

Anatomic Pathology – Histopathology & Cytopathology

INTRODUCTION

Histology is the microscopic study of cell structures in tissues. Cytology is the study of cells, their origin, structure, function and pathology. Histopathology and Cytopathology are the two basic components of CompuNet Clinical Laboratories' Anatomic Pathology division - the section of the laboratory that examines tissues and cells for disease.

CompuNet offers full-service Histopathology and Cytopathology services under the direction of our board certified pathologists. To ensure proper handling and to preserve legal chain of custody, all specimens for these two areas of the laboratory and the accompanying requisition must be properly labeled. Preparation of cells and tissues for microscopic examination requires a minimum of 24 hours. All specimens submitted for cytology must contain the patient's name on the container label and on the frosted end of the glass slides. Multiple tissue specimens submitted for histologic examination must be individually identified on their respective formalin containers as well as on the requisition. Requisitions for histology and cytology must list the following:

Patient name	Patient gender
Patient date of birth	Patient age
Patient social security number	Date and time collected
Specimen source (identification of tissue)	Physician's name
Billing information	

More specific information concerning the requisition is found on the following pages.

Cytology/Histology Requisition

In addition to the necessary patient information required for all laboratory testing (name, date of collection, billing information etc.), some specific information is necessary for specimens submitted for cytologic or histologic examination.

ThinPrep / Pap Smear Cytology

1. Date of birth and Social Security Number

These two parameters are needed to generate a history match for patients who have had previous pap smears and/or biopsies. This allows a retrospective correlation between the current and previous specimens as mandated by CLIA '88.

2. Pap Smear type (exact source of specimen):

It is important to differentiate a vaginal smear from a cervical smear so the cytotechnologist can evaluate and report any discrepancies in cell type encountered during microscopic examination.

3. Gyn biopsy submitted with pap smear:

These two specimens are processed in different sections of Anatomic Pathology (Cytology tests the pap smear; Histology receives and processes the biopsy for the pathologist). If a biopsy is known to have been submitted with the pap smear, the pathologist is able to simultaneously evaluate and better correlate these two specimens.

4. Clinical history

Menstrual history, including hysterectomy, hormone usage, I.U.D, and previous abnormalities and therapy are important information for the cytotechnologist and pathologist when determining high-risk potential.

5. Previous smear date and results:

If performed in another laboratory, this information allows us to perform the CLIA '88 mandated rescreening of high-risk patients.

Non-Gyn Cytology

Exact Source of specimen

1. *Urine*: Specify voided, catheterized, bladder washing, ileal conduit
2. *Breast Aspirate*: Identify specimen as cyst or solid mass
3. *Thyroid Aspirate*: List exact location of aspirate; i.e. right, left, upper pole, lower pole
4. *Skin Scraping*: List anatomical site/source of the scraping

Cytology Specimen Rejection Policy

ThinPrep Pap vials:

Patient's last name and first initial must be written on specimen label

Pap smears and any other Cytology specimen placed directly on a glass slide:

Patient's last name and first initial must be written in pencil on the frosted end of the glass slide.

Non-Gyn Cytology specimens received in Cytolyt fixative:

Patient's last name and first initial must be written on specimen label.

Any specimen received unlabeled will be returned to client for labeling.

Any specimen that the slide or label contains a different name from that listed on requisition will be returned for correction.

You will receive a notice with the specimen that specifies the I.D. problem.

Histology

In addition to the necessary patient information required for all laboratory testing (name, date of collection, billing information etc.), other specific information may be necessary for specimens submitted for histologic examination.

Clinical Diagnosis, pre and/or post-operative, provides our pathologists with additional information to consider when making the diagnosis.

Clinical history, such as previous malignancies, provides the pathologist with additional data. Excisional biopsies for malignancy (skin, breast, etc.) should be identified for orientation. This can be accomplished by a suture placed in the specimen marking the 12 o'clock position. Orientation aids the pathologist to evaluate the margins of the specimen.

When submitting multiple small biopsies in the same formalin container, mark the total number on the specimen vial as well as the requisition for 100% specimen retrieval.

Histology Specimen Rejection Policy

Specimens submitted with I.D. errors or lack of pertinent information may be returned to the client at the discretion of a pathologist.

Completing the Cytology/Histology Form

Enter patient's Social Security Number. This information is essential for appropriate history links.

Record the date that the specimen was collected.

Print patient's name legibly, last name and first name. Use **patient's legal name**. Patient names may be coded if desired.

