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 E1

Anatomic Pathology / Histology Requests - Surgical Inpatients

Surgical (Histology) specimens need to be entered into EPIC. The test name is Surgical Pathology Exam.

HML Office Use Only - CASE # _____

Physician Information

		Ordering Physician <i>Last and First Name</i> (please print)	
		Phone #	
		Fax #	
Patient Information (please print)			
Last Name		Patient Chart#	
First Name <i>Required Field</i>		DOB <i>Required</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female Telephone #
Street Address			
City		State	Zip
Histopathology Form			
Bill To	<input type="checkbox"/> Facility (CC#) <input type="checkbox"/> Insurance (M) <input type="checkbox"/> Patient (M) <input type="checkbox"/> Medicare (M) Medicare # _____		
If billing insurance or Medicare, please include copy of <i>both</i> front & back of card <i>OR</i> provide insurance information below <i>OR</i> Medicare # above.			
Carrier Name <i>Required Field</i>	Address <i>Required Field</i>		ID # <i>Required Field</i>
Phone #	City	State Zip	Group # <i>Required Field</i>
Secondary Insurance Name	Address		ID #
Secondary Ins. phone #	City	State Zip	Group #
Specimen Information		Collect Date <i>Required Field</i>	Collect Time <i>Required Field</i>
Collected by			
REQUIRED INFORMATION			
CLINICAL HISTORY			
<i>Required Field</i>			
REASON FOR PROCEDURE / PRE-OP ICD-10 DIAGNOSIS CODE			
TIME PLACED IN FORMALIN			
TISSUE SUBMITTED: ONE SPECIMEN PER CONTAINER			
1.	4.		
2.	5.		
3.	6.		

Version 3/16

E3

Histopathology Request Form Instructions:

***Required Fields** –Patient’s complete name (as it appears on their insurance card) and date of birth are required to process your request. If the complete name and/or date of birth are missing, the specimen will be rejected. All other required fields are essential information needed for billing purposes. If this information is not provided, HML billing staff will call your facility **One Time** to obtain missing information. If the information is not received from your facility within three business days, charges will be billed back to the facility. If you have any questions or concerns regarding the lab requisition forms or the information required, please feel free to contact our client billing department at 651-232-1122.

1. **Client Account Information:** This section will be prefilled by HML staff. It includes client number, name, address, telephone number, and billing numbers. This will assist our data entry and billing personal.
2. ***Physician Name:** Space is provided to write in the ordering provider’s *full* name. Please note that we must have the provider’s *complete first and last name*.
3. ***Patient Information:** Print patient’s complete legal name (as it appears on their insurance card). Please note that the specimen that is submitted with this requisition must be labeled with the exact same patient information.
4. **Patient Address:** It is necessary to provide the patient’s address, unless the charges for testing will be billed back to the client.
5. ***DOB (Date of Birth):** This is needed for billing purposes, as well as for accurately reporting age-related reference values.
6. ***Sex:** Check (√) male or female; needed for sex-related reference values.
7. **Patient Phone Number:** The patient’s phone number is used for billing purposes and necessary unless the charges for testing will be billed back to the client.
8. **Bill To:** Check (√) one of the billing options, indicating how billing should be handled. If there is no check, your account will be billed.
9. ***Insurance or Medicare Information:** Required information whenever HML is billing a third-party payer or the patient. Please refer to the HML reference manual for additional information. Another option is to attach a photo copy of the front and back of insurance card to the requisition.
10. ***Collection Date:** Date specimen was collected from the patient.
11. ***Collection Time:** Time of specimen collection.
12. ***Clinical History:** A diagnosis code(s) to aid in correctly interpreting all tissue specimens.
13. ***Reason for Procedure/Pre-Op Diagnosis.**
14. ***Time Placed In Formalin:** Indicate time in formalin for all breast cases.
15. ***Tissue Submitted:** Designates the sources/locations and types of material being submitted.

Facility Information		45 West 10 th Street • St. Paul, MN 55102		Physician Information	
Facility Name:				Ordering Physician <i>Last and First Name</i> (please print)	
Street Address:		Phone#			
City State Zip:		Fax #			
Patient Information (please print)				<input type="checkbox"/> Stat <input type="checkbox"/> Special Instructions _____	
Last Name			Patient Chart #		
First Name		DOB	<input type="checkbox"/> Female	Telephone	
Street Address			ICD-10 CODE ONLY		
City	State	Zip	Required Field		
Bill To	<input type="checkbox"/> Facility (CC#)	<input type="checkbox"/> Insurance (M)	<input type="checkbox"/> Patient (M)	<input type="checkbox"/> Medicare (M)	Medicare # _____
Complete information must be provided for Insurance / Patient billing or client account will be billed. If billing insurance or Medicare, please include copy of both front & back of card OR provide insurance information below OR Medicare # above.					
Carrier Name	Address		ID #		
Phone #	City	State	Zip	Group #	
Secondary Insurance Name	Address		ID #		
Secondary Ins. Phone #	City	State	Zip	Group #	
Specimen Info:	State Study #:	Chart #:		Date Taken:	

For doctor's office to complete:

PAP SMEARS ONLY

SPECIMEN TYPE: SurePath

HIGH RISK PATIENT: No or Yes

TESTING TYPE: (Must provide ICD-10 code)

