ABOUT OUR LABORATORIES

UF Health Medical Laboratories are privileged to serve you and your patients. Our team is composed of nationally recognized pathologists in a wide spectrum of subspecialties and laboratory staff licensed in the State of Florida. We strive to provide the highest quality patient care using state-of-the-art technology, with quick, accurate and professional attention to each patient case in the accredited laboratory environment.

UF Health Medical Laboratories are accredited by:

- The HealthCare Financing Agency of the U.S. Department of Health and Human Services under the Statutes of the Clinical Laboratory Improvements Act. Our CLIA Numbers are 10D0997531, 10D0665884, 10D0726675, and 10D2059622, and
- The College of American Pathologists' Commission on Laboratory Accreditation. Our CAP laboratory numbers are 7178590, 1482301, 1482314 and 8743573.

UF Health Medical Laboratories are licensed by the State of Florida Agency for Health Care Administration with license numbers 800000315, 80017098, 800004146 and 800026879. Our licensed specialties are: Histocompatibility, Virology, General Immunology, Syphilis Serology, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, Hematology, Histopathology, Immunohematology, Cytology, Parasitology, Bacteriology, Mycology, Mycobacteriology, Molecular Pathology, ABO & RH Group, Antibody Transfusion, Antibody Non-Transfusion, Antibody Identification and Compatibility Testing.
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Contact Customer Service at 352.265.0522 with questions about above request forms.
CONTACT INFORMATION

We are open 24 hours a day, seven days a week for emergency laboratory testing. Please feel free to contact us:

Customer Service .................................................................................................................. 352.265.0522

Chairman, Department of Pathology, Immunology and Laboratory Medicine

Michael Clare-Salzler, MD .................................................................................................................. 352.273.7841

Laboratory Medical Director

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Anatomic Pathology Medical Director

John Reith, MD ........................................................................................................................... 352.627.9256

352.413.7504 pager

Director for Laboratory Services

Mary Reeves, MBA ......................................................................................................................... 352.265.0037

Pathology Resident On-call ............................................................................................................. 352.413.6266

(Frozen sections 5 p.m. – 8 a.m., weeknights/weekends/holidays, clinical problems 24/7, STAT autopsies weeknights)

Point of Care ................................................................................................................................. 352.265.0111, x43707

Abby Estilong ................................................................................................................................. 352.642.4877 pager

Inpatient Phlebotomy Supervisor On-call ....................................................................................... 352.256.9748

Outpatient Phlebotomy Supervisor On-call .................................................................................... 352.219.1208

Quality Assurance, Safety, Compliance, and Accreditation .............................................................. 352.265.0172, x72109

Agnieszka Avizinis ......................................................................................................................... 352.413.2445 pager

Each Laboratory Specialty ................................................................................................................ See Table of Contents

Manager On-call ............................................................................................................................ 352.494.0919
**CLINICAL CONSULTANTS**

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<td>888.543.1806</td>
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<td>and Virology</td>
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<tr>
<td>Dr. Neil Harris</td>
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<td>x44717*</td>
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<tr>
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<td>352.265.0447</td>
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<tr>
<td>Dr. Faisal Mukhtar</td>
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<td>x40487*</td>
<td>352.413.4882</td>
<td>352.265.0447</td>
</tr>
</tbody>
</table>

*Main telephone number for all extensions is 352.265.0680.*
Tower Hill
7540 W. University Ave., Room 1103
Gainesville, FL 32607
352.265.0370
Open 7:30 a.m. - 5:00 p.m., Monday – Friday

Rocky Point
4800 SW 35th Dr.
Gainesville, FL 32608
352.265.0172
Open 7:00 a.m. - 4:30 p.m., Monday – Friday

Medical Plaza*
2000 SW Archer Rd.
Gainesville, FL 32608
352.265.0111, x87175
Open 6:00 a.m. - 5:30 p.m., Monday – Friday

Shands Hospital*
Outpatient Lab, Room 1021.1 (First Floor of Shands)
1600 SW Archer Rd.
Gainesville, FL 32608
352.265.0484
Open 7:00 a.m. - 5:00 p.m., Monday – Friday

Ayers
720 SW 2nd Ave., Room 203
Gainesville, FL 32601
352.733.0070
Open 7:30 a.m. - 4:00 p.m., Monday – Friday

Springhill
4037 NW 86th Ter., Room 1205
Gainesville, FL 32606
352.594.1680
Open 7:30 a.m. - 5:00 p.m., Monday – Friday

*Parking for patients or patient visitors is complimentary with a voucher. Valet parking is also available in the front circle of the hospital ($3 with a patient or patient visitor parking voucher). Patients and visitors must ask for a parking voucher at the check-out area, nurses’ station or other designated area when leaving their location of service and present it to the attendant upon exiting the garage. Please be advised that parking is cash only.
LABORATORY LOCATIONS

UF Health Medical Lab – Shands Hospital
NORTH CAMPUS
1600 SW Archer Road • P.O. Box 100344
Gainesville, FL 32610-0344
(O) 352.265.0412 • (F) 352.265.0407

UF Health Medical Lab – Shands Cancer Hospital
SOUTH CAMPUS
1515 SW Archer Road • P.O. Box 100344
Gainesville, FL 32608
(O) 352.733.0900 • (F) 352.733.0812

UF Health Medical Lab – Medical Plaza
2000 SW Archer Road
Gainesville, FL 32609
(O) 352.265.0680, x50772 • (F) 352.265.0734

UF Health Medical Lab – Rocky Point
4800 SW 35th Drive
Gainesville, FL 32608
(O) 352.265.0172 • (F) 352.265.0585

UF Health Medical Lab – Springhill
8475 NW 39th Avenue
Gainesville, FL 32606
(O) 352.627.0400 • (F) 352.627.0401
PATIENT INFORMATION AND COLLECTION GUIDELINES

GENERAL REQUIREMENTS

Proper patient preparation, timing of specimen collection, selection of specimen container type including preservatives and anticoagulants, specimen transportation and relevant patient clinical data are critical for successful testing, timely reporting of laboratory results, and proper diagnosis.

PATIENT PREPARATION AND IDENTIFICATION

Patient Preparation

Patient should be instructed about particular requirements of fasting, special dietary consumption, or other requirements timely before collection, especially prior to arrival at a draw station.

Patient Identification

Each patient must be identified positively by means of two patient identifiers before collecting a specimen for clinical testing. The patient's identity should be verified by asking the patient to identify him or herself whenever it is practical. The identifying label must be attached to the specimen container(s) at the time of collection.

*Patient Safety Note: Room number or physical location cannot be used as an identifier.*

- **Registered/Wrist-banded Patients**: Compare two identifiers (full patient name and the Shands' facility medical record number) on the identification band to another document such as the order form or specimen collection label to confirm you have the correct patient.

  *Patient Safety Note: For all inpatients, ED patients, and those outpatients having an operative or invasive procedure, a wrist band is required. If the patient wrist band is not present or is illegible, contact the primary caregiver and have the patient properly identified and wrist band applied before proceeding with specimen collection.*

- **Non Wrist-banded Outpatients**: Ask the patient their full name and date of birth. Compare two identifiers (full patient name and date of birth) to another document such as the order form or specimen collection label to confirm you have the correct patient. For patients who are young or incoherent, a family member, guardian, nurse or physician may help identify patient.

LABORATORY ORDERS AND SPECIMEN LABELS

Laboratory Order Forms

Orders may be transmitted to the laboratory electronically or be in paper format.

Orders should include:

- 2 patient identifiers: Name and Shands patient Medical Record number or date of birth
- Ordering provider Name, ID Number and address
- Qualified signature (Ordering Physician, PA, ARNP and Resident)
- Diagnosis code (ICD9/ICD10) for each test ordered.
- Specimen Collect date and time.

*(continued on next page)*
Specimen Labels
Each primary specimen container (innermost container that actually holds the specimen) must be labeled at the time of specimen collection in the presence of patient at time of collection with the following:

1. Patient’s first and last name and the second identifier (DOB or medical record number, social security number, account number or accession number).
2. A 3rd identifier – Blood Bank ID# along with the completed TIME OUT VERIFICATION FORM (100030156) for transfusion compatibility testing,
3. Date and time of collection for compatibility specimens. Accurate collection date and time is vital for result review and proper patient care, thus, should be recorded for other specimens.
4. With initials or ID of person collecting the specimen for transfusion compatibility specimens. This information is requested for specimens.
5. Exact anatomical site description for specimens such as body fluids and tissue specimens.

Slides may be accepted with one identifier, but 2 identifiers are preferred.

Computer generated labels are recommended. If preprinted labels are not available, handwritten patient information is acceptable if legible.

Sunquest Specimen Label with an explanation of all information

**Patient Safety Note:** Every specimen tube or container must be labeled regardless of size. Place label on the container, NOT on the LID or COVER.

Specimen Rejection
- Patient information on the specimen container and order (electronic or paper order) must match. If discrepancies cannot be resolved, specimen must be recollected.
- Routine blood and body fluid specimens that are not labeled properly or do not meet other acceptability guidelines (inadequate specimen, improper collection, handling or transportation), will be rejected. The ordering physician/unit is to be notified with request to recollect the specimen(s).
- Corrections on the label or forms may be allowed in certain circumstances. All errors must be corrected by the personnel involved in the collection.
In certain rare cases when a specimen cannot be recollected due to either the timing of the specimen collection or the site that the specimen was obtained from (i.e., CSF specimens, tissue specimen from surgery), the laboratory medical director in consultation with the ordering physician may authorize testing after the specimen is properly labeled.

Patient Safety and Quality Note: SUF laboratories reserves the right to reject any specimen not meeting safety, labeling, collection, transportation, minimum volume or other requirements as defined in this manual and test catalog.

Examples of unacceptable/rejected specimens include:
- Specimen tube/container with no label
- Two or three tubes with one label wrapping all tubes
- Unlabeled specimens with loose labels in specimen bag
- A container with 2 different patient labels
- Tube with the wrong patient label
- Specimen transportation requirement not met (i.e., not transported on ice or not protected from light when required)
- Serum/Plasma not separated from cells in timely manner
- Specimen syringes with needles attached
- Quantity of specimen is insufficient (QNS).
- Unacceptable specimens due to contamination, (line draws, collections above IV Lines, stool in urine, etc.), hemolysis, lipemia, clotting or other unacceptable issue per test specific guideline.

Each tube or container requires a separate label.

Correct way to label

Incorrect way to label

Loose labels are ok ONLY when the primary tube is labeled and the additional tests are on remaining labels.

Unlabeled tubes are rejected!
SPECIMEN TRANSPORTATION TO LABORATORY

All diagnostic specimens should be submitted in properly labeled closed containers that are inside a sealed biohazard bag. Care should be given to transport all specimens in a manner to prevent contamination of workers, other patients and the environment.

The hospital pneumatic transport system may be used to transport most specimens within the facility. Follow current guidelines for system. Ensure that all specimens are transported in a sealed biohazard bag. If any specimen spills during pneumatic transport, refer to current facility policy and procedure for cleanup and notification of appropriate departments.

Specimens transported by couriers should be tripled packaged. The original container must be leak-tight and inserted into a secondary bag with preferably absorbing material to absorb accidental spills. The outer packaging (cooler) must be designated and labeled as biohazard and secured during transport to prevent movement. All operators of motor vehicles that transport specimens are trained as to the proper transportation rules for the type of hazardous materials they transport.

Safety Note: Needles should be removed from all specimen collection devices before transporting. Specimens received with intact needles will be rejected.

SPECIMEN COLLECTION – WHOLE BLOOD, SERUM or PLASMA SPECIMENS

Blood Specimen Overview

Blood is the most frequent body fluid used for analytical testing. The relative ease of obtaining venous blood makes this a primary specimen source for clinical laboratory analysis. The most common samples of laboratory testing are whole blood, serum, or plasma. Refer to each test specific specimen requirements in the online test catalog.

Whole blood specimens are usually collected in Lavender and dark green tubes with an anticoagulant and are not centrifuged or frozen. The whole blood lavender tube is the more common specimen of choice that is used for hematology tests such as complete blood counts.

Serum is the clear yellowish fluid that is obtained when the blood is allowed to clot and the specimen is separated into its solid and liquid components. Serum obtained from specimens collected in the Yellow/Gold or Red tubes is the specimen of choice for many chemistry and virology tests.

Plasma is the clear yellowish fluid that is obtained when blood is collected in an anticoagulant tube and the specimen is separated into its solid and liquid components. Plasma contains fibrinogen and other clotting factors that are absent from serum. Plasma obtained from specimens collected in Light Green, Lavender, and Light Blue tubes is the specimen of choice for many chemistry and coagulation tests.