Indicate Specimen type submitted if GYN Specimen. NOTE: marking HPV/DNA will order this testing regardless of PAP result, marking HPV/DNA only will order HPV/DNA with no other testing.

Patient's birthdate/age and sex. This information is essential for appropriate history links.

Indicate the Source of GYN Specimen

Select billing option. Provide carrier name and complete identification numbers for third party billing.

For histology specimens, please provide a clinical Dx.

For non-GYN specimens, indicate precise source here.

For histology specimens, please record specimen site for all specimens submitted.

For Histology specimens, indicate the specific specimen testing to be performed

Signature of person completing form. Please use full name format.

Indicate type of testing to be performed.

Indicate name of ordering physician. This is required. If name is handwritten, must have full first and last name.

Provide as much pertinent clinical and history information as possible. This will aid in the proper diagnosis

COMPLETE RED SHADED BOX FOR PATIENT AND THIRD PARTY BILLING ONLY

GYN REQUEST

THIN PREP PAP @ CONVENTIONAL PAP
 THIN PREP PAP WITH REFLEX HPV @ HPV/DNA HPV/DNA ONLY

SOURCE OF SPECIMEN

CERVICAL ENDOCERVICAL VAGINAL OTHER
 GYN BIOPSY SUBMITTED WITH PAP SMEAR

PAP SCREENING PAP DIAGNOSTIC

PHYSICIAN NAME MUST APPEAR ON REQUISITION TO COMPLY WITH CAP & CLIA REQUIREMENTS

U.P.I.N. REFERRING PHYSICIAN _____ U.P.I.N. REFERRING PHYSICIAN _____

CLINICAL HISTORY

	YES	NO	HORMONIES	YES	NO
PREGNANT	<input type="checkbox"/>	<input type="checkbox"/>	L.U.D.	<input type="checkbox"/>	<input type="checkbox"/>
POSTPARTUM	<input type="checkbox"/>	<input type="checkbox"/>	ABNORMAL BLEEDING	<input type="checkbox"/>	<input type="checkbox"/>
HYSTERECTOMY	<input type="checkbox"/>	<input type="checkbox"/>	RADIATION THERAPY	<input type="checkbox"/>	<input type="checkbox"/>
DOES PT. HAVE A CERVIX?	<input type="checkbox"/>	<input type="checkbox"/>	THERAPY DATE	<input type="checkbox"/>	<input type="checkbox"/>
POSTMENOPAUSAL	<input type="checkbox"/>	<input type="checkbox"/>			

INCREASED RISK FOR CERVICAL/ENDOCERVICAL CANCER
 IF YES, EXPLAIN: _____

PREVIOUS SMEAR DATE AND RESULTS _____

PREVIOUS TREATMENT _____

CALL RESULTS TO _____
 FAX RESULTS TO _____
 COPY REPORTS TO _____

ADDRESS: _____

NON GYNECOLOGICAL REQUEST

CSF SPUTUM URINE VOIDED CATH
 FINE NEEDLE ASPIRATION (FNA) VPFNAP SOURCE: _____
 SKIN SCRAPING SPECIFY: _____ VULVAR SMEAR _____ OTHER _____
 BREAST CYST ASPIRATION
 BREAST MASS ASPIRATION
 NIPPLE DISCHARGE
 MISC: Specify source _____

FOR LABORATORY USE ONLY

PATHOLOGY / HISTOLOGY REQUEST

CLINICAL DIAGNOSIS _____

TISSUE REMOVED - SPECIMEN(S) IDENTITY LISTED HERE MUST MATCH BOTTLE LABEL(S).

Spec. 1 _____
 Spec. 2 _____
 Spec. 3 _____
 Spec. 4 _____
 Spec. 5 _____
 Spec. 6 _____

BONE MARROW BIOPSY BONE MARROW ASPIRATION BONE MARROW CLOT

WBC _____ HGB _____ MCV _____
 RDW _____ PLT _____ HCT _____
 SEGS _____ BANDS _____ LYMPHS _____
 NRBC _____ MONOCYTES _____ EOSINOPHILS _____
 MYELOCYTES _____ BLASTS _____