<input type="checkbox"/> Screening - Low Risk	<input type="checkbox"/> Screening - High Risk	<input type="checkbox"/> Diagnostic
<input type="checkbox"/> Z01.411 <input type="checkbox"/> Z01.419	<input type="checkbox"/> Z77.22 <input type="checkbox"/> Z77.9	<input type="checkbox"/> N87.9
<input type="checkbox"/> Z12.4 <input type="checkbox"/> Z12.72	<input type="checkbox"/> Z791.89 <input type="checkbox"/> Z72.89	<input type="checkbox"/> R87.619
<input type="checkbox"/> Z12.79 <input type="checkbox"/> Z12.89	<input type="checkbox"/> Z72.51 <input type="checkbox"/> Z72.52	<input type="checkbox"/> Z85.40
	<input type="checkbox"/> Z72.53	

SPECIMEN SOURCE: Endocervical/Cervical Vaginal
(Must select one) Endocervical/Vaginal Other _____

REFLEX HPV: No or Yes If yes, select one below:
 If ASCUS If any abnormal diagnosis Regardless of result

LMP/MENOPAUSAL DATE: ___ / ___ / ___

PATIENT STATUS: Hysterectomy: No or Yes
If yes: Total Partial
 Pregnant Post Partum Not applicable

ABNORMAL BLEEDING: No or Yes

BIRTH CONTROL/HORMONES: None
(Must select one) Birth Control Pills/Patch Depo-Provera
 Hormone Replacement Therapy IUD

Previous Normal Date: ___ / ___ / ___

Previous Abnormal Date: ___ / ___ / ___ Dx: _____

Cervical Appearance: _____

Body Fluids: # of specimens _____

CSF

Pericardial Fluid

Peritoneal Fluid

Peritoneal/Pelvic Wash

Pleural: Left Right

Ovarian: Left Right

Gutter: Left Right

FNA: # of specimens _____

Breast: Left Right

Thyroid: Left Right

Parotid: Left Right

Salivary Gland

Neck

Other: _____

GI Pulmonary: # of specimens _____

Sputum

Wang Bx

Bronch Wash _____ side/lobe

Bronch Brush _____ side/lobe

BAL _____ side/lobe

GMS/Pneumocystis/Fungus (note specimen source)

Wash Brush BAL Sputum

GI Wash (note source below)

GI Brush (note source below)

Source: Gastric CBD

Esophageal EG Junction

MEDICAL CYTOLOGY SPECIMENS

Urinary Tract: # of specimens _____

Urine clean catch/voided

Urine catheterized

Wash (note source below)

Brush (note source below)

Source: Lt. ureter Rt. ureter

Lt. renal pelvis Rt. renal pelvis

Bladder

Herpes - Tzanck: # of specimens: _____

Facial Torso Cervical Vaginal

Penis Lt. arm Rt. arm Lt. leg Rt. leg

Clinical Information / Patient History _____

Reason for Procedure _____

Lab Use Only

02/16

Cytology Requisition Explanation

Please provide complete information on test requisition and send to HML with specimen to assure the best possible service.

1. Non-Gyn Cytology:

To order tests, find the appropriate category for specimen on the requisition or place a medical cytology (med cyto) order via electronic order entry:

Enter the number of specimens submitted, (in-house specimens only), then select appropriate specimen type, noting source where indicated. Please note clinical information and patient history.

2. Facility Information:

This includes the client's number, name, address, telephone number, and billing numbers. This information assists our data entry and billing personnel.

Physician Name: This information is needed to route the report properly and compile monthly letters for follow-up. Physician names are listed to allow laboratory staff to simply check (✓) the ordering physician's name. All cytology specimens must be requested by a physician or other person authorized by law (i.e. nurse practitioner, physician assistant, etc.) Space is provided to write in a physician's name not listed on the requisition. Print the physician's first and last name; include a middle initial for common names, i.e., John K. Smith.

3. Patient Name and Address:

Print patient's entire legal name (no nicknames).
NOTE: Name on requisition and Pap slide / SurePath vial **must** be the same.

4. Sex:

Check (✓) male or female: needed for sex-related reference values.

5. Birth Date:

Provide patient's birth date. This is very important for patient identification, and patient diagnosis.

6. Diagnosis-ICD Code(s):

Required for all billing.

7. Bill To:

Check (✓) one of the billing options, indicating how billing should be handled, either by billing the client account, the patient's insurance, or the patient directly. If there is no check, your account (client account) will be billed.

8. Insurance Information:

If we are to bill a third-party payer, the corresponding provider numbers or insurance numbers need to be provided. If patient has secondary insurance, please indicate that information as well. If a Medicare patient has signed an ABN form, attach a copy of the signed form to the requisition.

9. Date Taken:

Date specimen was collected from patient.

10. Testing Type:

Select one of the following.

- **Screening:** Ordered in the absence of signs or symptoms of disease and are strictly preventable in nature. Patient has never had an abnormal pap smear. Please provide supporting ICD code(s).

- **Diagnostic:** Ordered because there are (or have been) signs or symptoms of disease. At least one of the following criteria needs to be met for a “Diagnostic” pap smear:
 - The patient is being treated for cancer of the cervix, uterus, or vagina.
 - The patient previously had an abnormal pap smear.
 - The physician found abnormalities of the vagina, cervix, uterus, ovaries, or adnexa.
 - The patient exhibits signs or symptoms that might, in the physician’s judgment, reasonably be related to a gynecological disorder.

Please provide supporting ICD codes.

NOTE: Once a patient has had an abnormal pap smear, “Diagnostic” should always be selected.