The preferred collection method is venipuncture using a closed vacuum tube collection method or syringe method. Refer to Chart 1: UF Health Medical Labs Specimen Collection Guide for general guidelines and refer to the online test catalog for specific test specimen collection requirements.

https://intranet.shands.org/shandslab/shandsUF/LabTestSearch.asp

1. Blood should be obtained from a freely flowing venipuncture performed according to current nursing or laboratory venipuncture procedure.

2. Tubes should be collected in the RECOMMENDED order based on the test(s) being collected.

BLOOD COLLECTION tubes or vials

- CLEAR “Non-additive” tube. NOTE: The RED Plastic serum tubes contain a clot activator that may cause interference with coagulation testing. Thus use the CLEAR Hemogard tube for discard.

- LIGHT BLUE tubes (Sodium Citrate Coagulation tubes). Note: In the event that only light blue top tubes are to be collected with a butterfly collection system, a “CLEAR TOP” vacutainer tube must be used first to displace the air in the butterfly set tubing. This is to avoid a short draw fill effect with the blue tube. It is critical that the blue tube is filled to the proper indicated fill line.

- RED, GOLD, RED/BLACK Speckled Serum tubes with or without clot activator, with or without gel.

- GREEN Heparin (Lithium or Sodium) tube with or without gel plasma separator.

- LAVENDER, PINK or PEARL top EDTA Tubes
GRAY top Glycolytic inhibitor tubes

Other type tubes

3. All tubes should be inverted gently several times in order to mix the blood specimen with any anticoagulant.

4. Adequate volume should be collected for the number and types of tests requested. Minimum blood volumes are determined for each test. If insufficient volume is collected, call the laboratory before sending.

5. Label specimens per protocol.

6. Send specimen(s) immediately to the laboratory. If delay in transporting to the laboratory will occur, the specimen may require additional processing. Review test specific specimen requirements to identify if the specimen requires immediate centrifugation, separation of serum/plasma from the red blood cells, refrigeration, freezing or other special processing.

Blood Collection Safety Notes:
1. Plastic vacutainers and syringes are preferred unless no other options are available.

2. Carefully consider the need for laboratory tests, avoiding unnecessary repetition of tests and the use of standing orders in efforts to minimize unnecessarily large blood draw volumes. Blood losses from phlebotomy, particularly in pediatric patients and those with repeat venipunctures, may cause iatrogenic anemia and increase the need for transfusions.

3. Adverse consequences of excess venipunctures include: Complications during collection for both the patient and health care worker; Patient risks associated with transfusions; and increased amounts of hazardous/biological waste.

Blood Collection Supplies
Collectors of specimens are responsible to assure that collection supplies such as blood collection tubes and collection devices (e.g. heel lancets, culture swabs and transport media) are stored according to manufacturer’s requirements and used before the manufacturer expiration date. For newborn screening collection cards, if expiration date is not printed on the individual cards, another mechanism, such as serial number, may be used for tracking. Basic supply list includes:

1. Blood collection sterile disposable, single-use devices
   - Needles gauge 21-23 for general patient use
   - Needles gauge 23-25 for pediatric patient use
   - Safety-Lok® blood collection (butterfly) sets
   - Capillary Puncture devices (i.e., Tenderfoot®)

2. Disposable vacutainer needle adapters or syringe and blood transfer device

3. Evacuated tubes or filter paper appropriate for test ordered. (Vacutainers, microtainers, filter paper)

4. Disposable single-use tourniquet (latex-free)

5. Venipuncture site cleansing solution
   - Sterile alcohol preps is acceptable for most venipuncture procedures and capillary punctures.
   - Non-alcoholic cleanser should be used when collecting ethanol (alcohol) test specimens.
   - Chloraprep® swap stick (2% chlorhexidine gluconate in 70% isopropyl alcohol) is required when collecting blood cultures

6. Disposable gloves

7. Gauze 2x2 squares

8. Dressing (paper tape, coverlet, corban wraps)

9. Waste and sharps containers

10. Patient identification labels

11. Zip lock specimen transport bag
Blood Collection Method: Percutaneous Venipuncture Procedure

1. Identify self to patient.
2. Properly identify the patient using two unique identifiers.
3. Verify test(s) ordered and if there were any special preparation requirements (fasting, diet, timed collections, etc.) If yes, verify with patient or care giver that the special preparation requirements have been met.
4. Assemble the necessary collection supplies and vacutainer tubes.
5. Position patient. Most patients should be seated or laying in a position so the arm is extended and the wrist is lower than the elbow. This should allow comfortable access to the antecubital fossa.
6. Wash hands thoroughly and apply clean gloves.

   **NOTE:** All patient blood specimens are to be treated with “Standard Precautions” as it is frequently impossible to know which specimens might be infectious. Gloves are to be worn when performing a venipuncture.

7. Apply tourniquet to extremity 2 inches proximal to desired site.
8. Select venipuncture site (usually arm veins, Cephalic, Median and Basilic. Refer to figure). A vein with good circulation will be palpable and should spring back when palpated. Larger veins are generally palpable and not visible. Surface veins may be visible but not palpable. Choose a vein with a large diameter as not to collapse it.

9. The Cubital Vein is usually the vein of choice. It is the largest and fullest vein and is best anchored by the surrounding musculature of the arm.
10. The Cephalic Vein is the next largest vein and usually the second best choice.
11. The Basilic Vein is the smaller vein and is not anchored well by the surrounding musculature. If this vein is used, the phlebotomist must ensure that they anchor the vein well by holding the skin taut just below the needle insertion point. This vein is close to the brachial artery so there is more risk of hitting an artery. Exercise caution.
   
   ▶ Avoid extremities with an A-V shunt or status/post mastectomy.
   ▶ Avoid areas with extensive scarring.
   ▶ Avoid sites with hematomas.
   ▶ Avoid using any site above an IV line.
12. Prep overlying skin with alcohol using a circular motion starting from the center and moving outward. Chloraprep® may be used if patient is allergic to alcohol. If the venipuncture site is touched, the site must be cleansed again.
13. Insert blood collection tube into holder and onto needle up to the recessed guideline on the Vacutainer® adapter. (or prepare syringe)
14. Unsheath needle and position the needle with the bevel up and the shaft parallel to the path of the vein.
15. Hold the patient’s arm using your thumb to draw the skin taught to anchor the vein. Verbally state to patient that the venipuncture is starting and insert the needle at a 15-30˚ angle and ¼ to ½ inches below the intended entry into the vein.
16. While securely grasping the vacutainer holder with one hand, use the other hand to push the tube onto the needle inside the vacutainer. The stopper of the tube must be adequately punctured. If venipuncture is successful, blood will start to fill the tube.
17. Remove the vacutainer tubes as they fill. The shut-off valve recovers the point, stopping blood flow until the next tube is inserted.
18. Tubes containing additives should be mixed immediately upon draw by inverting 5-10 times. Avoid vigorous mixing because it may cause hemolysis and erroneous patient results.

19. To obtain additional specimens, insert the next tube into the holder and repeat steps 7-9. When all tubes are filled, remove last tube from the holder.

20. After all tubes are collected, fold a gauze pad over the needle and remove the needle in one quick motion and activate the safety device. Discard into a sharps container.

21. Apply pressure to site with gauze pad. Check patient's arm to ensure bleeding has stopped. Apply gauze pad secured lightly with tape to the puncture site. Instruct patient to leave bandage in place for at least 15 minutes.

22. Label all blood tubes in patient’s presence. Record time of draw and collectors Initials or identification code on each label. Place labeled specimens in biohazard bag.

23. Discard gloves and wash hands.

24. Transport specimens to the laboratory for testing.

Blood Collection Method: Venipuncture Procedure with Needle and Syringe
A syringe and needle set may be used in the venipuncture process instead of the vacutainer holder system outlined in venipuncture procedure.

1. Perform venipuncture. Pull back on plunger or syringe slowly until sufficient volume of sample is achieved.

2. Remove needle from patient arm and immediately activate the safety feature according to manufacturer instructions and discard into a sharps container.

3. Attach syringe to a blood transfer device, female luer adapter.

4. Insert vacutainer tubes into the transfer device. Fill to desired level. Remove vacutainer tube and add next. Continue until all required vacutainer tubes are filled.

Blood Collection Venipuncture NOTES
1. Venipunctures should be performed by persons who have been trained and passed competency testing in phlebotomy.

2. Phlebotomist should only attempt a Venipuncture two times. If still unsuccessful, call another phlebotomist to perform procedure.

3. Patient complications may occur during or immediately after procedure. Refer to this list on the more common complications and the appropriate response action(s) and care recommended to address or minimize the complication.

   ‣ Brui es (Ecchymosis) – Most commonly caused by a leakage of a small amount of blood around the puncture site. Prevent by keeping patient arm straight and applying pressure to venipuncture site for 3-5 minutes to allow a platelet plug to form.

   ‣ Fainting (Syncope) – The patient becomes frightened and the body goes through physical stages of increased heart rate, dilated blood vessels and blood pools in the tissues followed by slow heart rate. The slower heart rate deprives the brain of blood resulting in fainting. If this occurs, withdraw the needle, lower the patient’s head, apply a wet towel to patient’s forehead and neck.

   ‣ Hematoma – Caused by a leakage of a large amount of fluid around the puncture site which can cause the area to swell. This may be caused by the needle going through the vein, the bevel of the needle only partially in the vein, or failure to apply adequate pressure at end of procedure. If a hematoma occurs, withdraw the needle and apply direct pressure on puncture site.

   ‣ Seizures/Convulsions – Caused by the patient’s condition or a reaction to pain or fright caused by the needle. Remove the needle and protect the patient. Keep the patient from hitting his head or hurting himself. Activate facility specific medical emergency plan if needed.

   ‣ Vomiting/Choking – The biggest danger is that the patient may aspirate some vomit. If the patient is sitting, have him lean forward and use an emesis basin or trash can. If the patient is lying down, turn his head to the side and provide an emesis basin.

   ‣ Infection at Venipuncture Site – This is rare but can be caused by not using aseptic technique when performing a venipuncture. Instruct the patient to keep a bandage on for at least 15 minutes post puncture.
Pain – There is always a little pain associated with a venipuncture. Inform the patient that there will be some discomfort and communicate to them when the venipuncture will occur to avoid startled reactions. Allowing the alcohol to dry before puncture will minimize pain.

Reflux of Anticoagulant – If the last tube is not released from the multi-sample needle sleeve before removing the needle from the arm, it is possible for blood from the collection tube to back flow (reflux) into the patient’s vein. Some patients have been known to have reactions to additives in tubes, especially EDTA. If this happens, make sure to keep the patient’s arm in a downward position. If patient is lying down, raise his head or extend his arm over the edge of the bed.

Nerve Damage – Excessive or blind probing for a vein can lead to permanent damage of a main nerve. If unable to find vein, begin procedure from the beginning with a new needle. Ask for assistance if still unable to find a vein.

Inadvertent Arterial Puncture – If an artery is punctured, the blood will be bright red in color as compared to the dark red color of venous blood. If this occurs, apply direct pressure to the puncture site for a minimum of 5 minutes.

Petechiae – Blood which escapes into the epithelium will cause small, non-raised red spots on a patient’s skin. This usually indicates a coagulation problem that may be due to defective platelets or defective capillary walls. Petechiae are common in leukemia or patients undergoing chemotherapy. The phlebotomist should be alert to the possibility of prolonged bleeding in the patient.

Edema – Caused by an abnormal accumulation of fluid in the intercellular spaces of the body resulting in swelling. Edema is most commonly caused by IV infiltrations. Do not use the edematous arm to prevent specimen contamination from tissue or IV fluid.

Obesity – Veins may be deep and hard to palpate. Consider the hand or forearm as an alternative venipuncture site. Ask the patient where the best site to obtain blood is located (many times the patient knows from previous experiences).

Intravenous Therapy – Venipunctures should never be performed above an IV site. Perform procedure on other arm. If both arms are unavailable, consult with the nurse in charge of patient for assistance. One alternative is to have the nurse turn the IV fluid off for 2 to 3 minutes prior to performing a venipuncture OR to perform the venipuncture below the IV site. In extreme circumstances, perform capillary puncture collection or obtain permission for a venipuncture on ankle or foot.

Veins Damaged by Burns, Scars or Occluded – These veins are very sensitive and tend to have limited blood flow or may collapse and should not be used.

Post Mastectomy – Surgeons state that it is permissible to draw from the arm on the mastectomy side after 6 months to 1 year without danger of lymphostasis (a build-up of lymphatic fluid in the lymph glands). If the patient insists that the physician has told them not to have blood drawn on that side, honor the patient’s request.

