

AURORA DIAGNOSTICS LABORATORY MEDICINE CONSULTANTS

Cytology Specimen Collection & Preparation

General Information

The Cytopathology department at Aurora Diagnostics Laboratory Medicine Consultants (ARDX LMC) provides routine screening and diagnostic cytopathology services, including gynecologic cytology, non-gynecologic cytology (pulmonary, gastrointestinal, body cavity fluid, cerebrospinal fluid, urine) and fine needle aspiration biopsy interpretation. Special studies, including flow cytometry and immunocytochemical studies can also be performed on cytologic specimens. Board Certified Cytopathologists at Aurora Diagnostics Laboratory Medicine Consultants are also available to perform fine needle aspiration biopsies in our FNA clinic. Please call the Aurora Diagnostics Laboratory Medicine Consultants Front Office (732-3441) to schedule an appointment.

Requisition

A Aurora Diagnostics Laboratory Medicine Consultants requisition form must accompany the specimen to the laboratory. For Pap smear collection, please utilize the Gynecologic Cytology Requisition Form and for all other specimen types, please use the Surgical Pathology/Cytology Requisition Form. Please include the following information on the request form to ensure accurate specimen preparation, interpretation, result reporting and billing. Exclusion of any of the following information may result in specimen rejection and/or processing delays.

- Patients complete name, date of birth, sex and social security number.
- Date specimen was obtained.
- Specimen source (e.g., cervical, endocervical, vaginal cuff, voided urine, bronchial wash, etc.
- Pertinent clinical information. For gynecologic specimens this includes; the last menstrual period (LMP), pregnancy history, hormonal therapy, clinical findings such as abnormal bleeding or discharge, IUD, and previous history including biopsy, cryotherapy or previous abnormal Pap results.
- Insurance name and policy number.
- Patient's address.
- Physician's complete name (first and last), as well as the complete name of any physicians requiring copies of the report.