- 11. Reflex HPV:** Check “Yes” or “No” (for SurePath only). If you check “No”, noHPV testing will be performed. If you check “Yes”, specify how you want the HPV reflexed.
- If ASCUS: PCR HPV will be performed on an ASCUS diagnosis. NOTE: This does not include Atypical Squamous Cells Cannot Exclude a High Grade Lesion (ASC-H).
 - If Any Abnormal: PCR HPV will be performed on any abnormal diagnosis (to include ASCUS, ASC-H, LSIL, HSIL).
 - Regardless of Result: PCR HPV will be performed on any normal or abnormal result.

NOTE: For information or answers to questions regarding the clinical uses of HPV DNA testing, please see the American Society for Colposcopy and Cervical Pathology website at www.asccp.org.

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12. High Risk: Yes or No

High risk for cervical or vaginal cancer as defined by HCFA (CMS):

- Early onset of sexual activity (under age 16)
- Multiple sex partners (five or more in a lifetime)
- History of sexually-transmitted disease (including HIV infection)
- Fewer than **three** negative pap smears within the last **seven** years
- Daughters of women who took DES (diethylstilbestrol) during pregnancy

13. LMP/Menopause Date.

We would prefer to have the month, day, and year whenever possible; however if a patient can only remember “middle of month” etc., we will accept this. A year for patient who is Menopausal is sufficient.

14. Specimen Source (select one of the following):

- Endocervical/Cervical
- Endocervical/Vaginal
- Vaginal
- Other

15. Patient Status

- Hysterectomy: Select “Yes” or “No”. If “Yes”, specify if Total or Partial.
- Also annotate if the patient is Pregnant, Postpartum, or Not Applicable.

16. Abnormal Bleeding: Yes or No

17. BCP/Depo/Hormones/IUD (choose one)

- Birth Control Pill/Patch
- Depo
- Hormones
- IUD
- None

18. Previous Normal Pap Date

Preferred format M/D/Y

19. Previous Abnormal Pap, Date/Dx

Prefer the date M/YR and the Pap Smear diagnosis/interpretation

20. Cervical Appearance:

If personnel collecting specimen notes any irregularities on the visual exam of the cervix, this should be added here.

PAP Smear Screening for Cervical Cancer and Precancerous Lesions

The cervical PAP smear is a highly effective **screening** test for cervical cancers and precancerous lesions. Over the past 50 years the prevalence of the test in the US has been associated with a reduction in incidence of invasive cervical carcinoma, and a 70-80% reduction in deaths from cervical cancer. Like any screening test however, **the PAP smear has known false negative and false positive rates and is an imperfect test.** The accuracy of the PAP smear report depends on collection, history, preservation, staining, screening, and interpretation. Problems with any of these steps could compromise the accuracy of the test. Thus **all PAP smear results should be interpreted in the appropriate clinical context.**

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Preferred Surepath Pap Smear Instructions:

PATIENT INFORMATION:

1. The patient should be tested 2 weeks after the first day of her last menstrual period, and definitely not when she is menstruating.
2. The patient should not use vaginal medication, vaginal contraceptives, douches, or personal lubricants during the 48 hours before the exam.

PATIENT PREPARATION:

3. Lubricant jellies should not be used to lubricate the speculum.
4. Remove excess mucus or other discharge present before taking the sample. This should be gently removed with ring forceps holding a folded gauze pad.
5. Remove inflammatory exudates from the cervical canal before taking the sample. Remove by placing a dry 2 x 2 inch piece of gauze over the cervix and peeling it away after it absorbs the exudates or by using a dry proctoswab or scopette.
6. The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
7. The sample should be obtained before the application of acetic acid.

REAGENTS/SUPPLIES: (Provided by the Cytology Department)**SUREPATH:**

1. SurePath Vial containing preservative solution
2. Collection Device(s):
 - BD Sure Path Brush/Spatula combo
 - Rovers® Cervex Brush® (Broom device)
 - Rovers Combi-Brush

PROCEDURE:**SUREPATH:**

1. Label the SurePath vial with the patient's full legal name and date of birth. Specimen should be labeled at the patient's bedside by personnel collecting the specimen using an active ID process.
2. Depending on the collection device, collect the sample in the following manner:

BD Sure Path Brush/Spatula Combo:

- Insert contoured end of plastic spatula into cervix and rotate 360° around the entire exocervix (1 entire rotation).
- Snap off head of spatula into the SurePath collection fluid.
- Use the cap to assist in breaking off the head of the spatula at the scored edge **or** use a "2-handed Snap" to break off the head at the scored edge.
- Insert CytoBrush into the endocervix until only the bottom most bristles are exposed at the os. Slowly rotate **1/4 to 1/2 turn** in one direction. To avoid unnecessary bleeding, do not over rotate.
- Snap off head of CytoBrush into the SurePath collection fluid.
- Use the Cap to assist in breaking off the head of the brush at the scored edge **or** use a "2-handed Snap" to break off the head of the brush at the scored edge.
- Place the cap on the vial and tighten and send to the lab for processing.

Rovers® Cervex Brush® (Broom Device):

- Insert the Rovers® Cervex-Brush® (Broom) into the endocervix so that the tip of the broom is in the cervix and the bottom bristles are resting on the ectocervix.
- Rotate the device **5 times in a clockwise direction**.
- Snap off the head of Broom into the SurePath collection fluid.
- Use the cap to assist in pulling off the head of the broom **or** use your gloved hand to pull off the head of the broom.
- Place the cap on the vial and tighten and send to the lab for processing.