Allergies to Antiseptics and/or Adhesives – Some patients may be allergic to alcohol, iodine, band aids or tape. Use an approved antimicrobial soap to cleanse skin. Paper tape or Coban® wrap may be used to bandage the site.

Collapsed Veins – Using a vacuum tube on a small delicate vein or pulling back on the plunger of a syringe too quickly may cause a vein to collapse. Consider use of a smaller vacuum tube, a smaller syringe or a butterfly or consider use of a partial draw tube to enable a successful venipuncture.

Thrombosis – Blood clots at the site of the puncture can reside in blood vessels and can partially block a vein or artery. An embolus results when a thrombus fragment breaks off and moves through the body. Patients may request to have blood drawn from a certain arm if they are prone to develop clots in a certain area.

Blood Collection Method: Arterial Punctures
Some tests require arterial blood specimens. Arterial punctures should only be performed by qualified experienced personnel. Specimens collected in this fashion are collected by non-laboratory personnel such as nursing staff, anesthesiologists, physicians and Respiratory therapists. Generally, arterial specimens are performed on critically ill patients, patients during surgery and patients having special invasive procedures.

Refer to facilities policy and procedure for Arterial Puncture guidelines.
**Blood Collection Method: Line Collections**
Specimens collected in this fashion are collected by non-laboratory personnel such as nursing staff, anesthesiologists, physicians and Respiratory therapists.

*Refer to current facility policies for specific guidelines and procedure for blood specimen collections from lines.*

**NOTE:** Collection of blood for coagulation testing through intravenous lines that have been previously flushed with heparin should be avoided, if possible. If the blood must be drawn through an indwelling catheter, possible heparin contamination and specimen dilution should be considered. When obtaining specimens from indwelling lines that may contain heparin, the line should be flushed with 5 mL of saline and the first 5 mL of blood or 6-times the line volume (dead space volume of the catheter) be drawn off and discarded before the coagulation tube is filled. For those samples collected from a normal saline lock (capped off venous port) twice the dead space volume of the catheter and extension set should be discarded.

**Blood Collection Method: Capillary Punctures**
Capillary puncture may be used for obtaining specimens in infants or in adults where venipuncture is difficult. Specimens from infants under the age of 6 months are usually collected by heelstick. Patients over the age of 6 months should have capillary puncture procedures by fingerstick.

Capillary specimens may by collected in microtainers which are color coded similar to the vacutainer tubes and sent to the laboratory for testing. Recommended order of collection for microtainer specimens:
- Capillary blood gases
- Slides/smears
- Lavender EDTA microtainers
- Other Additive microtainers (green – heparin)
- Serum microtainers (red/gold)

**NOTE:** Capillary punctures are not suitable for blood culture testing and most coagulation tests.

Capillary Specimens may be collected on filter paper and sent to lab for testing.

Capillary Specimens may be used immediately for point-of-care testing.

**Capillary Puncture – Heel Stick**
1. Position the infant with the head slightly elevated.
2. Warm the heel from which blood is to be obtained. A commercial heel warmer may be used.
3. Cleanse the heel with alcohol prep, then dry with a sterile 2x2 as alcohol can influence test results.
4. Using a sterile lancet, puncture the most medial or lateral portion of the plantar surface of the heel, medial to a line drawn posteriorly from the mid great toe to the heel.
5. Puncture no deeper than 2.4mm (approximately 0.1 inches).
6. Punctures to the posterior curvature of the heel can cause damage to the bones.
7. Previous puncture sites should be avoided. Avoid bruising the infant’s heel when obtaining blood.
8. Wipe away the first drop of blood with a sterile 2x2 gauze.
9. Allow another large drop of blood to form. Lightly touch the microtainer capillary collection device (or filter paper) to the LARGE drop of blood. Collect drops of blood into the collection device by gently massaging the finger. Avoid excessive pressure that may squeeze tissue fluid into the drop of blood. Fill the microtainer tube(s) as needed.
10. Cap, rotate and invert the microtainer to mix the blood collected.
11. When finished, clean the site and apply pressure with clean gauze to stop the bleeding. Apply an adhesive bandage.
12. Label all specimens per accepted guidelines.
13. Place labeled specimens in zip lock bag and deliver to the laboratory as soon as possible.

*Infant Heel Stick Puncture Site: The darkened areas illustrate the acceptable areas for skin puncture. The little toe side is the primary area of choice.*
Capillary Puncture – Finger Stick
1. Position the patient so that the hand is easily accessible.
2. Cleanse the fingertip of the 3rd (middle) or 4th (ring) finger with an alcohol prep. Allow the finger to dry or wipe dry with a sterile 2x2 gauze.
3. Using a sterile lancet, puncture the fingertip in the fleshy part of the finger, slightly to the side of the center and across (perpendicular to) the grooves of the fingertip. This enables the blood to form as a drop on the fingertip. If the puncture is parallel to the lines of the fingerprint, the blood will not form as a drop but will run down the finger making collection difficult.
4. Wipe away the first drop of blood with a sterile 2x2 gauze.
5. Allow another large drop of blood to form. Lightly touch the microtainer capillary collection device (or filter paper) to the LARGE drop of blood. Collect drops of blood into the collection device by gently massaging the finger. Avoid excessive pressure that may squeeze tissue fluid into the drop of blood. Fill the microtainer tube(s) as needed.
6. Cap, rotate and invert the microtainer to mix the blood collected.
7. When finished, clean the site and apply pressure with a clean gauze to stop the bleeding. Apply an adhesive bandage.
8. Label all specimens per accepted guidelines.
9. Place labeled specimens in zip lock bag and deliver to the laboratory as soon as possible.

Capillary Puncture – Filter Paper Specimen Collection Notes:
1. Allow the blood to soak through and completely fill the pre-printed circle on the filter paper.
2. Filter paper should touch only the blood and not the heel or finger.
3. Apply only ONE drop of blood per circle. Do not add blood to a circle already filled or partially filled with blood.
4. Apply blood to the printed side of the filter paper.
5. Make certain that the blood completely saturates all four (4) circles and is visible from both sides.
6. If the blood flow is diminished, repeat the capillary PUNCTURE to complete the collection.
7. Allow filter paper to air dry for two (2) hours at room temperature. Avoid placing sample on hot surfaces such as bili-lights or monitors.
8. Forward completed/dry collections to the laboratory as soon as possible.

Blood Collection Method: Blood Culture Collections
Blood Culture Overview: The detection of microorganisms in a patient’s blood has diagnostic and prognostic importance. When bacteria multiply at a rate that exceeds the capacity of the reticuloendothelial system to remove them, bacteremia results. Bacteria enter the blood from extravascular sites via lymphatic vessels. Blood cultures are essential in the diagnosis and treatment of the etiologic agent of sepsis. Bacterial sepsis constitutes one of the most serious infectious diseases and therefore, the expeditious detection and identification of blood-borne bacterial pathogens is one of the most important functions of the diagnostic microbiology laboratory. Guidelines to achieve this end are described in this procedure.
1. Blood cultures can be obtained by using the venipuncture method. Select venipuncture site.
2. Optimal skin preparation includes cleansing with ChloraPrep®. The venipuncture site should not be palpated after disinfection unless a sterile glove is used. If you must relocate the vein, apply ChloraPrep® to fingertip and let dry before touching the puncture site.
3. Remove the cap from culture bottles and clean with ChloraPrep®.
4. Perform venipuncture using a sterile syringe and needle. Pull back on plunger or syringe slowly until sufficient volume of sample is achieved. To achieve best results, collect 20 mL of blood for an adult (Minimum 6 mL) and 6 mL of blood for a pediatric (minimum 4 mL). (Sterile butterfly sets may also be used with a blood transfer device. Fill the Blood culture bottles directly.)

5. Remove needle from patient arm and immediately activate the safety feature according to manufacturer instructions and discard into a sharps container.

6. Attach syringe to a sterile blood transfer device, female luer adapter.

7. Add 8-10 mL of blood into purple lytic bottle first. (Minimum 3 mL)

8. Add 8-10 mL of blood into gray aerobic culture bottle. (Minimum 3 mL)
   - Use a pediatric bottle if necessary to replace the gray aerobic bottle. Pediatric bottles are acceptable with 1-3 mL of blood per bottle. (Pediatric bottles can be used for adults that are hard sticks.)

9. Label each blood culture bottle per policy
   - Label should include complete patient name, medical record number, and date time of collection, location of venipuncture (i.e., L arm, R hand, etc.) and initials of person collecting the specimen.
   - Labels should not cover bottom of the bottle.
   - Labels should not cover or touch the bar code on the bottle's label.
   - Labels should run the length of the bottle (from top to bottom).

10. Transport blood cultures to Microbiology within an hour of collection time. Blood culture bottles should not be refrigerated.

<table>
<thead>
<tr>
<th>Adult Set</th>
<th>Pediatric Patients</th>
<th>AFB – Red</th>
<th>Fungal – Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gray Top-</td>
<td>Purple Top-</td>
<td>Peds Plus</td>
<td>Myco F Lytic</td>
</tr>
<tr>
<td>Aerobic F</td>
<td>Lytic Anaerobic F</td>
<td>Aerobic F</td>
<td>Myco F Lytic</td>
</tr>
<tr>
<td>8-10 mL</td>
<td>8-10 mL</td>
<td>1-3 mL of</td>
<td>3-5 mL of</td>
</tr>
<tr>
<td>whole Blood</td>
<td>whole Blood</td>
<td>blood per</td>
<td>blood per</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bottle</td>
<td>bottle</td>
</tr>
<tr>
<td>* no less than 3 mL per bottle; no more than 10 mL per bottle</td>
<td>May pair with Purple Lytic F bottle to give anaerobic result</td>
<td>3-5 mL of blood per bottle</td>
<td>3-5 mL of blood per bottle</td>
</tr>
</tbody>
</table>
RANDOM URINE COLLECTION

Urine is one of the easiest specimens to collect for laboratory testing. Urinalysis, urine chemistry tests, drug screens, culture and sensitivities are some of the few tests that may be ordered. Refer to the test catalog for test specific specimen requirements. Random Urine collection procedures:

**Urine Collection: Clean Catch Method**

Patient is provided with sterile collection cup and two towelettes.

Upon entering bathroom, patient should wash hands with soap and water

Remove lid from cup; taking care NOT to touch the inside of the lid or cup: place lid flat side down on the counter.

Wash the area with one of the towelettes. DO NOT USE SOAP.

WOMEN: Wash the area around the vagina. Wash genital area from front to back. Separate the genital folds (also known as lips or labia) with your hand. Gently wipe inside the folds with a second towelette.

MEN: Wash the area around the penis. Retract the foreskin, if present, and clean the head of the penis thoroughly with a packaged towelette.

Starting urinating into the toilet. After the first part of the urine has gone in the toilet: place the cup under the stream. Catch 50 mL of urine. Remove cup. Finish urinating in the toilet.

Put the lid securely on the cup and wash hands.

Give sample to provider.

**Urine Collection: Infants**

- Thoroughly wash the area around the urethra using towelettes.
  - FEMALE: Clean from the front to the back on a female infant.
  - MALE: Clean from the tip of the penis down on a male infant.

- A Special Urine Collection bag will be provided. It is a plastic bag with a sticky strip on one end. It is made to fit over the infant’s genital area. Open this bag and place it on the infant.
  - FEMALES, place the bag over the labia.
  - MALES, place the entire penis in the bag and attach the adhesive to the skin.

- Put a diaper securely over the bag. For active infants, this procedure may take a couple of attempts – lively infants can displace the bag.

- Check your baby often and remove the bag after the infant has urinated into it.

- Drain the urine into a sterile container and give it to the health care provider. Do not touch the inside of the cup or lid.

**Urine Specimen Collection and Transport**

Urine needs to be collected and transported in the appropriate urine preservative tubes. Collect in sterile urine preservative tubes via a transfer straw as illustrated in picture.

- For Microbiology Culture and Susceptibility (C&S): **Gray top** tube. Shake vigorously; store at room temperature.

- For Urinalysis (UA) Tube: **Red/Yellow top** (speckled top) tube. Mix by inverting 8-10 times; store at room temperature.

- For all other Urine tests including Virology and Cytology: **Clear/Red top** tube; store in refrigerator.
Urine Collection from Foley Catheter

Collect the appropriate urine tubes:

- **For Microbiology Culture and Susceptibility (C&S):** Gray top tube. Shake vigorously; store at room temperature.
- **For Urinalysis (UA) Tube:** Red/Yellow top (speckled top) tube. Mix by inverting 8-10 times; store at room temperature.
- **For all other Urine tests including Virology and Cytology:** Red top tube; store in refrigerator.

