


VITREOUS FLUID

Cytology Samples: Vitreous fluid			
Container and Fixative	Container pictures (may vary)	Storage after collection	Deliver to Lab
<p>>1 mL of sample: add 3:1 ratio of sample to CytoLyt fixative</p> <p><1 mL of sample: add specimen to PreservCyt solution</p>	 <p>Standard 60mL container</p>	<p>Room temperature*</p> <p>If delay >1 hour, please refrigerate</p>	<p>Send ASAP</p>

*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 vitreous fluid only.
- PreservCyt and CytoLyt fixative are available from the Cytology Laboratory upon request.
- **Questions? Call the QEII Cytology Laboratory at 902-473-8420**

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