

Courier- place bar code sticker here

CALL
  FAX
  **STAT**

PATIENT INFORMATION Please Provide All Information below (Name on Requisition MUST Match Name on Specimen EXACTLY!)						FOR LAB USE ONLY		
LAST NAME (Please Print Legibly)		FIRST	MIDDLE	PATIENT ID#		SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH [MM / DD / YYYY]	LAB ID:
PATIENT ADDRESS			CITY	STATE	ZIP CODE	HOME PHONE		RCV'D TIME/DATE:
COLLECTION DATE:	TIME:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		PATIENT MRN.		NAME OF GUARANTOR:		SPECIMENS RCV'D
REQUESTING PHYSICIAN (Last Name, First Name)				BILLING INFORMATION (Required)				<input type="checkbox"/> Tissue <input type="checkbox"/> Nail(s) <input type="checkbox"/> Hair <input type="checkbox"/> Scrapings <input type="checkbox"/> Fluid <input type="checkbox"/> Sterile container, no additive _____ <input type="checkbox"/> Sterile container with moistened gauze _____ <input type="checkbox"/> Sterile container with saline _____ <input type="checkbox"/> 10% buffered formalin container _____ <input type="checkbox"/> Dif: Michel's media or Zeus solution _____ <input type="checkbox"/> ExCell Plus™ container _____ <input type="checkbox"/> eSwab <input type="checkbox"/> RPMI Preservative _____
PROVIDER SIGNATURE: _____  CONSULTING COPY TO PHYSICIAN(S) (Last Name, First Name) (COMPLETE MAILING ADDRESS or FAX NUMBER IS REQUIRED TO SEND a CONSULT REPORT)				BILL: <input type="checkbox"/> CLIENT/OFFICE <input type="checkbox"/> PATIENT/INSURANCE Complete or provide a photo copy of the patient's insurance card(s)				
				PRIMARY INSURANCE CARRIER		2 <sup>nd</sup> - INSURANCE CARRIER		
				POLICY/ MEMBER/ MEDICARE NUMBER		2 <sup>nd</sup> - POLICY/ MEMBER/ MEDICARE NUMBER		
				GROUP NUMBER/ PERSONAL CODE		2 <sup>nd</sup> - GROUP NUMBER/ PERSONAL CODE		
				POLICY HOLDER		2 <sup>nd</sup> - POLICY HOLDER		
EMPLOYER		2 <sup>nd</sup> - EMPLOYER						

Pt History: to include ultrasound characteristics: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specimens collected:

\_\_\_\_\_ Air Dried Slides

\_\_\_\_\_ ETOH Fixed Slides

\_\_\_\_\_ 15 ml in Cytotech

\_\_\_\_\_ 15 ml RPMI

\_\_\_\_\_ Culture tube

\_\_\_\_\_ RNA Retain vial

Fine Needle Aspiration Procedure

If performed by PLA Pathologist complete this section

Name: \_\_\_\_\_

FNA Evaluation Adequacy X \_\_\_\_\_

Adequate Evaluation /DX \_\_\_\_\_

\_\_\_\_\_

Cytotech: \_\_\_\_\_

Pathologist: \_\_\_\_\_

Fine Needle Aspirate

Source: Thyroid Nodule Location

[ ] Right

[ ] Upper \_\_\_\_\_ Size \_\_\_\_\_

[ ] Middle \_\_\_\_\_ Size \_\_\_\_\_

[ ] Lower \_\_\_\_\_ Size \_\_\_\_\_

[ ] Isthmus \_\_\_\_\_ Size \_\_\_\_\_

[ ] Left

[ ] Upper \_\_\_\_\_ Size \_\_\_\_\_

[ ] Middle \_\_\_\_\_ Size \_\_\_\_\_

[ ] Lower \_\_\_\_\_ Size \_\_\_\_\_

[ ] Isthmus \_\_\_\_\_ Size \_\_\_\_\_

Source Other: \_\_\_\_\_

Orders:

[ ] Routine Cytology (Orders Cyto in Millennium)

[ ] Routine Cytology, Reflex to ThyGenx , (Order Cyto in Millennium) Rflx Thyramir

[ ] Flow

[ ] Flow for Lymphoma (Orders Flow Tiss in Millennium)

[ ] Flow for Myeloid Leukemia(Orders Flow Tiss in Millennium)

[ ] Cultures- No Preservatives; Source: [ ] Aerobic [ ] Anaerobic [ ] Fungal

# Pathology Laboratory Associates

## Collection Instructions

### Fine Needle Aspirations Performed in a Physician's Office

#### **Purpose:**

To outline the procedure for physicians that performs fine needle aspirations in their facility and sends the specimen to Pathology Laboratory Associates. The purpose of the aspiration is to obtain diagnostic material for cytologic study, molecular studies, special stains, and flow cytometry.

