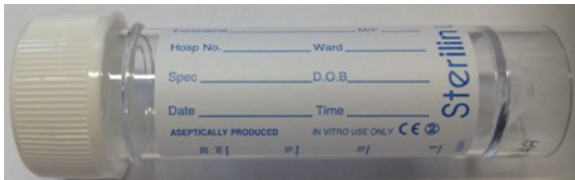


## Aspirates and Cyst Fluids

<b>Synonyms</b>	Breast Cyst Fluid, Ovarian Cyst fluid, Renal Cyst fluids, Thyroid Cyst Fluids.
<b>Clinical Indication</b>	At request of clinician. See below under Specimen Type.
<b>Part of Profile / See Also</b>	N/A
<b>Request Form</b>	Manual request form or ICE request
<b>Availability / Frequency of Analysis</b>	On request.
<b>Turnaround Time</b>	Reports are normally issued within 4-6 days of receipt. Samples requiring extra work may take longer, please contact the lab for further information on delayed reports.
<b>Patient Preparation</b>	As per clinical requirements.
<b>Sample Requirements</b>	There must be at least 3 patient identifiers on both sample pot and request form. Patient Identifiers must include any 3 of the following: Patient's full name(Name and Surname), Patient Date of Birth and NHS Number or Hospital Number. There should be no discrepancies between the form and the sample pot.
<b>Specimen Type</b>	Cyst fluids / Aspirates. Must be fresh and unfixated.  It is not necessary to send all specimens of breast cyst fluid for cytological examination. Only if the specimen is uniformly blood-stained and cytological examination is indicated.
<b>Volume</b>	Send as much fluid as can be conveniently obtained, but no more than 40ml.
<b>Container</b>	 <p>Sterile universal container. Sample should be collected in a Sterile Universal container or a white top 40ml pot. Samples should be transported to the laboratory as soon as possible after collection. If there is a delay between collection and transport, the sample should be refrigerated.</p>
<b>Acceptance/ Rejection Criteria</b>	Sample must be accompanied by a corresponding fully completed request form. Both the sample and request form must be legibly labelled with a minimum of three patient identifiers (patient's full name (Name and Surname), DOB and NHS Number or Hospital Number).



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ISO 15189:2022

There should be no discrepancies between the sample pot and the request form.

Please note that samples failing to meet these criteria will be given attempt to contact requester for the correction of error and sign disclaimer but failing to this may result in rejection of sample.

**Reference Range & Units**

N/A

**Interferences**

Sometimes cellular yield may be low resulting in a scanty preparation. Old or unrefrigerated specimens may be poorly preserved.

If a specimen is required by another department, such as Microbiology, this can result in a delay in processing and therefore a sub-optimal sample. Please send separate samples with the appropriate request forms to different departments, if required.

**Interpretation & Clinical**

**Decision Value (if applicable)**

N/A

**References**

N/A

**Test code**

Various (lab use only).

**Lab Handling**

Store at 2-8°C until the sample is prepared.

**Specimen Transport**

Must be Stored at 2-8°C until the sample is prepared.

**From Basildon Hospital:** Ward and clinic samples should be taken to the Pathology Specimen Reception hatch on Level C.

**From Southend Hospital:** Southend Hospital: Ward and Clinic samples to Pathology Reception in the Essential Services Lab on the 2<sup>nd</sup> Floor in the Pink Zone.

**GP/Community Samples:** All GP work is collected by the Courier Service and brought to the address below.

**Location of Laboratory**

The Cytology Laboratory is located at:  
Cellular Pathology Department  
Basildon University Hospital  
Nethermayne  
Basildon  
SS16 5NL

**Contact Numbers**

Cellular Pathology Tel: 01268 524 900 Ext: 8212 / 8888 / 3033

Open 8.30am-5.00pm; Monday – Friday excluding Bank Holidays.