

# Urine-Cytology

## Synonyms

Voided / Clean catch urine, Catheter urine, Conduit urine, Ureteric washing, Bladder washing.

## Clinical Indication

Follow up of bladder urothelial abnormalities. Haematuria.

## Part of Profile / See Also

N/A

## Request Form

Manual request form or ICE request

## Availability / Frequency of Analysis

On request.

## Turnaround Time

Reports are normally available 4-6 calendar days after the date of the procedure. Samples requiring extra work may take longer, please contact the reporting Hospital's Cellular Pathology Department for further information on delayed reports or for clinical advice ([01268 524900](tel:01268524900) Ext:3033).

## Patient Preparation

Please advise patients to ensure that the lids are firmly tightened to prevent leakage during transport to the laboratory. They should also be reminded to fill in all details on the sample container. When catheter specimens **or any other urine sample type sent, please ensure this is clearly mentioned as such** on the specimen container and request form. Specimens should not be collected during the 14 days following cystoscopy.

## Sample Requirements

A 20ml aliquot of **the second urine of the day** is required. Early morning urine samples are **not** suitable. Specimens must be sent promptly as any delay in transit will make the sample unsuitable for diagnosis.

There must be at least 3 **matching** patient identifiers on both sample pot and request form. **Patient Identifiers must include any 3 of the following: Patient's full name, Date of Birth (D.O.B) and NHS Number or Hospital Number.**

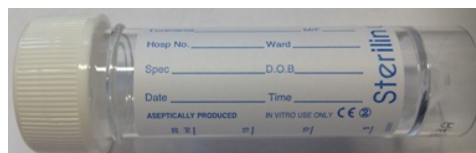
## Specimen Type

Urine sample must be fresh and not fixed.

## Volume

One 20ml sample.

## Container



Sterile Universal container.

Specimens should be received in white top universals.

Specimens should be sent to the laboratory as soon as possible after collection. If there is a delay between collection and transport, the sample should be refrigerated.

## Acceptance/Rejection

Sample must be accompanied with 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, D.O.B and NHS



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<b>Criteria</b>	<p>number or Hospital number.</p> <p>There should be no discrepancies between the sample pot and the request form.</p> <p>Please note that samples failing to meet these criteria may be rejected.</p>
<b>Reference Range &amp; Units</b>	N/A
<b>Interferences</b>	<p>Sometimes cellular yield may be low resulting in a scanty preparation (slide). Old or un-refrigerated specimens may be poorly preserved.</p> <p>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.</p> <p>Please send separate samples to different departments, with appropriate request forms, if required.</p>
<b>Interpretation &amp; Clinical Decision Value (if applicable)</b>	N/A
<b>References</b>	N/A
<b>Test code</b>	Urine URI; Ureteric washing UWASH
<b>Lab Handling</b>	Store at 2-8°C until the sample is prepared.
<b>Specimen Transport</b>	<p>Must be Stored at 2-8°C until the sample is prepared.</p> <p><b>From Basildon Hospital:</b> Ward and clinic samples should be taken to the Pathology Specimen Reception hatch on Level C.</p> <p><b>From Southend Hospital:</b> 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.</p> <p><b>GP/Community Samples:</b> All GP work is collected by the Courier Service and brought to the address below.</p>
<b>Location of Laboratory</b>	<p>The Diagnostic (Non-Gynae) Cytology Laboratory is located at:</p> <p>Cellular Pathology Department Basildon University Hospital Nethermayne Basildon SS16 5NL</p>
<b>Contact numbers</b>	<p><b>Cellular Pathology Tel:</b> 01268 524 900 Ext: 8888/ 3033 Open 8.30am-5.00pm; Monday – Friday excluding Bank Holidays.</p>