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Cytology, Breast Aspiration	74315 or See Cytology/Pathology Requisition		88173	Material expressed from aspiration needle is placed directly on glass slides and fixed immediately with cytology spray fixative. Fluid specimen is placed in cytology liquid fixative (Cytolyt Cytology fixative) then the needle and syringe are rinsed by pulling some of the fixative back into the barrel of the syringe and expressing it into the specimen cup.
Cytology, Breast Drainage	74315 or See Cytology/Pathology Requisition		88160	Nipple secretions are placed on glass slide and immediately sprayed with cytology fixative or flooded with fluid from the Pap Pak fixative pouch. Patient's name must be written in pencil on frosted end of glass slide.
Cytology, Conventional Pap Smear, Diagnostic:	73036 or Cytology/Pathology Requisition		88164	Smear is placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Patient's name must be written in pencil on frosted end of glass slide.
Cytology, Conventional Pap Smear, Screening, 1 slide	73031 or See Cytology/Pathology Requisition		88164	Smear is placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Patient's name must be written in pencil on frosted end of glass slide.
Cytology, Esophageal Brushing	74315 or See Cytology/Pathology Requisition		88112	Cellular specimen collected on brushes during esophagoscopy. Place brushes immediately in Cytolyt Cytology fixative.
Cytology, Esophageal Washing	74315 or See Cytology/Pathology Requisition		88112	Esophageal secretions are obtained during an esophagoscopy. Specimen is submitted in Cytolyt Cytology fixative.
Cytology, Fine Needle Aspiration	74315 or See Cytology/Pathology Requisition		88173	A combination of smears immediately fixed with spray fixative and air-dried smears should be submitted. Any additional fluid should be submitted in the Cytolyt Cytology fixative. The needle and syringe are then rinsed by pulling some of the fixative back into the barrel of the syringe and expressing it into the specimen cup. Source of specimen must be listed on the requisition.
Cytology, Gastric Brushing	74315 or See Cytology/Pathology Requisition		88112	Cellular specimen collected on brushes during E-G dilation procedure. Place brushes immediately in Cytolyt Cytology fixative.

S=SST(speckled top), L=Lavender, R=Plain red, B=Light blue, RB=Royal blue, GR=Green, GY=Gray,P=PST (Green Top Separator)

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Cytology, Miscellaneous Specimen I	74315 or See Cytology/Pat hology Requisition		88160	Any specimen other than those listed on the requisition which is placed directly on a slide. Slide must be sprayed immediately after specimen is placed on slide with cytology spray fixative or flooded with fluid from the Pap Pak fixative pouch. Patient's last name and first initial must be marked on the frosted end of the slide using pencil. Source of specimen must be listed on the requisition.
Cytology, Miscellaneous Specimen II	74315 or See Cytology/Pat hology Requisition		88112	Any specimen other than those listed on the requisition which is collected in cytology liquid fixative (Cytolyt fixative). Source of specimen must be listed on the requisition. Spinal fluids require special handling. They must be received in the laboratory within one hour of collection for valid interpretation. Spinal fluids are collected fresh (without cytology fixative), especially if lymphoma is suspected. Patient's last name and first initial must be on the specimen container.
Cytology, Oral Smear	74315 or See Cytology/Pat hology Requisition		88160	Scraping from margin of oral lesion using brush or plastic spatula from the Cytology Pap Pak is preferred. Vigorously agitate collection device in Cytolyt specimen cup. Specimen can also be placed directly on glass slide and sprayed immediately with cytology fixative or flood with fluid from Pap Pak pouch. Patient's name must be written with pencil on frosted end of slide.
Cytology, Pleural Fluid	74315 or See Cytology/Pat hology Requisition		88112	10-100 mL fluid obtained during thorocentesis procedure, submitted in vacuum bottle. No heparin or cytology fixative required.
Cytology, Skin Scraping	74315 or See Cytology/Pat hology Requisition		88160	Scrapings from margin of lesion. Place specimen on glass slide and spray immediately with cytology fixative or flood with fluid from Pap Pak fixative pouch. Patient name must be written in pencil on frosted end of slide.
Cytology, Sputum	74315 or See Cytology/Pat hology Requisition		88112	Deep cough specimen placed directly into specimen cup containing Cytolyt Cytology fixative.
Cytology, Tzanck Smear	74315 or See Cytology/Pat hology Requisition		88160	Using a wooden or plastic spatula obtain a vigorous scraping from the margin of the lesion. Place specimen directly on a glass slide and spray immediately with Cytology spray fixative or flood with fluid from the Pap Pak fixative pouch. Patient's last name and first initial must be printed on the frosted end of the slide in pencil. Source must be marked on the requisition.
Cytology, Urine	74315 or See Cytology/Pat hology Requisition		88112	10 - 50 mL urine placed into specimen cup containing Cytolyt Cytology fixative.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Determinative histochemistry to identify chemical components (e.g. copper)	See Cytology/Pathology Requisition		88318	Processed tissue.
Hemosiderin Stain	74315 or See Cytology/Pathology Requisition		88313	30 - 50 mL urine, fresh voided or catheterized, is placed in Cytolyt specimen cup.
Pap Conventional Smear, Diagnostic, 1 slide	73036 or See Cytology Requisition		88164	Smear placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Using a pencil label frosted end of glass slide with patient's last name and first initial.
PAP Thinprep Diagnostic with Reflex HPV/DNA	73784 or See Cytology Requisition		88142	If diagnosis is ASCUS (Atypical Squamous Cells of Undetermined Significance) the thinprep specimen will be forwarded to Virology for HPV/DNA testing at an additional charge. Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
PAP Thinprep Screen with Reflex HPV/DNA	73783 or See Cytology Requisition		88142	If diagnosis is ASCUS (Atypical Squamous Cells of Undetermined Significance) the thinprep specimen will be forwarded to Virology for HPV/DNA testing at an additional charge. Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
Pap, Conventional Smear, Diagnostic 2 slide	73038 or See Cytology Requisition		88164	Smear placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Using a pencil label frosted end of glass slide with patient's last name and first initial.
Pap, Conventional Smear, Screening 1 slide	73031 or See Cytology Requisition		88164	Smear placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Using a pencil label frosted end of glass slide with patient's last name and first initial.

