NEEDED:

- 1) One or more clean containers with combined volume of 300-1000 ml (30-50 ml minimum specimen is preferred)
- 2) One 1 ml vial of 5000IU Heparin

2) PROCEDURE:

- 1) The specimen is collected into the container and 5000 IU of Heparin (3-5 IU of Heparin per ml of specimen if needed) is added to prevent the fluid from clotting. Excess Heparin will not damage the specimen.
- 2) The specimen container should be labeled per hospital policy and sent IMMEDIATELY to the cytology laboratory.
- 3) In the event that the fluid is obtained in the evening or night the specimen must be refrigerated.

II) CEREBROSPINAL FLUIDS (CSF)

A) MATERIALS NEEDED:

- 1) One (1) spinal tap tray
- 2) Several plastic specimen tubes

B) PROCEDURE:

- 1) Upon entering the subarachnoid space, the fluid is allowed to flow until traumatic blood has been cleared. The cytological specimen is then obtained in a plastic tube. After collection, the tube is gently agitated.
- 2) This specimen tube should be labeled per hospital policy and sent IMMEDIATELY to the cytology laboratory along with a completed lab requisition slip.
- 3) In the event that such a procedure is performed after laboratory hours, the specimen should be refrigerated.



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III) CYST ASPIRATIONS AND MISCELLANEOUS

A) MATERIALS NEEDED:

- 1) Syringe and needle.
- 2) 30 ml of CytoLyt solution.

B) PROCEDURE:

- 1) The clinician, upon obtaining the aspiration fluid in his preferred manner, transfers this fluid into a container of CytoLyt solution (available from the cytology lab upon request).
- 2) This specimen tube should be labeled per hospital policy and sent IMMEDIATELY to the cytology laboratory along with a completed lab requisition slip.
- 3) In the event that such a procedure is performed after laboratory hours, the specimen should be refrigerated.

REC

RECORDS: NA

REFERENCE STANDARDS: CAP GEN.40000; GEN.40100; GEN.40016; GEN.40032; GEN.40050; GEN.40100

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
06-23-11tas	None	Reviewed/revise-Saved electronically in the lab G drive.
10-23-11tlp	Format	Placed in a new MCN Format.
03-28-13tlp	None	Reviewed. No content changes
05-17-14tlp	ALL	Reviewed. Combined procedures 8.01, 8.06, 8.07. Deleted unnecessary content.
02-25-15tlp	ALL	Reviewed. No content changes
02-24-17tlp	ALL	Reviewed. No content changes.