Rovers Combi-Brush:

- Insert the Rovers Combi-Brush into the endocervix so that the tip of the broom is in the cervix and the bottom bristles are resting on the ectocervix.
- Rotate the device **2 times in a clockwise direction**. Do not over rotate.
- Snap off head of Broom into the SurePath collection fluid.
- Use the cap to assist in pulling off the head of the broom or use your gloved hand to pull off the head of the broom.
- Place the cap on the vial and tighten and send to the Lab for processing.

NOTES:**SUREPATH:**

- An optimal cervical specimen includes sampling both the squamous and columnar epithelium, encompassing in particular the transformation zone where the majority of cervical neoplasias arise.
- When collecting the spatula specimen, clockwise rotation beginning and ending at 9 o'clock (or counter-clockwise rotation beginning and ending at 3 o'clock) will position the spatula so that the collected material is retained on the upper horizontal surface as the instrument is removed.
- If multiple specimens are collected for cytopathology and ancillary studies, then the first sample obtained should be allocated for cytopathology.
- It is very important to place the collection device(s) immediately into the preservative solution after the specimen has been collected. The devices can be broken off anytime after they have been placed in the solution.
- **SurePath's FDA approval is contingent upon the presence of the collection device in the vial.**

REPORTING/INTERPRETING RESULTS:

HealthEast uses the Bethesda 2001 classification system.

Reflex Testing for High Risk HPV is available. See HPV information.

REFERENCES:

1. SurePath Pap Test™ Quick Reference Guide
2. Papanicolaou Technique Approved Guidelines (NCCLS Document GP15-A)

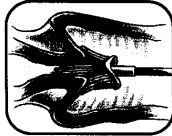
BD SurePath™ test is easy to use with several collection device choices.

Option 1

BD SurePath™ Test Sample Collection with Broom-Type Detachable Head Device.³

1. Collect

Insert the Rovers Cervex-Brush® into the endocervical canal. Rotate brush five times in a clockwise direction.



2. Drop

Drop the detachable head of the device into the BD SurePath™ vial.



3. Send

Place the cap on the vial and tighten. Send the BD SurePath™ vial to the lab for processing.



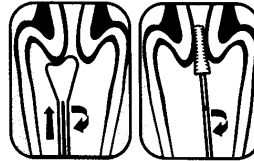
Contraindication: The Cervex-Brush® should not be used on patients after the first 10 weeks of pregnancy.

Option 2

BD SurePath™ Test Sample Collection with Combination Brush/Plastic Spatula Detachable Head Device.⁴

1A. Collect

Insert the contoured end of the Pap Perfect® plastic spatula and rotate 360° around the entire exocervix.

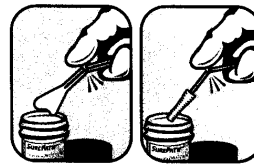


1B. Collect

Insert Cytobrush® Plus GT into the endocervix until only the bottom-most bristles are exposed at the os. Slowly rotate 1/4 to 1/2 turn in one direction. To reduce unnecessary bleeding, do not over-rotate brush.

2A. Drop

Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.



2B. Drop

Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.

3A. Next

Place cap on vial; do not tighten cap until 'Step #3B Send.' Go to Cytobrush® Plus GT 'Step #1B. Collect.'

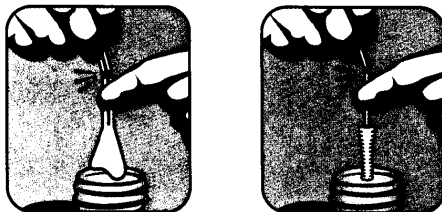


3B. Send

Place the cap on the vial and tighten. Send the BD SurePath™ vial to the lab for processing.

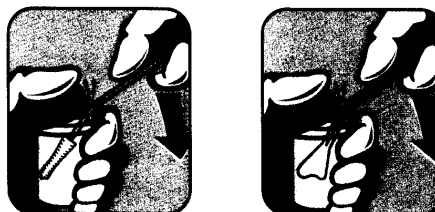
Warning: Do Not Use Cytobrush® Plus GT on pregnant patients or for endometrial sampling. See BD SurePath™ Sample Collection Kit product insert for complete Directions for Use.

Alternative Methods to Detach Heads of Collection Devices: Two-Hand 'SNAP'⁴



Do not touch the head of the device while detaching.

Alternative Methods to Detach Heads of Collection Devices: Cap-Assisted 'SNAP'⁴



Care must be taken to avoid splashing and/or contamination of the head(s) of the device(s).

³ See Rovers® Cervex-Brush® product insert for complete Directions for Use.

⁴ See BD SurePath™ Sample Collection Kit product insert for complete Directions for Use. Cervex-Brush is a product and registered trademark of Rovers B.V., Oss, The Netherlands. BD SurePath™ Sample Collection Kit is manufactured by Medscand, a Cooper Surgical Company, Trumbull, CT.

Cervex-Brush is a trademark of Rovers Medical Devices, B.V.

CytoBrush and Pap Perfect are trademarks of Cooper Surgical, Inc.

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Helping all people live healthy lives

REFLEX HPV TESTING FOR SUREPATH PAP SMEARS

In October 2007, updated consensus guidelines regarding the management of women with abnormal cervical cancer screening tests were published based on a consensus guidelines conference held in September 2006. Participants in the conference included a panel of 146 experts in the diagnosis and management of cervical cancer precursors, including representatives from 29 professional organizations, federal agencies, and national and international health organizations. The conference was sponsored by the American Society for Colposcopy and Cervical Pathology (ASCCP).