**QA Note:** Each test must have the appropriate tube type as the type of preservative or lack of preservative is required for each test as listed above, and cannot be interchanged (i.e., a Culture cannot be performed from the UA tube, etc.)

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**TIMED URINE COLLECTION**

Timed urine collections may be for a two (2) or twenty-four (24) hour time period. The normal volume of urine collected over a 24-hour period ranges from 800-2000 mL. The laboratory supplies the containers to be used for the collections with the appropriate preservative added. The requesting location should send a message or a request slip to the laboratory with the name of the patient, the patient location, and the test(s) requested so that the 24-hour urine container can be prepared.

Collection Container – Obtain gallon jug from clinic or outpatient lab.

Urine Preservatives: Some 24 hour urine tests require a preservative to help stabilize the substance that is to be measured. The preservative should be added to the sample collection container before the collection begins. Common Urine Preservatives include:

- **Refrigeration:** Keep urine container in refrigerator or on wet ice throughout the collection time period.
- **Boric Acid:** 4 grams of dry powder or in tablet form added to container before collection begins.
- **6 N HCL (Hydrochloric Acid):** 30 mL added to container before collection begins.

**SAFETY NOTE:** Some preservatives are caustic and the sample containers should be labeled as such. Collect specimen into another clean container and carefully pour sample into the 24-hour collection container.

Patient Collection Instructions: 24-hour (Timed) Urine

1. When you arise in the morning, empty your bladder into the toilet.
2. Write this date and time on the collection container label along with your full name and date of birth.
3. Collect urine, day and night, for the next 24 hours. Add all urine collected into the 24 hour container. Urine may be collected in a separate CLEAN container and carefully poured into the 24-hour collection jug.
4. The next morning (24 hours later) collect the last urine specimen. Write the Finish time and date of this last collection on the container label.
5. Deliver the 24-hour specimen jug and test order to one of the UF Health Shands Medical Laboratory draw stations.
6. **Timed Urine Collection Notes:**
   - Keep the urine container in the refrigerator during the collection.
   - Collect ALL urine during the 24 hour period, or specimen will have to be recollected. (Volume of urine is measured for testing).
   - Some 24-hour urine tests also require a blood specimen. (i.e., creatinine clearance and urea clearance). Please check with lab assistant when you drop off your urine collection to see if a blood specimen is required.
   - Follow same guidelines for a 2- or 12-hour collection. The label and order should match the time period for what is collected.
   - If an aliquot of urine is lost during the collection period, note this variance on the collection label. If the volume lost is less than 10% of the final volume, the test may be continued. If the volume lost is greater than 10%, the entire specimen may have to be started over.
   - If the total volume of the 24-hour collection is less than 200 mL, the laboratory will request a recollection unless instructed by the patient’s physician to proceed with testing.

**BODY FLUID SPECIMENS**

Diagnostic testing may be performed on various fluids that are present in the body. Body fluids are usually collected by the physician. Each body fluid submitted for testing should indicate the source of the fluid on the order and the specimen label. Body fluid specimens and tests may include:

- Cerebral Spinal Fluid (CSF)
- Ascitic Fluid
- Pericardial Fluid
- Peritoneal Fluid
- Synovial Fluid
- Pleural Fluid
- Abdominal Fluid
- Amniotic Fluid
- Thoracentesis Fluid
- Paracentesis Fluid
- Bile Fluid

Refer to the online test catalog for specific test specimen collection requirements. General collection guidelines to follow include:

- Lavender tubes for cell counts/differentials
- Clear, no additive tubes for chemistry tests
- Sterile containers for Microbiology Cultures
- Sterile Containers/Clear No Additive tubes for Virology, Cytology

**SAFETY NOTES:**

1. **CSF SPECIMENS:** If Creutzfeldt-Jacob disease or any other prior disease is suspected, contact the laboratory before sending the specimen.
2. Please remove needles from specimen collection syringes. The laboratory will reject any specimen containers received if the needle is still intact.

**STOOL SPECIMENS**

Fecal specimens submitted for tests – other than O&P – are to be collected in a clean plastic screw cap container, filled no more than halfway and tightly capped. Contamination of stool samples with urine, laxatives and/or barium is to be avoided/may result in rejection.
Examples:

For O&P – Must submit in dual O&P collection vials containing 1 “clean,” and 1 “fixative” vial.

Please do not submit the large, non-screw cap container, as it does not seal adequately and leaks in transport, causing rejection of specimen.

SPUTUM SPECIMENS
Refer to the Microbiology Section or the online test catalog for specific test specimen collection requirements.

BONE MARROW SPECIMENS
Bone marrow is collected by a clinician or pathologist in an aseptic environment. Specimens may be submitted for microbiology, cytology, flow cytometry and hematological evaluations. Specimens may consist of:

- Core Biopsy
- Aspirate
- Glass Slide Smears

Refer to the Hematopathology Section or the online test catalog for specific test specimen collection requirements.

TISSUE SPECIMENS
Refer to the Surgical Pathology Section or the online test catalog for specific test specimen collection requirements. Tissue specimens may also have culture orders (covered in the Microbiology Section) or Cytology orders (covered in the Cytology Section), or other test orders that are covered in other sections in the laboratory test catalog.
## UF HEALTH MEDICAL LABS SPECIMEN COLLECTION GUIDE

General guidelines are outlined in this chart. Refer to the online test catalog for test specific collection and processing requirements.

<table>
<thead>
<tr>
<th>LAB</th>
<th>Test List</th>
<th>Tube Type (Additive)</th>
<th>Standard Tube Minimum Volume Mixing Requirement</th>
<th>Other Collection options Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Lab</strong></td>
<td>Comprehensive and Basic Metabolic Panels, Renal Panel, Hepatic Panel, Cardiac Markers, Lipid Panels, Drug Levels, Alpha 1 Antitrypsin, (Vanc, Tob, Amik, Gent, Phenytoin, etc)</td>
<td>LIGHT GREEN Lithium Heparin and Gel for Plasma Separation</td>
<td>Light Green Min. Vol 2 mL Mix 8 X</td>
<td>Capillary specimen 363873 Min. Green Min. Vol. 400 uL Mix 10 X “brown” for light protection for bilirubin testing.</td>
</tr>
<tr>
<td></td>
<td>Lithium, PTH, MPA, ASO, Folate, AFP, Protein electrophoresis, serum light chains, Hepatitis testing, Viral testing, Some Drug Levels</td>
<td>GOLD Clot Activator with Gel for serum separation</td>
<td>Gold Min. Vol 2 mL Mix 5 X</td>
<td>Capillary specimen 363978 Gold Min. Vol. 400 uL Mix 5 X “brown” for light protection for bilirubin testing.</td>
</tr>
<tr>
<td></td>
<td>Complete Blood Counts, Retics, Sed Rate (ESR), HgbA1C, Hgb Electrophoresis, Tacrolimus, Cyclosporin, Sirolimus, Ammonia (ice), Vitamin D</td>
<td>RED Clot Activator Silicone coated</td>
<td>Red Min. Vol 2 mL Mix 5 X</td>
<td>Capillary specimen 363574 Lavender Min. Vol. 400 uL Mix 10 X</td>
</tr>
<tr>
<td></td>
<td>Glucose Timed Random OGTT (blood specimen)</td>
<td>LAVENDER Spray coated K,EDTA</td>
<td>Lavender Min. Vol 2 mL Mix 8 X</td>
<td></td>
</tr>
<tr>
<td>352.265.0412</td>
<td>Crystals (synovial Fluid), Platelet mapping, special send out tests</td>
<td>DARK GREEN Sodium Heparin</td>
<td>Green Min. Vol 3 mL Mix 8 X</td>
<td></td>
</tr>
<tr>
<td><strong>Cancer Center</strong></td>
<td>Complete Blood Counts, Retics, Sed Rate (ESR), HgbA1C, Hgb Electrophoresis, Tacrolimus, Cyclosporin, Sirolimus, Ammonia (ice), Vitamin D</td>
<td>LIGHT BLUE Sodium Citrate</td>
<td>Light Blue 2.7 ml tube Specimen to FILL LINE Mix 5 X</td>
<td>Pediatric 1.8 mL tube, Specimen to FILL Line Mix 5 X</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>PT/INR, PTT, Unfractionated Heparin, Factor Tests, Platelet function Tests, TEG</td>
<td>GREINER LIGHT BLUE #A54332</td>
<td>3.15 mL Special Tube. Obtain from Coagulation Department</td>
<td></td>
</tr>
<tr>
<td>352.265.0722</td>
<td>ASA, Plavix</td>
<td>CLEAR/RED No-Additive</td>
<td>Clear 2-5 mL</td>
<td></td>
</tr>
<tr>
<td><strong>Customer</strong></td>
<td>Urine Chemistry Tests, Urine Drug Screens</td>
<td>RED/YELLOW (speckled) UA Preservative Tube Ethyl Paraben</td>
<td>8 mL Mix 5x-9x by inversion Stable 72 HRS, Room Temp.</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Random Urine for Urinalysis, Specific Gravity, Urine pH</td>
<td>GRAY Preservative Tube Boric Acid Sodium Formate Sodium Borate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>352.265.0522</td>
<td>Urine for Culture and Sensitivity (C&amp;S)</td>
<td></td>
<td>Shake tube vigorously to mix. Stable 48 HRS, Room Temp.</td>
<td></td>
</tr>
<tr>
<td><strong>Send Out</strong></td>
<td>Timed Urine Tests 2,12,24 Hour</td>
<td>UA Jug</td>
<td></td>
<td>Preservative may be needed. Verify Test ordered</td>
</tr>
<tr>
<td>Testing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>352.265.7186</td>
<td></td>
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</tr>
<tr>
<td><strong>ED Lab-</strong></td>
<td>Sweat Chloride</td>
<td>Special Collection Requirements</td>
<td>Contact Special Chemistry for information</td>
<td></td>
</tr>
<tr>
<td>Springhill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>352.627.0400</td>
<td></td>
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</tr>
</tbody>
</table>

**Notes:**
- **General guidelines** are outlined in this chart. Refer to the online test catalog for test specific collection and processing requirements.
- **Core Lab** includes a comprehensive list of tests, not all inclusive.
- **Cancer Center Lab** offers specialized testing for specific conditions.
- **Customer Service** provides support for general inquiries.
- **Send Out Testing** and **ED Lab-Springhill** offer specialized services for specific needs.
<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>Core Lab cont.</strong></td>
<td>CSF-CerebroSpinal Fluid</td>
<td>Sterile Containers</td>
<td>CSF Tube 1: Chemistry Tests</td>
<td></td>
</tr>
<tr>
<td>Body Fluids</td>
<td></td>
<td></td>
<td>CSF Tube 2: Micro, Cultures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CSF Tube 3: Cell Count, Differential</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CSF Tube 4: Cytology, other</td>
<td></td>
</tr>
<tr>
<td>Blood Spot Collections by Capillary Puncture</td>
<td>FILTER PAPER</td>
<td></td>
<td>Micro Cultures, Cytology, Other</td>
<td></td>
</tr>
<tr>
<td>Blood Gas Lab 352.265.0199</td>
<td>Blood Gas, Whole Blood Na, K, Glu, Lactic Acid, Methgb, CarboxyHgb, Cord Blood</td>
<td>Heparized Syringe</td>
<td>1 mL in Heparinized syringe or 0.5 mL in 1 mL tuberculin syringe</td>
<td>Capped- Anaerobic</td>
</tr>
<tr>
<td>Blood Bank 352.265.0307</td>
<td>Type and Cross, Type and Screen, Antibody Screen. Samples must be accompanied with a Transfusion Services Time Out Verification Form</td>
<td>PINK Spray coated K&lt;sub&gt;2&lt;/sub&gt;EDTA</td>
<td>Min. Vol. 2 mL Mix 8 x</td>
<td></td>
</tr>
<tr>
<td>Virology 352.265.0978</td>
<td>CMV DNA PCR, BKV DNA PCR</td>
<td>WHITE “Pearl” K&lt;sub&gt;2&lt;/sub&gt;EDTA with gel for plasma separation</td>
<td>Min. Vol. 2 mL Mix 8 x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influenza, EBV PCR testing</td>
<td>GOLD Clot Activator with Gel for serum separation</td>
<td>Min. Vol. 2-3 mL Mix 5 x</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAVENDER Spray coated K&lt;sub&gt;2&lt;/sub&gt;EDTA</td>
<td>No min. Vol. Mix 8 x</td>
<td></td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>Transplant 352.265.0072</td>
<td>HLA phenotyping, DNA testing, *HLA Crossmatch (Donor’s Cells)</td>
<td>YELLOW ACD-A</td>
<td>Yellow Min. Vol. 5 mL Mix 8 x</td>
<td>*both donor’s cells and recipient’s serum required for HLA crossmatch/typing</td>
</tr>
<tr>
<td></td>
<td>HLA antibody, *HLA Crossmatch (recipient’s serum)</td>
<td>GOLD Clot Activator with Gel for serum separation</td>
<td>Gold Min. Vol. 3 mL Mix 5 x</td>
<td>*both donor’s cells and recipient’s serum required for HLA crossmatch/typing</td>
</tr>
<tr>
<td>Hematology 205.0199</td>
<td>Immunophenotyping by flow cytometry</td>
<td>LAVENDER Spray coated K:EDTA</td>
<td>Lavender No min. Vol. Mix 8 x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cytogenic Evaluation</td>
<td>DARK GREEN Sodium Heparin</td>
<td>Dark Green No min. Vol. Mix 8 x</td>
<td></td>
</tr>
<tr>
<td>POCT (approved locations only) 352-265-0111 x43707</td>
<td>Blood Gas, Troponin I, PT/INR, ACT, Lactate, Basic Metabolic w/lca WB Glucose</td>
<td>Refer to standard operating procedure for collection requirements for each test system.</td>
<td></td>
<td>*ISTAT- 1st cartridges: Chem8, EG7, G3, CG4, cTNI, PTINR, ACT-K *WB glucose by Roche Accucheck Inform Glucometer *ACT –Celite and P21S by Hemochron Response</td>
</tr>
</tbody>
</table>

