



Accredited to
ISO 15189:2022

Brushings

Synonyms	Bronchial Brushings, Biliary brushings, Oesophageal brushings and Gastric brushings
Clinical Indication	At request of clinician.
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 10 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 Ext:3033).
Patient Preparation	As per clinical requirements.
Sample Requirements	Material obtained by brushing should be spread along the length of the slide, and fix immediately with alcohol fixative. Following fixation, the brush should be placed in a universal containing CytoLyt (or blue topped pot containing CytoLyt). There must be three matching patient Identifiers on the slides and on the universal pot containing the fluid specimen and the brush. The slide must be labelled in pencil with the patient's name, Date of Birth (D.O.B) and NHS Number or Hospital Number. The fluid sample should also be clearly labelled in pen with the same details. The slide must be sent to the laboratory in a slide box together with the fluid specimen containing the brush.
Specimen Type	Brushings are received on slides. These are fixed and are transported in slide boxes. The brush used for the brushing should be placed in a universal pot containing CytoLyt (or blue topped pot containing CytoLyt).
Volume	N/A
Container	Fixed slide (in slide mailing box) plus brush (in CytoLyt contained in a universal container or blue top pot). Samples should be transported to the laboratory as soon as possible after collection in a clear plastic sample bag. As this is a fixed sample, a slight delay between collection and transport is not a problem.
Acceptance/Rejection Criteria	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 3 matching patient identifiers (patient's full name, D.O.B and NHS number or Hospital number).



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There should be no discrepancies between the slide and/or 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	Slides must be promptly fixed to avoid poor preservation. Slides and/or samples in Cytolyt may have low numbers of cells present.
Interpretation & Clinical Decision Value (if applicable)	N/A
References	N/A
Test code	Bile duct brushings (BILEBR); Bronchial Brushings (BROBR); Gastric Brushings (GASBR); Oesophageal brushings (OESBR).
Lab Handling	Store at room temperature 15-25°C until the sample is prepared.
Specimen Transport	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 nd 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 Diagnostic (Non-Gynae) Cytology Laboratory is located at: Cellular Pathology Department Basildon University Hospital Nethermayne Basildon SS16 5NL
Contact numbers	Cellular Pathology Tel: 01268 524 900 Ext: 8888/ 3033 Open 8.30am-5.00pm; Monday – Friday excluding Bank Holidays.