The recommendation made in 2001 for management of women with a Pap Smear Interpretation of Atypical Squamous Cells of Undetermined Significance (ASC-U) was left essentially unchanged in 2006: "When liquid-based cytology is used or when collection for HPV DNA testing can be done, reflex High Risk HPV DNA testing is the preferred approach." The ASCCP website home page (www.asccp.org) has a direct link to the published consensus guidelines for more details.

Effective December 14, 2017, HPV testing off gynecological specimens (Pap smears) was transitioned to Fairview Diagnostics Laboratory. Testing is performed on the Roche Cobas 4800 system, which utilizes automated extraction and simultaneous amplification of the HPV L1 region and beta-globulin.

The Roche Cobas 4800 detects 14 high-risk HPV DNA genotypes (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68.) Only HPV genotypes 16 and 18 will be individually identified.

Results will be reported as positive or negative for the following values:

HPV16 DNA
HPV18 DNA
Other HR HPV

A final diagnosis comment, including a summary of testing methodology, will accompany these values.

At the time of test ordering you may specify under what conditions you would like the HPV test reflexed:

- If ASCUS
- If any abnormal result
- Regardless of result

ORDERING INSTRUCTIONS:

1. LabWorks: Answer the "Reflex HPV?" ask-at-order question with one of the following responses:
 - "N" – No HPV testing will be performed.
 - "AS" – PCR HPV will be performed on an ASCUS diagnosis. NOTE: This does not include "Atypical Squamous Cells-Cannot Exclude a High Grade Lesion" (ASC-H).
 - "A" – If Any Abnormal Result: PCR HPV will be performed on any abnormal diagnosis (to include ASCUS, ASC-H, LSIL, HSIL).
 - "R" – Regardless of Result: PCR HPV will be performed on any normal or abnormal result. NOTE: HPV will not be performed on any unsatisfactory pap smears.
2. HML Requisition: see Page E5-E8 for instructions.

ADD-ON REQUEST FOR HPV TESTING AFTER CLIENT RECEIVES FINAL REPORT:

HPV testing can be performed on a SurePath Pap up to 14 days after the specimen has been collected in a SurePath vial.

REPORTING - Results will be reported as positive or negative for the following values:

HPV16 DNA
HPV18 DNA
Other HR HPV

A final diagnosis comment, including a summary of testing methodology, will accompany these values.

NOTE: For information or answers to questions regarding the clinical uses of HPV DNA testing and to review the 2006 Consensus Guidelines, please see the American Society for Colposcopy and Cervical Pathology website at www.asccp.org.

Chromosome Analysis, Fibroblast Tissue Banded Karyotype
Useful for detection of birth abnormalities

Panel Code(s): APS (HML Clients)
EPIC: Surgical Path Exam(SUR)
Histology Outreach(HML)

CPT Code(s): 88262 - Chromosome Analysis, Tissue
88291 - Interpretation and Report
88233 - Tissue Culture for Chromosome Analysis
Test Performed at: Hennepin Health Care Clinical Laboratory
Analytic Time: Varies. An interpretive report will be provided.
Collect: Fresh sterile specimen.
Days Set Up: Mon Tue Wed Thu Fri Available other times as necessary: Chemistry sendouts.

Specimen: Submit tissue from one of the following:
SUBMIT: 1. **Products of Conception (POC) chromosome study.**
Obtain fetal tissue and chorionic villi (placenta).
Do not handle with hands. Place the specimen into a screw-capped, sterile container with sterile, normal saline (do not place in fixative). Specimen must remain moist. Label container with patient's name and date of birth. **Forward promptly at ROOM TEMP only.**

2. **Skin Biopsy chromosome study.**
Obtain a 3-5 mm³ biopsy specimen of tissue. Do not handle with hands.
Place specimen into a screw-capped, sterile container with sterile, normal saline. Specimen must remain moist. Label container with patient's name and date of birth. **Forward promptly at ROOM TEMP only.**

NOTE: On weekends, specimen must be handed directly to Lab staff. This is necessary so the specimen can be forwarded to HHC within 24 hours.

UNACCEPTABLE: ANY TISSUE SUBMITTED IN FORMALIN.
ANY TISSUE REFRIGERATED.

Cytology, Body Fluid CSF

Panel Code(s): NGB (HML Client)
Med Cyto (EPIC)

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH'S LABORATORY
Analytic Time: 48 hours
Collect: Sterile screw-capped tube.
Days Test Performed: Mon Tue Wed Thur Fri

Specimen:
SUBMIT: Spinal fluid in a clean sterile tube with no fixative or preservative added. Send specimen ASAP and refrigerated.
NOTE: Indicate the number of specimens submitted.

HealthEast Medical Laboratory Reference Manual

Cytology, Pap Smear**Panel Code(s): NGB (HML Client)
GYN CYTO (EPIC)**

CPT Code(s): Use one of these codes, depending on what was ordered.
88142 SurePath Diagnostic
G0123 SurePath Screen

Test Performed at: HML / ST. JOSEPH'S LABORATORY

Analytic Time: 120 hours

Collect: See SurePath Quick Reference Guide page E-11.

Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: SurePath Vial. May require ABN form. Make sure at least one collection device is present in the vial.

NOTE: See Cytology Request Form for instructions to complete questions regarding clinical information - page E5-E8.