*HLA Crossmatch (Donor’s Cells) *HLA Crossmatch (recipient’s serum)
TEST CATALOG FOR UF HEALTH MEDICAL LABORATORIES

https://intranet.shands.org/shandslab/shandsUF/LabTestSearch.asp

- It includes all tests and evaluations performed by UF Health Medical Laboratories and selected reference laboratories.

- Tests can be searched by name/test code, UF Health Medical Laboratories department, or reference laboratory included.

- It includes test-specific information, such as collection and transportation requirements, turnaround time, reflex tests, CPT codes, critical result criteria, etc.
REFLEX TEST LIST (AS OF 3/24/15)
Reflex Tests are additional tests performed according to the established laboratory protocols as standard of care. They are indicated when initial results meet predetermined criteria, approved by laboratory director, necessitating a related test which is medically appropriate. They do not require an additional order from the ordering provider. All reflex tests are billed for. The list below includes reflex tests for UF Health Medical Laboratories.

<table>
<thead>
<tr>
<th>INITIAL TEST</th>
<th>REFLEX CRITERIA</th>
<th>REFLEX TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antibody-antigen combo</td>
<td>Positive</td>
<td>HIV 1/2 Multispot</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>NOTE: This test replaced Western Blot</em></td>
</tr>
<tr>
<td>Serum protein electrophoresis</td>
<td>Suspicious “bands of restricted mobility”</td>
<td>Serum immunofixation electrophoresis</td>
</tr>
<tr>
<td>Urine protein electrophoresis</td>
<td>Suspicious “bands of restricted mobility”</td>
<td>Urine immunofixation electrophoresis</td>
</tr>
<tr>
<td>First time hepatitis B surface antigen</td>
<td>Positive</td>
<td>Hepatitis B surface antigen confirmation</td>
</tr>
<tr>
<td>Hepatitis B core total antibody</td>
<td>Positive</td>
<td>Hepatitis B core IgM antibody</td>
</tr>
<tr>
<td>Sickle cell screen</td>
<td>Positive</td>
<td>Hemoglobin electrophoresis</td>
</tr>
<tr>
<td>PFA platelet function</td>
<td>Elevated collagen epinephrine closure time (&gt; 190 sec)</td>
<td>Platelet function confirmation using the Collagen/ADP cartridge</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Any one of the below criteria would trigger the reflex test: Leukocytes esterase – positive, or Red Cells – positive, or Nitrite – positive, or &gt; Trace of Protein</td>
<td>Microscopy</td>
</tr>
<tr>
<td>Drug screening test on urine:</td>
<td>Positive for any of the drugs</td>
<td>Confirmation by liquid chromatography tandem mass spectrometry (reference lab test): Amphetamines Cocaine Cannabinoids Barbituates Benzodiazepenes Oxycodone Methadone Opiates</td>
</tr>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabinoids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbituates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepenes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose performed on serum or plasma for inpatients only.</td>
<td><strong>Reflex Criteria:</strong> &gt;200 mg/dL</td>
<td><strong>Reflex Criteria:</strong> Hb A1c analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>NOTE: A1c has been performed within 90 days, reflex does not apply.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>NOTE: Another specimen will be requested.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial culture</td>
<td>Positive</td>
<td>Identification of pathogens, and susceptibility when applicable</td>
</tr>
<tr>
<td>Cryptococcus antigen</td>
<td>Positive</td>
<td>Cryptococcus antigen – titer</td>
</tr>
<tr>
<td>Fungal culture</td>
<td>Positive</td>
<td>Identification of yeast and fungi, and susceptibility on yeast isolates when applicable</td>
</tr>
<tr>
<td>AFB culture</td>
<td>Positive</td>
<td>Identification of mycobacteria, and susceptibility when applicable</td>
</tr>
<tr>
<td>Rapid GRP A Strep antigen</td>
<td>Negative</td>
<td>Beta Strep screen culture</td>
</tr>
<tr>
<td>INITIAL TEST</td>
<td>REFLEX CRITERIA</td>
<td>REFLEX TEST</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Viral culture</td>
<td>Positive</td>
<td>Identification</td>
</tr>
<tr>
<td>ANAB-battery CPT86038</td>
<td>1:40-1:80 Positive, or &gt;1:80 Positive</td>
<td>nDNA nDNA and SMRNP</td>
</tr>
<tr>
<td>ANCA</td>
<td>Positive</td>
<td>MPO or PR3</td>
</tr>
<tr>
<td>ASMA</td>
<td>If &gt;1:10</td>
<td>Titer</td>
</tr>
<tr>
<td>nDNA – Anti-native DNA</td>
<td>If &gt;1:10</td>
<td>Titer</td>
</tr>
<tr>
<td>AMA – Anti-microbial antibody</td>
<td>If &gt;1:10</td>
<td>Titer</td>
</tr>
<tr>
<td>RPR</td>
<td>Positive</td>
<td>Titer and TPPA (if TPPA not previously positive)</td>
</tr>
</tbody>
</table>

**BLOOD BANK**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Result</th>
<th>Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO/Rh</td>
<td>Undetermined</td>
<td>Any or all of the following tests:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antigen Typing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABO/Rh Resolution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asub/RBC Phenotype</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rh Du</td>
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<tr>
<td></td>
<td></td>
<td>Partial D Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rouleaux Resolution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Screen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody ID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAT Poly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAT IgG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAT C3</td>
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<tr>
<td></td>
<td></td>
<td>Elution</td>
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<tr>
<td></td>
<td></td>
<td>Selected Cell</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Isohemagglutinin Titer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crossmatch (IS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crossmatch (37)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gel Crossmatch</td>
</tr>
<tr>
<td>Type &amp; Screen Only</td>
<td>Positive Antibody Screen</td>
<td>Any or all of the following tests:</td>
</tr>
<tr>
<td>Type &amp; Screen with units</td>
<td></td>
<td>Antibody Identification Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crossmatch (IS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crossmatch (37)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gel Crossmatch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neutralization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Titer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enzyme Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-warmed Antibody Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Selected Cell Antibody Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rare Cell Antibody Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Differential (Triple) Adsorptions (Warm/Cold)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Autologous Adsorption (Warm/Cold)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chloroquine Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient-Specific Antigen Phenotyping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DNA Typing</td>
</tr>
</tbody>
</table>
## REFLEX TEST LIST (CONTINUED)

<table>
<thead>
<tr>
<th>INITIAL TEST</th>
<th>REFLEX CRITERIA</th>
<th>REFLEX TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Antiglobulin Test (DAT) CPT86880</td>
<td>Positive</td>
<td>Any or all of the following tests:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poly DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IgG DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C3 DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Identification Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Adsorption (Warm and/or Differential)</td>
</tr>
<tr>
<td>Rhlg Evaluation (Mother)</td>
<td>Mother – Rh neg and Baby – Rh pos or Rh unknown</td>
<td>Mother:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fetal/Maternal Bleed Screen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Identification Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baby:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Direct Coombs Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chloroquine/AET/DTT/Ficin</td>
</tr>
<tr>
<td>Transfusion Reaction Investigation</td>
<td>Patient exhibited certain symptoms or reactions when administering blood product.</td>
<td>Any or all of the following tests:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TxRx Workup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TxRx Extended Workup</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Extended Workup Pre/Post XM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urine RBCs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poly DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IgG DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C3 DAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antibody Screen</td>
</tr>
</tbody>
</table>

For send out reflex testing information, please contact Laboratory Customer Service at 352.265.0522.
CORE LABORATORIES

Manager: Carol Fulger, MPA, BSMT (ASCP)
fulgec@shands.ufl.edu
Phone: 352.265.0111, x44962

Medical Director: Neil Harris, MD
harris@pathology.ufl.edu
Phone: 352.265.0111, x44717
Pager: 888.553.6799

Associate Medical Director: Stacy Beal, MD
stacygbeal@ufl.edu
Phone: 352.594.4952
Cell: 512.468.4309

Resident on call: 352.413.6266

Scope of Service: UF Health Medical Core Laboratories provide full service testing in Clinical Chemistry, Special Chemistry, Hematology, Coagulation, Urinalysis and Blood Gases. All laboratories are equipped with state of the art analyzers which are selected to produce accurate results, fast result times and high volume throughout.

Tests performed on-site are generally resulted in less than 4 hours. STAT test orders performed on-site are generally resulted within 60 minutes.

Core Laboratory at UF Health Shands Hospital
North Tower, Room 3152, Hours of operation: 24/7 Customer Service: 352.265.9961
Phone: 352.265.0412 Fax: 352.265.0328
Chemistry: x40475 Electrophoresis: x47186
Coagulation: x45333 Urinalysis: x40475

Blood Gas Lab at UF Health Shands Hospital
North Tower, Room 2502, Hours of operation: 24/7
Phone: 352.265.0199 Fax: 352.265.0439
Limited test menu includes Blood Gas testing, Whole blood chemistries such as Na, K, Glucose, Lactic acid, Ionized Ca.

Cancer Center Laboratory at Medical Plaza
Medical Plaza, Room 2163 Hours of operation: M-F, 8 a.m. to 5 p.m.
Phone: 352.265.0722 Fax: 352.265.0734
Limited Chemistry, Hematology and Coagulation test menu for Cancer Center/Infusion Center patients.

Send-Out Testing at UF Health Shands Hospital Core Laboratory
Phone: x40481 Fax: 352.265.0328
Non-urgent esoteric testing not performed on-site are referred to other acceptable laboratories for testing. The primary referral laboratory is ARUP Laboratories, Inc. at the University of Utah.
Client Services: 800.522.2787 www.aruplab.com
Additional reference laboratories are utilized as needed to meet the needs of the patient. The Medical Director is available to consult with physicians to ensure that the testing needs are being met.

