

Cytology Fine-Needle Aspiration, Varies

Overview

## **Useful For**

Detection of malignancy

Detection of certain inflammatory conditions

### **Reflex Tests**

Test Id	Reporting Name	Available Separately	Always Performed
APTGR	Thyroglobulin Reflex, FNA	No	No
	Wash, Ts		

### **Testing Algorithm**

If an additional specimen is submitted along with the slides, then a cell block will be made at an additional charge.

Includes testing from virtually any body site that can be aspirated with a fine-needle (22-gauge or smaller).

### Method Name

Light Microscopy

## **NY State Available**

Yes

## Specimen

Specimen Type

Varies

#### **Ordering Guidance**

If a consultation is desired, order PATHC / Pathology Consultation.

#### **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.

#### **Specimen Required**

Specimen Type: Slide Container/Tube: Plastic slide container



## **Test Definition: CTFNA**

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## Specimen Volume: Smear

## **Collection Instructions:**

1. Smears 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 Type: Fluid

**Container/Tube:** 60-mL (2 oz) jar with screw cap, 50-mL disposable centrifuge tube with screw cap, or 15-mL test tube with screw cap

Specimen Volume: Any amount

### **Collection Instructions:**

1. Preferred method is no fixative added to fluid prior to processing and the **specimen must be received and processed by the Cytology Laboratory within 1 hour of collection**.

2. If not possible to submit within 1 hour, specimen should be refrigerated no longer than 62 hours. Additional acceptable fixatives are specimens with equal volume of 50%, 70%, 80%, or 95% ethanol, PreservCyt solution, CytoRich Red, or CytoLyt.

3. 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.

### Specimen Type: Tissue

**Container/Tube:** 50-mL disposable centrifuge tube with screw cap or 60-mL (2 oz) jar with screw cap containing 10% neutral-buffered formalin

#### Specimen Volume: Any amount

## **Collection Instructions:**

1. Tissue fragments must be submitted in 10% neutral-buffered formalin.

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.

## 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**

Aspiration cytology from a variety of organ sites is useful in the determination of pathologic states, particularly neoplasms. Commonly examined sites include lung, liver, lymph nodes, pancreas, kidney, thyroid, retroperitoneum,



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breast, salivary glands, and soft tissue. In many cases, an open biopsy is no longer required to make a diagnosis.

### Reference Values

Negative for malignant cells

#### Interpretation

Aspiration therapy is highly specific with rare false-positives. A positive diagnosis should be definitive for malignancy.

Precise cell typing is variably possible depending on circumstances.

#### Cautions

Nondiagnostic results are issued when material is inadequate for a diagnostic impression.

A negative result must not be taken as definitive in the face of strong clinical suspicion. If the diagnosis is less than definitive (ie, suspicious), a follow-up biopsy may be recommended.

This test is not useful for most inflammatory conditions such as hepatitis, glomerulonephritis, etc. However, it may be helpful in obtaining material for culture and in identifying positive organisms in infectious diseases.

Slides must be fixed promptly after smearing to ensure adequate evaluation.

### Clinical Reference

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

## Performance

## **Method Description**

Slides are stained by a modified Papanicolaou method and examined microscopically. DiffQuik stains may be used on air-dried specimens. On rare occasions, immunostains may be used secondarily as appropriate.(Unpublished Mayo method)

#### **PDF Report**

No

Day(s) Performed Monday through Friday

Report Available 2 to 5 days

Specimen Retention Time Indefinite

## Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus



# **Test Definition: CTFNA**

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## Fees & Codes

#### Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 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**

88173 88305-CBKPC (if appropriate)

## LOINC<sup>®</sup> Information

Test ID	Test Order Name	Order LOINC <sup>®</sup> Value			
CTFNA	Cytology Fine Needle Aspiration	33718-8			
Result ID	Test Result Name	Result LOINC <sup>®</sup> Value			
71690	Interpretation	59465-5			
71691	Participated in the Interpretation	No LOINC Needed			
71689	Report electronically signed by	19139-5			
71274	Addendum	35265-8			
71275	Gross Description	22634-0			
71644	Adequacy Evaluation	11552-7			
CY067	Collection Procedure	33724-6			
CY054	Source	22633-2			
CY055	Clinical History	22636-5			
CY056	Fixative	8100-0			
71566	Disclaimer	62364-5			
71812	Case Number	80398-1			