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Pap, Conventional Smear, Screening 2 slide	73033 or See Cytology Requisition		88164	Smear placed directly on glass slide in PapPak. Flood immediately with fluid from cytology fixative pouch. See instructions inside PapPak. Using a pencil label frosted end of glass slide with patient's last name and first initial.
Pap, Diagnostic ThinPrep	73718 or See Cytology Requisition		88142	Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
Pap, Screening ThinPrep	73717 or See Cytology Requisition		88142	Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
Special Stains Group I, for microorganisms	See Cytology/Pat hology Requisition		88312	Processed tissue.
Special Stains Group II, all other (e.g., iron, trichrome)	See Cytology/Pat hology Requisition		88313	Processed tissue.
Surgical Pathology, gross and microscopic examination (Level II)	See Cytology/Pat hology Requisition		88302	Tissue specimen, fresh or formalin fixed.
Surgical Pathology, gross and microscopic examination (Level III)	See Cytology/Pat hology Requisition		88304	Tissue specimen, fresh or formalin fixed.
Surgical Pathology, gross and microscopic examination (Level IV)	See Cytology/Pat hology Requisition		88305	Tissue specimen, fresh or formalin fixed.
Surgical Pathology, gross and microscopic examination (Level VI)	See Cytology/Pat hology Requisition		88309	Tissue specimen, fresh or formalin fixed.

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Surgical Pathology, gross and microscopic examination Level V)	See Cytology/Pathology Requisition		88307	Tissue specimen, fresh or formalin fixed.
Surgical Pathology, gross examination only (Level I)	See Cytology/Pathology Requisition		88300	Tissue specimen, fresh or formalin fixed.
Thinprep Diagnostic with Reflex HPV/DNA	73784 or See Cytology Requisition		88142	If diagnosis is ASCUS (Atypical Squamous Cells of Undetermined Significance) the thinprep specimen will be forwarded to Virology for HPV/DNA testing at an additional charge. Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
ThinPrep Pap, Diagnostic	73718 or See Cytology Requisition		88142	Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
ThinPrep Pap, Screening	73717 or See Cytology Requisition		88142	Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.

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Test Name	Test Code	Tube Type	CPT Code(s)	Specimen Requirements
Thinprep Screen with Reflex HPV/DNA	73783 or See Cytology Requisition		88142	If diagnosis is ASCUS (Atypical Squamous Cells of Undetermined Significance) the thinprep specimen will be forwarded to Virology for HPV/DNA testing at an additional charge. Specimen is collected from cervix/endocervix or vagina using the plastic scraper and cytobrush or cytobroom. Specimen is thoroughly rinsed from the collection device by vigorously swirling and pressing device against side of vial of PreservCyt fixative solution. The scraper should be swirled vigorously. The cytobrush should be swirled vigorously and pressed against the side of the container to ensure that the specimen is released. The cytobroom should be swirled vigorously and pressed against the bottom of the vial to ensure that the specimen is released.
Tzanck Smear, Cytology	74315 or See Cytology/Pathology Requisition		88160	Using a wooden or plastic spatula obtain a vigorous scraping from the margin of the lesion. Place specimen directly on a glass slide and spray immediately with Cytology spray fixative or flood with fluid from the Pap Pak fixative pouch. Patient's last name and first initial must be printed on the frosted end of the slide in pencil. Source must be marked on the requisition.

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