

## Cytology Specimens

### Introduction

The acceptance of cytopathology as a current and valid discipline in medicine is largely due to the work of George N. Papanicolaou, MD. Papanicolaou began to publish material on the cytologic method and in 1928 suggested that this method was of value in the screening for and diagnosis of cervical cancer. The use of cytology as a diagnostic tool may be applied to any organ or fluid from the body. The specimen may be exfoliated cells in a fluid such as urine, sputum, pleural, etc. or cells that have been more forcibly removed by a scraper, brush, or needle. These specimens would include both liquid based and conventional Pap smears, specimens from endoscopic brushings, and fine needle aspirations. LCM Pathologists, P.C. will only accept specimens from physicians or other persons authorized by law to submit specimens.

### Requisition

Cytology specimens must be submitted with a completely filled-out Cytology requisition for LCM Pathologists, P.C. to properly process the specimen. A separate Cytology requisition should be submitted for each source/specimen site. If concurrent biopsy material is also submitted, it should be submitted with a corresponding Histology requisition. The requisition contains an area for patient demographics of: name, age, SS #, date of specimen, doctor name, chart #, DOB, insurance and billing information. The requisition also contains an area for the source and site of specimens as well as pertinent history used to correlate the results. The history and clinical information that should be provided is as follows:

Gynecologic Specimens	Non-Gynecologic Specimens
Date of LMP	Clinical diagnosis and history
Pregnant or Post-Partum	History of cancer – type and location
History of IUD	TB, liver cirrhosis, congestive heart failure, etc.
Abnormal bleeding	Radiologic findings to date, suspected lesion
Recent intrauterine instrumentation	Any systemic disease
Radiation therapy	Dyspnea
Endometriosis	Hemoptysis
Polyps	Radiation therapy (date, reason and location)
Visible lesion(s)	Drug therapy or other medications
DES exposure in utero	Hormone therapy
Recent colposcopy or biopsy (provide diagnosis)	Exposure to carcinogens
Herpes	Tobacco use (specify)
HPV (condyloma)	Recent viral infections
Hormone therapy/ birth control pills	Unexplained, continued weight loss
Previous abnormal cytology cases should provide:	Occupation (if relevant)
Date of previous abnormal	Past abnormal cytology
Treatment	
Normal subsequent cytology cases	