

Fine needle aspiration Ordering and Collection v1.1

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Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	4/6/2022	1.1	Simha Sastry MD Clinical Laboratory Director (M06625)	
Approval	Lab Director	4/6/2022	1.1	Ghazala Nathu MD Clinical Laboratory Director (S00134)	
Approval	Lab Director	4/4/2022	1.1	John Fisk MD Clinical Laboratory Director (M08480)	
Approval	Lab Director	4/1/2022	1.1	Valerie Bush PhD Clinical Laboratory Director (M05512)	
Approval	Lab Director	3/31/2022	1.1	Timothy Chapman MD Clinical Laboratory Director (M11669)	

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.1	Approved and Current	Initial version	3/16/2022	4/14/2022	Indefinite

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FINE NEEDLE ASPIRATIONS: ORDERING, COLLECTION AND LABELING

I. Principle:

For processing fine needle aspirations of masses, cysts, and nodules for cytological evaluation to determine the presence or absence of malignant tumor cells, infectious processes or other diagnostic processes.

II. Ordering and Labeling:

- Order the test in EPIC using test code LAB13 for Non-Gyn cytology.
- Enter the Specimen Source.
- Enter the source description in the box on the same line at the far right of the screen.
- When the Specimen Source is entered, another box opens below it for an additional specimen.
- Fill in for as many specimens as needed.
- Answer the mandatory and specific questions.
- Sign the order.
- Go to the Collection activity.
- Choose which specimens to collect. Verify/update sources and comments.
- Select Print Label.
- Label the fixative vial using the EPIC generated label.
- Scan the Label to document the electronic collection.
- Select Finish or Accept

Proper patient history is essential to the successful interpretation of a cytological specimen and is required by regulations. Any evaluation and report is, at best, incomplete without correlating the cytological studies with a complete patient history.

Improper labeling may cause the specimen to be returned for proper labeling, a delay while waiting for proper labeling or the specimen to be rejected and discarded.

III. Collection:

1. Following proper procedures, prepare the patient. For deep sites, guidance by imaging techniques is recommended. For superficial sites, isolate the mass between the fingers.
2. Introduce a 22-gauge needle attached to a syringe into the mass. Puncture the lesion several times, in a fanning pattern, while maintaining negative pressure on the syringe. Sample the walls of a cystic lesion in addition to draining the fluid. An 18-gauge needle may be used to penetrate deep or fibrotic areas. Thread the 22-gauge needle through the 18 gauge needle and sample the lesion.
3. Reduce the negative pressure and remove the needle.
4. Expel the material onto pre-labelled slides. Gently spread the material across the slides and immediately immerse the slides in 95% alcohol. If more than 4 slides are made, expel the remaining material into saline solution for preparation by laboratory personnel. Aspirations may be submitted with slides or with the aspiration expelled into the saline solution only. Refrigeration is recommended if a delay in transport is expected. Do not add anticoagulants.

IV. References:

- 1. Helen H. Wang, MD, PhD., "Fine Needle Aspiration Cytology". Cytology stuff.com 2015 <http://www.cytologystuff.com/study/section28ng.htm>
- 2. "Cytology" diagnostic principles and clinical correlates, 3rd edition. Edmund S. Cibas and Barbara Ducatman, 2009

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