Emergency Center Laboratory: UF Health Medical Labs – Springhill
Phone: 352.627.0400 Fax: 352.627.0401
Supervisor: Nilam Patel
24-hour operation
Limited test menu geared to Emergency Response
Hematology, Chemistry and waived screening testing only

SEE OUTPATIENT REQUEST FORM (PS42510) ON THE NEXT PAGE.
ICD-9 Code(s) Diagnosis: 1) _____________________ 2) _____________________ 3) _____________________ 4) _____________________ 5) _____________________ 6) _____________________

MEDICARE SCREENING (ABN REQUIRED)

When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient’s medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-9 Code(s) Diagnosis: 1) _____________________ 2) _____________________ 3) _____________________ 4) _____________________ 5) _____________________ 6) _____________________

SIGNs and SYMPTOMS:

- Basic Metabolic Panel
- Comp. Metabolic Panel
- Electrolyte Panel
- Lipid Panel
- Hepatic Function Panel
- Renal Function Panel
- Obstetric Panel
- Hemoglobin, Direct
- Blood Type, Antibody screen
- Cardiac Panel (Includes: Cholesterol, Triglycerides and Hdl Freq., Covered every 5 years (ABN Required)

- Diabetic Screen (Check one below)
- Fasting glucose and 2hr post-glucose
- Glucose Tol. Test (3 spec. incl. fasting)
- Freq. 3 Spec.
- Diabetic Screen (Check one below)
- Occult Blood Screen (1-3 specimens)
- C-Difficile toxin PCR
- Giardia/Cryptosporidium Antigen
- Ova & Parasite (requires Parapak collection)
- Rotavirus Antigen
- Lactoferrin detection
- H. Pylori Antigen

- PSA Screen (G0103) Freq. – Covered Annually (ABN Required)
- PSA Screen (G0103) Freq. – Covered Annually (ABN Required)

- UnSpecific Diagnosis Requirement

- General Laboratory
- Microbiology

- Homocysteine (Serum) (83090)
- H. Pylori Ab, IgG (Serum)
- H. Pylori Ab, IgM (Serum)
- Celiac Disease (w/confirmation if indicated)
- "HIV Consent Required"

- Coagulation Panel
- Microangiopathy (Gamonobin)
- "HIV Consent Required"
- **HIV Consent Required"
MICROBIOLOGY AND VIROLOGY LABORATORIES
UF Health Shands Hospital, North Tower

Microbiology Section: Room 3164
Hours: 24 hours/7 days
Phone: 352.265.0165
Fax: 352.265.0204

Virology Section: Room 3101
Hours: Mon–Fri, 6:30 a.m. - 5 p.m.
Weekends & Holidays: 8:30 a.m. - 12:30 p.m.
(Off-hours, call Microbiology Section)
Phone: 352.265.0978
Fax: 352.265.0979

Manager: Patricia Giglio
Office phone: 352.265.0165

Medical Director: Kenneth H. Rand, MD
Office phone: 352.265.0680, x44875
Pager: 888.543.1806

Scope of Service: The Microbiology/Virology Laboratories provides full-service Bacteriology, Mycology, Mycobacteriology, Parasitology, Serology and Virology testing for UF Health Shands Hospital and multiple outpatient facilities. Specimens of blood, body fluids, CSF, surgical biopsies, tissues, wounds, respiratory, feces and urine are processed for isolation/identification of potential pathogenic infectious agents. Antimicrobial susceptibility testing is performed for appropriate organisms/sources.

SEE OUTPATIENT REQUEST FORM (PS42510) ON THE PRECEDING PAGE.

Collection Guidelines

▶ Each specimen should be considered potentially infectious; handle using Standard Precautions. Extra precautions must be taken for CSF with suspected CJ Disease / please contact the Micro Lab.

▶ Each specimen requires collection in a STERILE and tightly capped/sealed container to avoid leakage and possible rejection of specimen due to contaminated exterior of container.

▶ Specimens requested for Anaerobic Culture should optimally be collected in the Anaerobic Transport tubes.

▶ BLOOD CULTURES for bacteria consist of one (1) Silver labeled AEROBIC bottle and one (1) Purple labeled LYTIC bottle, with recommended blood volume of 8-10mL each. PEDIATRIC draws (1-3 mls) can be inoculated into a Pink-labeled Peds Plus (aerobic) bottle.

▶ When ordering microbiology test(s) and test(s) for other Lab sections (e.g., Cytology), whenever feasible (e.g., urine specimen), please provide 2 separate containers — one designated for microbiology testing (i.e., urine culture), and the other for the additional tests. Affix appropriate labels on each container.

▶ Tissue samples for bacterial culturing MUST NOT be placed into formalin fixative. Send the samples in a dry sterile container or with 1-5 mL of sterile saline solution in a sterile container to the Microbiology Laboratory directly.

▶ Specimen with needles attached will be rejected per UF Health Shands Hospital Infection Control Policy. Recapping of needles is contrary to UF Health Shands Hospital Infection Control policy and will also be rejected.
<table>
<thead>
<tr>
<th>Specimen</th>
<th>Collection Equipment</th>
<th>Transport</th>
<th>Instructions (Comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaerobe</td>
<td>Optimum recovery of anaerobes occurs with tissue or curetting, which can be placed into the anaerobic collection container. Aspirates collected in syringe (submitted without needles) are the next best specimen. Swabs are the least likely to yield clinically relevant results.</td>
<td>DO NOT refrigerate. Use anaerobe transport tube or syringe without needle.</td>
<td>1. Avoid all O2 exposure. 2. Use Ana transport tubes or expel air from syringe. 3. DO NOT submit needle-syringe; syringe with cap only. 4. Label properly. 5. Send two tubes if STAT gram stain is requested. 6. Deliver promptly to lab.</td>
</tr>
<tr>
<td>Blood/Bone Marrow</td>
<td>Bactec Blood culture collection kit. Needle &amp; syringe.</td>
<td>Aer F &amp; Ana Lytic F bottles require 8-10 mL blood/bottle. May use minimum of 3 mL. [all resinated] Peds Plus/F bottles used for short draws (1-3mL) DO NOT REFRIGERATE.</td>
<td>1. Decontaminate puncture site – ChloraPrep®. 2. Do not palpate disinfected site. 3. Decontaminate bottle stopper with ChloraPrep®. 4. Label properly. 5. Deliver promptly to lab.</td>
</tr>
<tr>
<td>CSF</td>
<td>Surgical prep &amp; collection by physician.</td>
<td>Transport in CSF collection tube.</td>
<td>1. Surgical prep of puncture site DO NOT refrigerate. 2. Obtain 4-5 mL (optimal for adults) 0.5-1.0 mL for children 3. Handle as EMERGENCY specimen; hand carry to laboratory. 4. One tube only, send to bacteriology first. Second and/or third, routinely to bacteriology 5. Label properly. 6. Deliver promptly to lab.</td>
</tr>
<tr>
<td>Ear</td>
<td>Aspirate from tympanocentesis. Swab of drainage.</td>
<td>Transport medium</td>
<td>1. Clean external ear surface. 2. CAREFULLY culture representative area. 3. Label properly. 4. Deliver promptly to lab.</td>
</tr>
<tr>
<td>Eye</td>
<td>Swab (small) for each eye. Corneal scraping (by physician).</td>
<td>Transport medium</td>
<td>1. Do not touch external skin. 2. Obtain maximum material. 3. Label properly. 4. Deliver to lab promptly.</td>
</tr>
<tr>
<td>Feces</td>
<td>Tests other than O&amp;P: Clean plastic screw cap container filled only 1/2, tightly sealed. Swab may be submitted. O&amp;P: Must use dual vial set (Para-Pak 2 vial set) for Parasitology/O&amp;P. Replica limits – 1 specimen/day; No culture/O&amp;P after 3rd hospital day.</td>
<td>Refrigerate if not processed within 1 hour.</td>
<td>1. Best specimen is diarrhea stool. 2. Swab is satisfactory in acute cases but not necessary for routine specimens. 3. Insert swab beyond anal sphincter. Swab must show feces. 4. Label properly. 5. Deliver promptly to lab.</td>
</tr>
<tr>
<td>Feces for Lactoferrin</td>
<td>Clean plastic screw cap container; no preservative (5 grams)</td>
<td>1. Label properly. 2. Deliver promptly to lab.</td>
<td></td>
</tr>
<tr>
<td>Genitals</td>
<td>Swab</td>
<td></td>
<td>1. Collect culture with a swab inserted through a speculum. 2. Avoid touching swab to uninfected surfaces. 3. Clean external urethra before taking urethra specimen. 4. For GC, inoculate TM at bedside, if possible. 5. Label properly. 6. Deliver promptly to lab.</td>
</tr>
</tbody>
</table>
Instructions for Microbiology Specimen Collection and Transport (cont.)

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Collection Equipment</th>
<th>Transport</th>
<th>Instructions (Comments)</th>
</tr>
</thead>
</table>
| Nasopharynx      | Calcium alginate swab| DO NOT refrigerate.              | 1. Nasal speculum helpful.  
|                  | Transport medium.    |                                  | 2. Pass through the nose into nasopharynx.  
|                  |                      |                                  | 3. Allow to remain for a few seconds.  
|                  |                      |                                  | 4. Carefully withdraw.  
|                  |                      |                                  | 5. Label properly.  
|                  |                      |                                  | 6. Deliver promptly to lab. |
| Nose             | Swab                 | Transport medium.                | 1. Swab anterior nares only.  
|                  |                      |                                  | 2. Culture quickly.  
|                  |                      |                                  | 3. Label properly.  
|                  |                      |                                  | 4. Deliver promptly to lab. |
| Sinus            | Swab (small)         | Transport medium.                | 1. Insert and remove quickly.  
|                  |                      |                                  | 2. Label properly.  
|                  |                      |                                  | 3. Deliver promptly to lab. |
| Sputum           | Sterile cup (Minimum 5mL) | Refrigerate if needed. Transport in collection cup. | 1. Carefully instruct pt. to cough deeply (not to spit).  
|                  |                      |                                  | 2. First morning specimen is best. (no 24hr collection)  
|                  |                      |                                  | 3. Transport immediately: seal container tightly.  
|                  |                      |                                  | 4. Consider sputum contaminated with TB.  
|                  |                      |                                  | 5. Label properly.  
|                  |                      |                                  | 6. Deliver promptly to lab. |
| Throat           | Swab                 | Transport medium if more than 2hr delay. | 1. Use tongue blade.  
|                  |                      |                                  | 2. Sample only back of throat between & around tonsil area thoroughly.  
|                  |                      |                                  | 3. Avoid cheeks, teeth, etc.  
|                  |                      |                                  | 4. Label properly.  
|                  |                      |                                  | 5. Deliver to lab promptly. |
|                  |                      |                                  | 2. Clean with soap, NOT disinfectant.  
|                  |                      |                                  | 3. Refrigerate no longer than 24 hours prior to culture.  
|                  |                      |                                  | 4. Seal container tightly.  
|                  |                      |                                  | 5. Label properly.  
|                  |                      |                                  | 6. Deliver promptly to lab. |
| Superficial Wound| Sterile container, swab/ syringe | Transport to lab quickly. | 1. Disinfect surface with ChloraPrep®.  
|                  |                      |                                  | 2. Aspirate deepest portion of lesion.  
|                  |                      |                                  | 4. Deliver to lab promptly. |
| Burn Wound       | Sterile container; swab | Transport to lab quickly.       | 1. Disinfect surface with ChloraPrep®.  
|                  |                      |                                  | 2. Swab area – crush ampule of culturette. Send to lab.  
|                  |                      |                                  | 3. Use dermal punch. Obtain 3-4mm punch bx. No Formalin. Deliver promptly to lab. |

Serology specimens

<table>
<thead>
<tr>
<th>TEST</th>
<th>ACCEPTABLE SPECIMEN</th>
<th>UNACCEPTABLE SPECIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryptococcal Antigen</td>
<td>Serum or CSF (1mL)</td>
<td></td>
</tr>
<tr>
<td>Legionella Antigen Test</td>
<td>Urine in Transport tube with no additive (6mL) (Clear Top with red in it)</td>
<td>24 hr urine, urine in Transport tubes with preservative</td>
</tr>
<tr>
<td>Mono</td>
<td>Serum (1mL)</td>
<td>hemolyzed, markedly lipemic, contaminated serum</td>
</tr>
</tbody>
</table>
The BDProbeTec™ ET System is designed to detect the presence of Chlamydia trachomatis and Neisseria gonorrhoeae in endocervical swabs, male urethral swabs and male and female urine specimens using the appropriate collection method.

<table>
<thead>
<tr>
<th>Collection</th>
<th>Specimen Collection</th>
</tr>
</thead>
</table>
| **Endocervical** | Use the BD ProbeTec Cleaning - Collection and Transport System  
|                  | Remove excess mucus from the cervical os with the large-tipped cleaning swab provided in the BD ProbeTec Cleaning-Collection and Transport System and discard.  
|                  | Insert the BD ProbeTec collection swab into the cervical canal and rotate for 15 - 30 sec.  
|                  | Withdraw the swab carefully. Avoid contact with the vaginal mucosa.  
|                  | Immediately place the cap/swab into the transport tube. Make sure the cap is tightly secured to the tube.  
|                  | Label the tube with patient information and date/time collected.                                         |
| **Urethral**     | Use the Mini-Tip BD ProbeTec Collection and Transport System  
|                  | Insert the Mini-Tip BD ProbeTec swab 2 - 4 cm into the urethra and rotate for 3 - 5 sec.  
|                  | Withdraw the swab and place the cap/swab into the transport tube. Make sure the cap is tightly secured to the tube.  
|                  | Label the tube with patient information and date/time collected.                                         |
| **Urine**        | The patient should not have urinated for at least 1 h prior to specimen collection.  
|                  | Collect specimen in a sterile, plastic, preservative-free specimen collection cup.  
|                  | The patient should collect the first 15 - 20 mL of voided urine (the first part of the stream - not midstream).  
|                  | NOTE: During the clinical evaluation, testing urine volumes up to 60 mL was included in the performance estimates.  
|                  | Label with patient identification and date/time collected.                                             |

**Specimen Transport**

- The BD ProbeTec collection swab and the Mini-Tip BD ProbeTec collection swab must be transported to the laboratory within 4-6 days of collection if stored and transported at 2-27°C. If specimens are refrigerated at 2-8°C after collection and during transport, then they can be submitted up to 10 days after collection. Urine specimens can be stored and transported to the test site at 2-30°C within 24 hours. Otherwise all urine specimens should be stored and transported at 2-8°C.