Pap smears requiring a pathologist's review will have the following CPT code charges added, depending on the type of pap smear that was ordered:

88141 SurePath or Diagnostic

G0124 SurePath Screen

These charges will be billed by University Park Pathology

**Cytology, Body Fluid - Pericardial/Peritoneal/Peritoneal Wash/
Pleural/Ovarian/Gutter****Panel Code(s): NGB (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112

Test Performed at: HML / ST. JOSEPH'S LABORATORY

Analytic Time: 48 hours

Collect: Screw-capped container

Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: ≤ 100 mL of body fluid in a clean screw-capped container with no fixative or preservative. Send specimen refrigerated.

NOTE: DO NOT add Heparin.
Specimen must be received ASAP.
Identify source and side if applicable.
Indicate the number of specimens submitted.

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Cytology, Fine Needle Aspiration - Deep Tissue**Panel Code(s):NGF (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 10022 FNA with imaging guidance
88173 FNA Interpretation and Report
Test Performed at: HML / ST. JOSEPH'S LABORATORY

Analytic Time: 48 hours

Collect: Glass slide(s), CytoRich Red solution vial, 10% Neutral Buffered Formalin.

Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Radiologist will perform the procedure under CT or Ultrasound guidance. The Cytology Department will supply collection fluid, slides, and a person to assist at the procedure if in a HealthEast facility.

NOTE: Identify source and site. Indicate the number of specimens submitted.
Procedure is scheduled through Central Scheduling.

Cytology, Fine Needle Aspiration - Superficial Lesion**Panel Code(s):NGF (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88173

Test Performed at: HML / ST. JOSEPH'S LABORATORY

Analytic Time: 48 hours

Collect: Glass slide(s) and CytoRich Red vial.

Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Labeled air-dried slide(s) using #2 pencil with patient's first and last name and labeled CytoRich Red vial. Aspirates may produce very small amounts of material. Express a small amount of material on one slide and spread with a second slide to make a monolayer of cells.

Use a technique which makes a feathered edge, much the same as a peripheral blood smear. Rinse remaining material from syringe into CytoRich Red vial. This process may be repeated. If fluid is obtained from the aspiration site, this should be placed into the vial of CytoRich Red solution (up to 30 cc fluid may be placed in a vial).

NOTE: The Cytology Department would prefer no more than three air-dried slides. If more than three passes are made, the remaining passes may be expressed into the CytoRich Red vial without making the air-dried slides. Identify source and site.

Indicate the number of specimens submitted.

To schedule an in-house superficial fine needle aspiration, see "Scheduling FNA" in cytology section.

Do not submit a syringe with an attached needle to Cytology.

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Cytology, GI Pulmonary BAL**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: Screw-capped container.
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: ≥ 20 mL of lavage specimen in sterile screw-capped container with **no** fixative or preservative added.

NOTE: At least 20 mL are needed to complete cell count, microbiology tests and cytology. Indicate if silver stain needs to be performed. Identify source and site. Indicate the number of specimens submitted.

Cytology, GI Pulmonary/Bronchial & Esophageal Wash**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: Screw-capped container
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: < 100 mL of wash in screw-capped container with **no** fixative or preservative added. Send specimen refrigerated.

NOTE: Identify source and site. Indicate the number of specimens submitted.

Cytology, GI Pulmonary, Brush**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: CytoLyt™ solution vial.
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Rinsed brushing from specific body site in vial containing CytoRich Red solution. Rotate brush in solution 10 times while pushing against the CytoRich Red solution vial wall. Swirl brush vigorously to further release material. Place brush in vial. Brush should not be reused.

NOTE: If brush is not rinsed immediately, cells will harden and adhere to brush. If physician plans on re-using brush to obtain another specimen, sterile saline should be used instead of CytoRich Red. Send specimen refrigerated if in saline. Specimen **cannot be shared with Microbiology** Department if CytoRich Red is used. Identify source. Indicate the number of specimens submitted.

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Cytology, GI Pulmonary, GMS for Pneumocystis Carinii and/or Fungus**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88312
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: Sterile screw-capped container.
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Preferred specimen is bronchoalveolar lavage. **No** fixative or preservative. Testing may be performed on bronchial wash specimen or sputum samples.

NOTE: Patient history is critical.
 The physician must contact the Cytology Department if the specimen needs to be done STAT.

Cytology, GI Pulmonary/Sputum**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: Screw-capped container with CytoRich Red solution.
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: First morning "deep cough" sputum.

NOTE: Instruct patient to rinse mouth with water prior to collection and to NOT DRINK the solution in the specimen container. In certain cases, Respiratory Therapy should assist in specimen collection if patient is having a problem coughing or cannot obtain a deep cough specimen. Post-bronchoscopy sputum or a 24-hour collection means that one specimen should be collected within 24 hours of bronchoscopy.

Cytology, Herpes-Tzanck Scraping**Panel Code(s):NGH (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic Time: 48 hours
 Collect: A. CytoRich Red (preferred)
 B. Smear fixed with pap spray fixative
 C. If no spray fix, an air-dried smear may be submitted.
 Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Spatula rinsings in CytoRich Red vial of the scraped opened outer edges of lesion.

NOTE: Identify the site of the scraping.
 Indicate the number of specimens submitted.

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Cytology, (Transbronchial Fine Needle Aspiration) Wang Bx**Panel Code(s):NGP (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88173
Test Performed at: HML / ST. JOSEPH'S LABORATORY
Analytic Time: 48 hours
Collect: Glass slide(s), CytoRich Red vial.
Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

- SUBMIT:** Physician will perform the procedure. The cytology department will supply collection fluid, slides, and a person to assist at the procedure if the cytology department is notified 24 hours prior to the procedure.
- NOTE:** Identify source and site.
Indicate the number of specimens submitted.

