

SPECIMEN COLLECTION INSTRUCTIONS

Esophageal, GE junction, duodenal or gastric washings

The adequacy of a gastrointestinal specimen is determined primarily by the presence of wellpreserved epithelial cells indicative of the type of epithelium present at the gastrointestinal site sampled. All GI specimens will tend to deteriorate rapidly due to enzymatic activity which is present throughout much of the GI tract.

In addition, these specimens are easily contaminated by epithelia from sites proximal to that being sampled. As all GI specimens will rapidly deteriorate in the fresh state, collection of the specimen in cytology fixative is requested. The specimen should be refrigerated or placed on wet ice until transport even if for a shorter period of time.

Indications

For detection and characterization of endoscopically ill-defined or invisible gastrointestinal lesion; for the identification of some microbiologic pathogens (primarily Herpes, CMV, and Candida). If culture or virology studies are desired, submit separate sample to clinical lab.

Specimen Required

Endoscopically obtained washing (preferably at least 10 mL) of the region of the suspected lesion.

Supplies

- Standard endoscopy equipment.
- Clean plastic specimen container(s).

Specimen Collection:

- Patient should follow pre-op instructions from gastroenterologist or clinician.
- Using standard endoscopy technique, lavage the area of interest using a physiologic solution.
- Aspirate the solution and place in a clean specimen container.
- Label the container with the correct patient information with two unique identifiers and submit the specimen and the completed cytology request form to Incyte Diagnostics.
- If transport of the specimen will be delayed more than 4 hours, add 50 mL of cytology fixative or 50% ethyl alcohol. If transport time will be less than 4 hours, or fixative is not available, the specimen should be refrigerated or kept on wet ice until transport to the lab.