**Shipping Instruction**

- The BD ProbeTec collection swab, the Mini-Tip BD ProbeTec collection swab, and urine specimens must be shipped in an insulated container on ice (cold packs) by either an overnight or 2-day delivery vendor.

**Specimen Rejection**

- Specimens will be rejected for any of the following reasons.
  - Swabs or tissue not submitted in correct collection container.
  - Specimens not labeled with the patient’s correct name and medical record number.
  - Specimens from a patient on any type of isolation, which are not properly bagged and labeled with the isolation precautions.
  - Specimens that are leaking out of their containers.
BD ProbeTec Cleaning – Collection and Transport System

Mini-Tip BD ProbeTec Collection and Transport System
| **Urine** | • Sterile containers, clean-catch mid-stream, or catheterized specimens only.  
• Order test: vcur. |
| **NP and Lesion** | • Obtain specimen with flocked swab contained in the Viral Transport pack. After specimen collection, insert the swab into the liquid Viral Transport medium and then break off the end carefully. Cap the vial securely to avoid leakage. When swabbing a lesion, it is best to scrape the base of a fresh lesion after lancing, using sterile techniques.  
• Order test RVPCRB for NP, NP WASH, NP Aspirates, BAL, and Throat specimens; HSV PCR and VZV PCR for lesions; VCEYE for eye swab; or HSV PCR for genital specimens. |
| **Stool** | • Submit in a sterile container (no additive) or obtain specimen with flocked swab contained in the Viral Transport pack. Partially insert swab into transport medium and break off the end, trying not to contaminate the part of the swab going into the media. Replace the cap tightly to avoid leakage.  
• If unable to obtain stool, using Viral Transport media and a swab as above, collect rectal swab with visible amount of stool.  
• Order vcst. |
| **Sterile Fluids** | • (CSF, Pleural, etc...) 1.0 to 5.0 mL in a sterile tube  
• Order test vccsf for CSF and vcasp for other source of body fluids. |
| **Tissues** | • Place in Viral Transport Media.  
• Order vcbx. |
Viral Transport packs are available from Owens and Minor or CDC (Hospital Store #1300910) and should be available at all inpatient nursing units.

<table>
<thead>
<tr>
<th>Specimen Rejection</th>
<th>Specimens will be rejected for any of the following reasons.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Cultures left unrefrigerated for more than 2 - 3 hours.</td>
</tr>
<tr>
<td></td>
<td>• Swabs or tissue not submitted in viral transport media.</td>
</tr>
<tr>
<td></td>
<td>• Specimens not labeled with the patient's correct name and medical record number.</td>
</tr>
<tr>
<td></td>
<td>• Specimens that are leaking out of their containers.</td>
</tr>
</tbody>
</table>

For submission of requests for Varicella zoster and Herpes simplex tests by direct fluorescent assay (DFA), 2 slides should submitted for each test. The procedure for preparing slides is as follows:

Lance lesion using sterile procedures and use a sterile swab to obtain cellular material from the base of the lesion, then make dime-sized smears on the slides.

The slides should be labeled with the patient information and placed back-to-back in a sterile urine container before transporting to the laboratory.
Point of Care Department at SUF
North Tower Room 3101
Hours: 6:30 a.m. - 5:30 p.m. Weekdays
Phone: 352.265.0111, x43707
On-call: 352.256.7031

Medical Director: Neil Harris, MD
Office phone: 352.265.0111, x44717
Pager: 888.553.6799

Associate Medical Director: Stacy Beal, MD
Office phone: 352.594.4952

Scope of Service: The Point of Care Department within UF Health Medical Labs provide support for alternate site testing in the following UF Health Shands locations: North Campus, South Campus, Medical Plaza, Florida Surgical, Shands Endoscopy, Inpatient and Outpatient Dialysis, Children Surgical Services, Vista/REHAB. All point of care locations are equipped with state-of-the-art testing devices which are validated to produce accurate and fast result times.

All tests must accompany a provider order. New point of care test requests follow a needs assessment process prior to implementation.
TRANSFUSION SERVICE (BLOOD BANK)
UF Health Shands Cancer Hospital (South Tower)

Hours of Operation: 24 hours/7 days

Phone: 352.733.0900
Fax: 352.733.0812

Blood Bank Supervisor On-Call: 352.260.3358

Manager: Belinda Manukian
Cell: 352.219.3559

Medical Director: Peter Pelletier, MD
Cell: 352.256.9324

Associate Medical Director: Faisal Mukhtar, MD
Cell: 352.219.1978

Scope of Service: The blood bank department provides a wide span of immunohematology services using the most advanced technology to assist the physician in obtaining quality test results as well as quality blood products for the patient. Numerous blood products are available to the ordering physician in order to manage the diversified group of patients that are encountered here at UF Health Shands Cancer Hospital.

Services offered:
- Blood Bank Laboratory Tests
- Blood Products
- Pathology Consultations

Related Service:
- Autologous/Directed Donations

Additional Requirements:
- Samples for transfusion compatibility testing require a 3rd identifier in the form of a Blood Bank ID# derived from Blood Bank ID band.
- For type and cross or type and screen tests performed in the Blood Bank, the specimen must be sent with a completed Time Out Verification Form (100030156) to be accepted for testing.
- A physician's written or electronic order is to accompany patient sample when ordering Blood Bank tests and/or blood products.
- Samples with any errors or missing information on the specimen label or verification form will be rejected.

SEE TIME OUT VERIFICATION FORM (100030156) ON THE NEXT PAGE.
Transfusion Services Time Out Verification Form

Instructions: Each person participating in the Time-Out Verification process shall place their initials in the appropriate boxes as the collector or the verifier, and print and sign their name, along with their Employee ID #. Each person's initials and signatures attests that they have stopped together at the patient bedside to complete each step of the Time-Out Verification process.

Correct labeling examples:

<table>
<thead>
<tr>
<th>Initial Specimen</th>
<th>Subsequent Samples</th>
</tr>
</thead>
</table>

| Initial Blood Band Application | Subsequent Blood Bank Specimen |

<table>
<thead>
<tr>
<th>Steps MUST BE DONE AT BEDSIDE</th>
<th>Collector Initials</th>
<th>Verifier Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Patient identified with Name and MRN (compare Patient ID band with the preprinted patient label placed on this form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Blood Band name and MRN match Patient ID band exactly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Label on Specimen tube matches Name and MRN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Blood Band ID number (alpha-numeric yellow sticker) on specimen tube matches patient's Blood Band ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Date / Time / Initials on Specimen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood Bank ID# ___________________________ Patient Location ___________________________

I verify this patient's identification:

Print Name ___________________________ EID# ___________________________ Signature ___________________________

I am the second verifier of this patient's identification:

Print Name ___________________________ EID# ___________________________ Signature ___________________________

Date / Time _________________ / _______________
CYTOLOGY LABORATORY

Hours of Operation:
Laboratory at Rocky Point M – F  8:00 a.m. – 4:30 p.m.

Phone: 352.265.0172, x72120
Fax: 352.265.6935

FNA at UF Health Shands Hospital (North Tower) 8:30 a.m. – 3:30 p.m.; Pager: 352.413.6834
After-hours – Page Resident-on-Call: 352.413.6266

Manager: Mai Ta
Cell: 352.219.3644

Medical Director: Larry J. Fowler, MD
Pager: 352.413.1620

Scope of Service: The function of the Cytology Laboratory is to evaluate exfoliated or aspirated cells for abnormalities. These abnormalities include the presence of cancer, precancerous conditions, infection due to fungus, virus, parasites, bacteria, etc. The cytology services include processing, evaluating, and performing diagnostic interpretation on the specimens submitted. All specimens are examined and interpreted by the cytotechnologists and given to the pathologist for review and final diagnosis. The cytology laboratory staff assists in Fine Needle Aspirate (FNA) procedures in various areas stationed only in UF Health Shands and only during regular hours (8:30 a.m. - 3:30 p.m.). Please be aware that staff available to assist with FNA procedures is limited. Patience with scheduling assistance is appreciated. Should an FNA be anticipated after 3:30 pm, contact FNA service during operating hours for needed supplies. Residents are available for questions but do not assist with FNA slide preparation and assessment of adequacy.

STAT specimens are processed between 7 a.m. and 3 p.m. Contact Lab Customer Service at 352.265.0522 for rush pick-up and delivery to Rocky Point. After hours, contact resident on-call at 352.413.6266. STAT specimens MUST have a direct contact number of requesting clinician on the requisition.

Collection Guidelines (other than Fine Needle Aspiration)

1) Contact laboratory before obtaining CSF specimen on patient suspected to have CJ disease.
2) All specimens must be capped/sealed tightly.
3) When ordering cytologic evaluation and tests for other labs, whenever feasible, please provide a separate specimen for Cytology Laboratory. If one specimen is to be shared between two laboratories, please indicate so.
4) Refrigerate specimens that cannot be sent immediately.

Breast Secretions: Secretion from the nipple can be obtained in up to 70% of women who have borne children. There are two procedures that are acceptable for handling of the breast cytology specimen. They are as follows:

1. Six-slide technique: Secretion from the nipple is expressed on six slides, labeled with the patient’s last name and 2nd identifier. As the drop of secretion appears, the first slide is gently brought to the drop and the secretion is smeared on the slide using a slide push technique as employed in Hematology. In this technique, a second slide is simply brought up to the drop, the drop is permitted to spread across the joining edges of the slide and, at that point, the forwarding slide is pushed across the surface smearing the sample. The sample is immediately placed into 95% alcohol or sprayed using an appropriate fixative, being certain the spraying nozzle is at least 12 inches away from the sample.

2. Breast secretion employing the cytocentrifuge technique: Collection of the sample employing these technologies requires that the sample preferably be collected fresh in a clean covered container and submitted directly to the section of Cytopathology. In these cases at least 2 mL of sample is generally required to perform cytologic evaluation. If the sample cannot be submitted directly to Cytopathology, the sample must be refrigerated until it can be delivered to Cytopathology. The sample should be submitted to the section of Cytopathology with the appropriate requisition form.

3. Fine needle aspiration may also be used for breast masses.

Corneal (Eye): Samples are collected by the ophthalmology clinicians and submitted dependent of the clinical differential.

(continued on next page)
Corneal (Eye): (continued)  
If looking ONLY for fungi or Acanthamoeba, the slide(s) should be submitted as air-dried smears accompanied by a request for GMS (silver) stains. The slide, which must have the patient’s last name and 2nd identifier written on the frosted end, is given an accession number and submitted to Histology for a Gomori methanamine silver stain and evaluated for the presence of fungi or Acanthamoeba.

If Herpes, Chlamydia, or pre-cancer is considered, then the clinician should IMMEDIATELY place slide in 95% ethanol and submit for Pap stain or submit the scraping in PreservCyt for preparation and Pap stain.

Fluid samples from the eye should be transported immediately to the Cytopathology lab for process or, if delayed, refrigerated.

Effusions-Ascites, Pleural OR Pericardial: If a specimen can be transported promptly to the lab, we prefer the fresh fluid. If it cannot be brought immediately, add 3 units of heparin per mL of fluid as precaution against clotting, and place in refrigerator until it can be delivered. We prefer at least 30 mL of sample or more if possible.

Female Genital Tract – Monolayer Paps: Obtain an adequate sample. (See ThinPrep Pap kit for detailed collection information.) Rinse spatula/broom in preservative solution and discard collection device. Tighten the cap on vial and label with the patient’s name before placing in transport bag. HPV, GC and CT testing is now available.

Gastrointestinal Tract: Brushing or aspirated material may be smeared directly on slides, which should have the patient’s last name and 2nd identifier printed in pencil on one end. The smears should be fixed IMMEDIATELY in 95% ethanol and the slides brought to Cytopathology. The brush used in the procedure may be submitted in a small (10 mL) amount of saline or ThinPrep/SurePath preservative fluid provided by lab for processing with prepared slides.