Cytology, Urinary Tract Brush**Panel Code(s):NGU (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH'S LABORATORY
Analytic Time: 48 hours
Collect: CytoLyt™ solution vial.
Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

- SUBMIT:** Rinsed brushing from lesion in vial containing CytoRich Red solution. Rotate brush in solution 10 times while pushing against the CytoLyt™ solution vial wall. Swirl brush vigorously to further release material. Place brush in vial. Do not re-use.
- NOTE:** Identify source and side if applicable.
Indicate the number of specimens submitted.

Cytology, Urinary Tract Wash**Panel Code(s):NGU (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH'S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container
Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

- SUBMIT:** ≥ 1.0 mL of wash in screw-capped container with **no** fixative or preservative added. Send specimen refrigerated.
- NOTE:** Identify site of washing.
Indicate number of specimens submitted.

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Cytology, Urine**Panel Code(s):NGU (HML Client)
MED CYTO (EPIC)**

CPT Code(s): 88112
Test Performed at: HML / ST. JOSEPH'S LABORATORY
Analytic Time: 48 hours
Collect: Screw-capped container
Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

- SUBMIT:** ≥ 1.0 mL fresh voided urine (not first void of day). Clean-catch specimen preferred.
Send specimen refrigerated.
- NOTE:** Identify source (clean catch or catheterized).
Indicate number of specimens submitted.

HPV DNA High Risk Cervical**Panel Code(s):HPP (HML Client)
HPV DNA High Risk Cervical (EPIC)**

CPT Code(s): 87624
Test Performed at: Fairview Diagnostic Laboratories
Analytic Time : 72 hours
Collect: SurePath vial
Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

- Submit:** Cervical collection device(s) collected in SurePath vial with at least 10 mL liquid
ROOM TEMP.
Unacceptable: SurePath Vial FROZEN.
- NOTE:** Use cervical collection device(s) to collect sample, then break off device in SurePath vial. This test is performed automatically and charged separately using CPT code 87624 if ordered as a SurePath.

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Kidney Biopsy**Panel (Test) Code(s):
Surgical Pathology Exam**

CPT Code(s): 88305 Gross and Micro, Level IV
 88346 x1 Immunofluorescence (1st stain)
 88350 x8 Immunofluorescence (each additional stain)
 88348 Electron Microscopy
 88313 x 4 Special Stains, Group 2

Test Performed at: Hennepin Health Care Pathology Laboratory

Analytic Time: Approximately 2 weeks.

Days Test Performed: Mon Tue Wed Thu Fri 6 AM - 4:30 PM

Specimen:

SUBMIT: When a renal biopsy is ordered on a patient, the reference lab must be indicated. Contact Histology Laboratory (ext. 23575 at St. Joseph's; ext. 27575 at St. John's; ext. 20575 at Woodwinds). Renal kits and requisition forms are available in the Histology Laboratory. Kits must be refrigerated: pick up just before the procedure. Procedure not performed by Histology Lab staff.

When the physician has finished the biopsy and divided the biopsy into the appropriate containers, the kit **must** be brought to the Histology Laboratory **immediately**. The kit must be brought to the Histology Laboratory to be given its appropriate surgical number for Medical Records and for billing purposes. The Histology Laboratory will send the biopsy to Hennepin Health Care via courier.

The kit contains:

1. A small bottle of Immunofluorescence media.
2. One container of gluteraldehyde.
CAUTION: Breathing the vapors of gluteraldehyde may be harmful.
3. One container of 10% formalin.
4. A requisition form to be filled out by the physician.
5. Send a copy of the patient face sheet to the Lab.

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Kidney Biopsy**Panel (Test) Code(s):
Surgical Pathology Exam**

CPT Code(s):	88305	Gross and Micro, Level IV
	88348	Electron Microscopy
	88346 x1	Immunofluorescence (1 st stain)
	88350 x8	Immunofluorescence (each additional stain)
	88313 x3	Special Stains, Group II

Test Performed at: Mayo Medical Laboratory
 Analytic Time: 1 day 10-21 days Renal Bx, Electron Microscopy

Days Test Performed: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: When renal biopsy is ordered on a patient, the reference lab must be indicated. Contact Histology Laboratory (ext. 2-3575-St. Joe's; ext. 2-7575-St. John's; ext. 2-0575-Woodwinds). Renal kits and requisition forms are available in the Histology Laboratory. Kits are at room temperature: pick up prior to procedure. Procedure not performed by histology lab staff.

When the physician has finished the biopsy and divided the biopsy into the appropriate containers, the kit **must** be brought to the Histology Laboratory **immediately**. The kit must be brought to the Histology Laboratory to be given its appropriate surgical number for Medical Records and for billing purposes. The Histology Laboratory will send the biopsy to Mayo Medical Laboratory.

The kit contains:

1. Zeus Transport Media
2. Gluta (Trumps)
3. One container of 10% formalin.
4. Renal Biopsy Patient Information Sheet, plus instructions

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Muscle Biopsy**Panel (Test) Code(s):
Surgical Pathology Exam**

CPT Code(s): 88305 Gross and Micro, Level IV
 88348 Electron Microscopy
 88319 x 11 Histochemistry
 88313 x 4 Special Stains, Group 2

Test Performed at: **Hennepin Health Care Neuromuscular Laboratory**

Analytic Time: Approximately 2 to 3 weeks.