#### **Procedure:**

FNA Kit Supplied Includes

- Prefilled slide holder tubes with 95% alcohol fixative
- Specimen container with CytoSTAT Red transport media
- Slide transport holder
- RNARetain® vial and labels for reflexed molecular studies – ThyGeNEXT or ThyGeNEXT w/ reflex to ThyraMIR (Interpace Diagnostics) When ordered by treating clinician, reflex testing is performed if cytology result is indeterminate.

Not included:

Contact Pathology Laboratory Associates at 918-417-6400 for the following supplies provided separately:

- Positively (+) charged slides
- RPMI for Flow Cytometry study

Fine needle aspirations of both superficial and deep-seated masses are an effective method of triaging lesions that should be addressed surgically from those which can be managed conservatively. Typically, three or four aspirations are performed on a given lesion. In general, the most informative material is usually that which is smeared on a glass slide. Therefore, a pair of smeared slides should be prepared from each aspirate site and the remaining material in the needle expressed into CytoSTAT Red transport media. A separate dedicated pass is obtained to express and rinse in the RNA Retain vial for the reflexed molecular testing if needed. Label containers with patient name and date of birth.

Complete all sections of requisition, including patient's first and last name, date of birth, biopsy source and location of the nodule, collection date/ time, ordering physician's information, pertinent clinical history, ultrasound features, and ICD diagnosis codes.

2. Label each slide with patient's first and last name and FNA pass# (ie. 1, 2, 3, or 4) and each vial and container with two patient identifiers (name, DOB, MRN), collection date, and nodule location.
3. After each aspiration, and with the needle bevel pointing downward, express 1-2 drops of specimen in the center of the slide using the reserve air in the barrel of the syringe to forcibly eject the aspirated contents on a positively (+) charged slide.
4. Quickly spread the material on the slide with a second non-frosted positively charged slide, using the full surface of the second slide.

5. Place one of these two slides immediately (within 3 seconds) in a tube of 95% alcohol.
6. Allow the second slide to air dry.
7. Quickly place any residual material into the CytoSTAT Red transport media container and rinse needle. If CytoSTAT Red is not available, rinse in sterile saline and keep refrigerated.
8. After needle and syringe are replaced, another aspiration can be done and the same procedure repeated. Each collection should come from a different area of the nodule.
9. Obtain a single dedicated pass and express material and rinse needle in RNARetain® vial for Reflex Molecular testing, ThyGenNext or ThyGenNext w/ Reflex to ThyraMir. Mark testing requested on requisition.
10. Obtain a separate single dedicated pass to express material into the provided CytoSTAT Red Container.
11. Diagnostic material can be obscured or diluted by blood, hampering accurate diagnosis. Therefore, when the aspirate is being performed, each pass should be discontinued as soon as blood can be seen in the hub of the needle. **DO NOT CONTINUE TO ASPIRATE BLOOD INTO THE NEEDLE OR SYRINGE.**
12. IF FLOW CYTOMETRY STUDIES are required, place aspirated material in RPMI. If RPMI is not available, rinse the needle in 5-10 cc of sterile saline and keep the specimen refrigerated. Flow Cytometry should be performed within 24 hours of aspiration for optimum sensitivity.
13. After needle and syringe are replaced, another aspiration can be done and the same procedure repeated. Following the smearing of the slides the needle can again be rinsed into the same CytoSTAT red transport container.
14. The air-dried slides should be placed in the slide carrier.

The requisition, all slides, and material in CytoSTAT Red, RNARetain and RPMI should be placed in a biohazard bag for transport to Pathology Laboratory Associates, 4142 S. Mingo Road, Tulsa, OK 74146. Questions call 918-417-6400.

Clinical and treatment related policies, procedures and protocols are intended as guidelines. It is recognized that situations can be unique and health care providers are expected to follow established practice and sound medical judgment in making decisions and practicing safety in their daily activities.

*Revised March 2025*