

## Overview

### Useful For

Detecting malignant and premalignant changes

### Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
NTPPC	Non-GYN ThinPrep	No	No
NCSPC	Cell Concentration	No	No
CSOPC	Cytology Smears Other	No	No
CSAPC	Cytology Smears Other, 5 Add'l	No	No
NDSPC	Non-GYN Direct Smear	No	No
CBKPC	Cell Block	No	No

### Testing Algorithm

Reflex tests will be performed at an additional charge based on the specimen processing method performed.

### Method Name

Light Microscopy

### NY State Available

Yes

## Specimen

### Specimen Type

Varies

### Necessary Information

1. An acceptable cytology request form must accompany specimen containers and include the following: Patient's name, medical record number, date of birth, sex, source (exact location and procedure used), date specimen was taken, name of ordering physician and pager number.
2. Submit any pertinent history or clinical information. A complete clinical history is imperative for the diagnostic accuracy of cytology.

### Specimen Required

Submit only 1 of the following specimens:

Contact the testing lab for specific instructions.

**Specimen Type:** Non-gynecologic cytology specimen

**Supplies:** CytoLyt Solution (T564)

**Container/Tube:**

**Preferred:** CytoLyt solution

**Acceptable:**

1. PreservCyt solution in prefilled vial
2. Specimens with equal volume of 50%, 70%, 80%, or 95% ethanol
3. Specimens fixed in carbowax, CytoSpin collection fluid, or CytoRich red

**Specimen Volume:** A minimum of 20 mL or entire collection

**Collection Instructions:**

1. Specimen containers **must be labeled** with a minimum of 2 unique identifiers (patient's name and medical record number).
2. Indicate the specimen source and source location on the label.

**Specimen Type:** Spinal fluid

**Collection Container/Tube:** Sterile vial

**Submission Container/Tube:** Container with equal volume of 50%, 70%, 80%, or 95% ethanol

**Specimen Volume:** A minimum of 1 mL

**Collection Instructions:** Specimen containers **must be labeled** with a minimum of 2 unique identifiers (patient's name and clinic number).

**Specimen Type:** Smear

**Container/Tube:** Plastic slide container

**Specimen Volume:** Glass slide

**Collection Instructions:**

1. Slides should be immediately fixed in 95% ethanol or sprayed with commercially available fixative. Smears that have been air-dried or Diff-Quik stained may also be accepted.
2. Label containers with a minimum of 2 unique identifiers (eg, patient name and medical record number or date of birth), specimen source, and date of collection. Label each glass slide in pencil with a minimum of 2 unique identifiers. If multiple slides are submitted, each slide must have proper identification.

### **Specimen Minimum Volume**

See Specimen Required

### **Reject Due To**

No specimen should be rejected.

### **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Refrigerated		

### **Clinical & Interpretive**

**Clinical Information**

This test is used for the identification of malignant cells by cytopathology interpretation from nongynecological body sites.

**Reference Values**

Negative for malignant cells

**Interpretation**

Suspicious or atypical results need further confirmation: clinical observation, repeat cytology, or perhaps appropriate biopsy.

Positive results should be confirmed by histologic examination of tissue before definitive therapy is instituted.

**Cautions**

No significant cautionary statements

**Clinical Reference**

Mody DR, Thrall MJ, Krishnamurthy S, eds. Diagnostic Pathology: Cytopathology, 2nd ed. Elsevier; 2019

**Performance****Method Description**

The specimen is processed using CytoSpin or ThinPrep instruments to preserve cellular integrity. The smeared or processed slides are then stained using a Papanicolaou stain, coverslipped, and analyzed microscopically by a cytotechnologist and pathologist.(Instruction manuals: Cytospin 4 Operator's Manual. Thermo Scientific; A78310250 Issue 4, 2004; ThinPrep 2000 System Operator's Manual. Hologic; MAN-02585-001 Rev. 006, 02/2017; ThinPrep 5000 Processor Operator's Manual. Hologic; MAN-02203-001 Rev. 003, 08/2017)

**PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

2 to 5 days

**Specimen Retention Time**

Up to 1 week, depending on results

**Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Main Campus

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

### CPT Code Information

88104-NDSPC (if appropriate)

88108-NCSPC (if appropriate)

88112-NTPPC (if appropriate)

88161-CSOPC (if appropriate)

88162-CSAPC (if appropriate)

88305-CBKPC (if appropriate)

### LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CYTNG	Cytology Non-GYN	32785-8

Result ID	Test Result Name	Result LOINC® Value
71276	Interpretation	69965-2
71277	Participated in the Interpretation	No LOINC Needed
71278	Report electronically signed by	19139-5
71279	Addendum	35265-8
71280	Gross Description	22634-0
CY066	Collection Procedure	33724-6
CY058	Source	22633-2
CY059	Clinical History	22636-5
CY060	Fixative	8100-0
71567	Disclaimer	62364-5
71813	Case Number	80398-1