Days Test Performed: Mon Tue Wed Thu Fri

7am to 2:30pm (NO EXCEPTIONS)
 HCMC Lab Closes at 2:30 (M-F)

Specimen:

SUBMIT: **Must be scheduled with Pathology (Histology) Laboratory 24 hours in advance.
 Specimen must be received at HHC not more than one hour after excision.**

The Histology Laboratory will provide fixative and instructions.

PROCEDURE:

1. Two unfixed muscle pieces, lying on a tongue blade, wrapped in saline-moistened gauze on wet ice. (Do not allow specimen to soak with water.) Recommended size: 3 to 5 mm. in diameter by 1 cm in length for each.
2. A third muscle piece that is held at resting length by sutures on a piece of tongue blade immersed in EM fixative. Size: 2 mm in diameter.
3. **If** biochemical studies are anticipated, additional muscle samples must be quickly frozen and sent on dry ice. Quick freeze in liquid nitrogen if available, or quick freeze specimen on a tongue blade on dry ice.
4. Fill out Neuromuscular Pathology request form.
5. Order surgical path exam in Epic.

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Muscle Biopsy**Panel (Test) Code(s):
Surgical Pathology Exam**

CPT Code(s): 88305 Gross and Micro, Level IV
 88319 x 7 Histochemistry
 88314 x 9 Special Stains

Test Performed at: **Mayo Medical Laboratory**

Analytic Time: 3-5 days

Note: Cases requiring additional staining and ancillary testing may require additional time.

Days Test Performed: Mon Tue Wed **ONLY**

Specimen: Frozen tissue

SUBMIT: **Must be scheduled with Pathology (Histology) Laboratory at least 24 hours in advance.**

The Histology Laboratory will provide instructions.

Patient Information Required:

Complete the "Muscle Histochemistry Patient Information Sheet". Failure to complete this information and send it along with the specimen will delay the results and interpretation of the muscle specimen testing.

Muscle Biopsy Collection Requirements and Precautions:

1. Obtain biopsy from a muscle that is definitely affected, but not so severely affected that much of it is replaced by fatty or fibrous connective tissue. This usually means a -1 to -2 rating on the Mayo Clinic manual muscle testing scale, or a 3 to 4 rating on the MRC scale
 - The involved muscle should not have been previously traumatized by injections or by EMG studies.
 - Typically, the triceps, biceps or vastus lateralis is chosen.
2. Biopsy should be approximately 1.5 cm x 0.5 cm specimen, and dissected with minimum trauma along the long axis of the muscle fibers. If extra studies are needed, then another piece of similar size should be obtained.
 - Do not use electrocautery or a muscle clamp in removing the specimen
 - If a muscle biopsy is received in a clamp or another apparatus, remove the specimen from it immediately.

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Products of Conception

Panel Code(s): APS (HML Clients)
EPIC:Surgical Pathology Exam
Histology Outreach (HML)

CPT Code(s): 88305 Gross and Micro, Level IV
 Test Performed at: HML / ST. JOSEPH'S LABORATORY
 Analytic time: 1-3 days. An interpretive report will be provided.
 Days Test Set Up: Mon Tue Wed Thu Fri

SUBMIT: Tissue in a container with 10% neutral buffered formalin. Forward promptly at room temperature only.

EXCEPTION: Tissue for chromosome analysis. (NO formalin - use sterile saline.)

UNACCEPTABLE: Tissue with insufficient amount of fixative.

NOTE: All fetal remains under twenty weeks' gestation that have reached a stage of development so that there are cartilaginous structures, fetal or skeletal parts, will be buried. Arrangements will be handled by the hospital.
 If parents ask for the remains of the fetus and/or products of conception including curettage, they will have to make arrangements with a private mortician for burial or cremation.

Tissue, Frozen Section

Panel Code(s): APS (HML Client)
EPIC:Surgical Histology Exam(SUR)
Histology Outreach (HML)

CPT Code(s): 88331 First Frozen Section
 88332 Each additional
 Test Performed at: HML / ST. JOHN'S, ST. JOSEPH'S, WOODWINDS LABORATORY
 Analytic Time: 20 minutes from time of receipt in Laboratory. An interpretive report will be provided.

Collect: Fresh tissue.

Days Test Set Up: Mon Tue Wed Thu Fri 7:30 AM to 5 PM.
 Available other times as necessary: page on-call pathologist for approval and scheduling.

Specimen:

SUBMIT: Tissue fresh, or in saline or saline-soaked gauze. Place specimen on wet ice and send immediately by cab at your expense.

NOTE: DO NOT PUT INTO 10% FORMALIN.
SPECIMEN CANNOT BE FROZEN.

UNACCEPTABLE: Any tissue submitted in formalin or frozen.

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Tissue, Gross and Micro**Panel Code(s): APS (HML Clients)****EPIC: Surgical Pathology Exam(SUR)
Histology Outreach (HML)**

CPT Code(s): 88300 - Gross only
88302 - Level II
88304 - Level III
88305 - Level IV
88307 - Level V
88309 - Level VI

One or more of the above CPT codes may be appropriate, depending on the specimen.

Test Performed at: HML / ST. JOSEPH'S LABORATORY

Analytic Time: 1 - 3 days. An interpretative report will be provided.

Days Test Set Up: Mon Tue Wed Thu Fri

Specimen:

SUBMIT: Tissue in a container with 10% neutral buffered formalin or other required fixative.
Forward promptly at room temperature only.

UNACCEPTABLE: Tissue with insufficient amount of fixative.