


SEROUS CAVITY FLUIDS / WASHINGS

Cytology Samples: Serous Cavities / Washings			
Container and Fixative	Container pictures (<i>may vary</i>)	Storage after collection	Deliver to Lab
Sterile container with 3:1 ratio of sample to CytoLyt fixative	 Standard 60mL container	Room temperature* If delay >1 hour, please refrigerate	Send ASAP

*Refrigeration is recommended for all samples collected on weekends/off-hours/holidays, or if a delay in transport is expected.

Requisition: Non-gynecologic cytology requisition (Cytology CD-1840)

- This guideline is for serous cavity fluids: including pleural, peritoneal, pericardial, and joint fluid samples, as well as bronchial washings and sputum samples.
- Large volume samples (e.g. 1L of ascitic fluid) are unnecessary, as only a small portion will be processed.
- **Questions? Call the QEII Cytology Laboratory at 902-473-8420**

If LYMPHOMA is suspected:

- A second sample should be sent in RPMI fixative to Flow Cytometry

Container labels must include:

- Patient's legal name
- Patient's health card number or another unique identifier
- Date and time of collection
- Sample type and site of collection

Requisition forms must include:

- Patient's legal name
- Patient's health card number or another unique identifier
- Patient's date of birth
- Date and time of collection
- Sample type and site of collection
- Physician's full name, CPSNS ID#, and address
- Clinical history