Respiratory Tract: Sputum – Instruct the patient to cough deeply (from the diaphragm) to expectorate a deep cough specimen and not saliva. We prefer a fresh unfixed sample or the specimen may be refrigerated until it can be delivered to the Cytopathology lab. For best results, a series of early morning specimens should be submitted each morning for 3 consecutive days.

Bronchial: Send fresh bronchial secretions or washings to lab immediately or refrigerate until specimen can be delivered to Cytopathology for processing.

If slides are made, print the patient’s last name and 2nd identifier with pencil on one end of all-frosted slides, smear brushing or aspirated material and fix the slide immediately in 95% ethanol. DO NOT ALLOW SMEAR TO AIR DRY!! The brush may also be placed in saline and submitted. Do not forget to send three post-bronchoscopy sputum specimens to the lab, obtained over the next 3 days. These are rich in exfoliated cells from the bronchial epithelium and are of great diagnostic value.

NOTES: 1. Bronchoalveolar lavage is preferred for detection of Pneumocystis carinii.
2. In cases where a sample is to be shared between Cytology and Microbiology, a cytology request form should accompany the specimen to the lab.

Spinal Fluid: Bring the fresh specimen PROMPTLY to the Lab for processing. A sample size of at least 1-3 mL is needed. If a lymphoproliferative disorder is suspected, submit the CSF to Hematopathology for analysis.

Urinary Tract: For Cancer Detection – Send fresh urine or bladder washing immediately to the Cytopathology Lab, please indicate whether specimen is voided or catheterized urine or bladder washing. If specimen cannot be brought immediately to the lab, it MUST be refrigerated.

For Cytomegalic Inclusion Disease (CMV) or Polyoma (BK virus) Detection: Fresh urine should be sent IMMEDIATELY to the Cytopathology Lab after collection. A 5 mL minimum volume is required.

(continued on next page)
**Virology Testing Note:** PCR testing in Virology is the preferred method of detection for BKV and CMV. BKV and CMV are performed on plasma specimens, and BKV is also done on urine specimens.

**Wound or Lesion Scrapes:** Print patient’s last name and 2nd identifier with pencil on one end of all-frosted slide, scrape the wound with moistened tongue blade and place the material directly on the slides. Place the slides **IMMEDIATELY** in 95% ethanol, or spray with an appropriate fixative, keeping the spray nozzle 12 inches away from the slide surface. If the wound is hard and crusted it should be soaked with warm saline prior to obtaining the scrape. These will be Pap stained.

**Testing Note:** Old style “Tzanck” smears for viral changes are of low quality and we no longer will interpret.

**GUIDELINES FOR FINE NEEDLE ASPIRATION**

**Purpose:** The purpose of Fine Needle Aspiration is to obtain diagnostic cells from a designated site without using open biopsy techniques.

**Principle:** Tissue is obtained from a specific anatomic site with or without the aid of radiological assistance.

**Specimen:** Fine needle aspiration of masses for cytological examination.

**Safety Note:** All specimens must be submitted in closed containers, properly labeled, and transported in biohazard bags!

It is recommended when immediate assistance is NOT available aspirate be placed into Cell Gro (AKA RPMI or DMEM). Cell transport fluid may be obtained from Cytopathology FNA lab – please refer to contact numbers above.

**Smears:** Smears are labeled with last name and 2nd identifier. They are prepared from a small drop of the semisolid aspirate placed on a glass slide. This is done by detaching the needle from the syringe and filling the syringe with air. Re-attach the needle and advance the plunger of the syringe to express a small drop of the aspirated material on the center of the glass side. Place the bevel of the needle against the slide while expressing this drop so that there is no intervening airspace which will cause drying artifacts in the alcohol fixed smears.

Make the smear by using another slide laid on top of the drop. After the drop spreads from the weight of the slide, rotate the slides apart by turning the upper slide away from the lower slide, like turning the page of a book. Immediately after separating the slides, place one into reagent alcohol and allow the other to air dry for rapid staining.

Cyst fluid or predominately bloody specimens that fill the syringe can be submitted in a sterile container properly labeled or placed in transport solution and submitted to CLSC for transport to the Cytology laboratory.

Smears should be fixed in alcohol or spray fixed while wet for Papanicolaou stain. Air-dried smears are helpful for special stains and for immediate evaluation for adequacy using rapid stains.

It is preferable to make only 2 slides per aspiration attempt (one air-dried and one fixed). The rest of the material can then be placed in the transport fluid.

As much of the aspirate as possible should be placed in CellGro (DMEM or RPMI) for possible Flow Cytometry in suspected cases of lymphoma. If cultures for bacteria or virus are needed, a separate sample should be submitted directly to Microbiology or Virology for appropriate studies. If submitting smears it is important to indicate which are spray-fixed and which are air-dried, as these are handled differently.

**EACH SPECIMEN IS TO BE SUBMITTED WITH AN APPROPRIATE ORDER FORM:**

• CYTOLOGY NON-GYN REQUEST FORM (PS86250) OR
• CYTOLOGY GYN REQUEST FORM (PS40994)
**CLIENT INFORMATION – REFERRING PHYSICIAN (PLEASE PRINT IN BLACK INK)**

<table>
<thead>
<tr>
<th>PT LAST NAME</th>
<th>FIRST</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL RECORD #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>BIRTHDATE</td>
<td>SEX: M F</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>ZIP</td>
<td>HOME PHONE</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td>WORK PHONE</td>
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</tr>
<tr>
<td>WORK ADDRESS</td>
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<td>STATE</td>
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</tbody>
</table>

**INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)**

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Other Ins.</th>
<th>Self</th>
<th>Spouse</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBSCRIBER</td>
<td>FIRST</td>
<td>MI</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>BENEFICIARY/ MEMBER #</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIMS ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
<td></td>
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</tr>
</tbody>
</table>

**COLLECTION AND REPORTING INFORMATION**

- FAX results to
- COPY to
- CALL results to
- RUSH
- Indication for Rush

**INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)**

<table>
<thead>
<tr>
<th>SECONDARY</th>
<th>Medicare</th>
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<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NON-GYN CYTOLOGY: Label specimen container with the patient’s name, MRN or DOB, and site of specimen.**

### Specimen / Exact Anatomical Source(s):

- Body Cavity Fluid: (type) __________________________________________________________________________
- CSF: _______________________________________________________________________________________
- Eye / Corneal Scrape: __________________________________________________________________________
- Respiratory: (type) ____________________________________________________________________________
- Other: (specify) ______________________________________________________________________________

### Urine Specimens:

- Source: ___________ Voided ___________ Catheterized ___________ Bladder Wash ___________ Other: ___________

- Cytology Only
- Cytology with Reflex to Bladder Cancer Testing by UroVysion FISHTM if indicated (if atypical, dysplastic and suspicious)
- Bladder Cancer Testing by UroVysion FISHTM

### Additional stains for consideration:

- Fe
- Oil Red O
- PCP
- Fungus
- Other: _ ___________

**Clinical History (to be completed by Physician, ARNP, or other provider):**

**Radiology Findings:**

**PHYSICIAN NOTICE:** When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient’s medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-9 Code(s) Diagnostic: 1) ___________ 2) ___________ 3) ___________ 4) ___________ 5) ___________ 6) ___________

**SIGNS AND SYMPTOMS:**
ICD-9 Code(s) Diagnosis:
1) _____________________ 2) _____________________ 3) _____________________ 4) _____________________ 5) _____________________ 6) _____________________

SIGNS AND SYMPTOMS: 

NOTICE

(3) Anatomical Source(s):
- HPV declined
- HPV concurrent under the age of 30 (insurance may not cover)***
- HPV reflex for ASC-US age 20 and over
- HPV Only

(2) HPV Testing
- Thin Prep Slide from spatula and/or brush
- Liquid base PAP

Source:
- Chlamydia Trachomatis (NAT) Nucleic Acid Test

(6) Infectious Disease Testing (Select if applicable):
- N. Gonorrhea (NAT) Nucleic Acid Test
- Chlamydia Trachomatis (NAT) Nucleic Acid Test

(5) Clinical History:
- Previous PAP Showing:
  - Routine Screening

(4) Reason for Pap Smear
- Clinical Hx:
  - Postmenopausal bleeding
  - Postmenopausal atrophic vaginitis
  - History of AGUS

(3) Reason for Pap Smear (Please select only one):
- Routine Screening
- Follow-up of abnormal PAP Test (Diagnostic)

Previous Pap Smear Showing:
- ASCUS
- Low Grade SIL
- Reactive/reparative
- Carcinoma
- High Grade SIL
- History of AGUS

(2) HPV Testing (Please select only one):
- HPV reflex for ASC-US age 20 and over
- HPV concurrent age 30 and over
- HPV concurrent under the age of 30 (insurance may not cover)***
- HPV declined

Advanced Beneficiary Notice suggested.

(1) Specimen Preparation (Please select only one):
- Slide from spatula and/or brush
- Thin Prep

(6) Infectious Disease Testing (Select if applicable):
- N. Gonorrhea (NAT) Nucleic Acid Test
- Chlamydia Trachomatis (NAT) Nucleic Acid Test

Source:
- Liquid base PAP
- Urine

NOTE: Please refer to Journal of Lower Genital Tract Disease 2007, 11(4):201-222 OR AJOG 2007, 346-350; for guidelines on testing for HPV, HPV testing is not recommended if the test is ASCUS, low-grade squamous lesion (ASC-H), LSIL, HSIL, ASC-US, or carcinoma. You may also visit www.asccp.org for additional information.

Label specimen container with patient’s name, MRN, and site of specimen.

When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient’s medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-9 Code(s): Diagnosis: 1) _____________________ 2) _____________________ 3) _____________________ 4) _____________________ 5) _____________________ 6) _____________________

Signs and Symptoms:
**ADDITIONAL CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>042</td>
<td>Human Immunodeficiency virus (HIV) infection</td>
</tr>
<tr>
<td>158.9</td>
<td>Malignant neoplasm of peritoneum, unspecified</td>
</tr>
<tr>
<td>180.0</td>
<td>Malignant neoplasm of endocervix</td>
</tr>
<tr>
<td>180.1</td>
<td>Malignant neoplasm of exocervix</td>
</tr>
<tr>
<td>180.8</td>
<td>Malignant neoplasm of other specified sites of cervix</td>
</tr>
<tr>
<td>183.2</td>
<td>Malignant neoplasm of fallopian tube</td>
</tr>
<tr>
<td>183.8</td>
<td>Malignant neoplasm of other specified sites of uterine adnexa</td>
</tr>
<tr>
<td>184.0</td>
<td>Malignant neoplasm of vagina</td>
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<tr>
<td>184.8</td>
<td>Malignant neoplasm of other specified sites of female genital organs</td>
</tr>
<tr>
<td>218.9</td>
<td>Leiomyoma of uterus, unspecified</td>
</tr>
<tr>
<td>221.2</td>
<td>Benign neoplasm of vulva</td>
</tr>
<tr>
<td>233.30</td>
<td>Carcinoma in situ of other and unspecified female genital organs</td>
</tr>
<tr>
<td>233.31</td>
<td>Carcinoma in situ of vagina</td>
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<tr>
<td>233.32</td>
<td>Carcinoma in situ of vulva</td>
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<tr>
<td>595.0</td>
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<td>Mucositis (Ulcerative) of cervix, vagina, and vulva</td>
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<tr>
<td>618.69</td>
<td>Other inflammatory diseases of cervix, vagina and vulva</td>
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<tr>
<td>620.2</td>
<td>Noninflammatory disorders of unspecified ovarian cyst</td>
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<tr>
<td>621.30</td>
<td>Endometrial hyperplasia, unspecified</td>
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<tr>
<td>621.32</td>
<td>Complex endometrial hyperplasia without atypia</td>
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<td>623.5</td>
<td>Noninflammatory disorder of vagina, leukorrhea</td>
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<td>Pain and other symptoms assoc. with female genital organs, dyspareunia</td>
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<tr>
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<td>Pain and other symptoms assoc. with female genital organs, dysmenorrhea</td>
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<tr>
<td>625.9</td>
<td>Pain and other symptoms assoc. with female genital organs, unspecified</td>
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<tr>
<td>626.0</td>
<td>Absence of menstruation</td>
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<tr>
<td>626.4</td>
<td>Irregular menstrual cycle</td>
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<tr>
<td>627.2</td>
<td>Symptomatic menopausal of female climastic states</td>
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<tr>
<td>789.00</td>
<td>Other symptoms involving abdomen and pelvis, abdominal pain, unspecified</td>
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<tr>
<td>789.01</td>
<td>Other symptoms involving abdomen and pelvis, abdominal pain, right upper quadrant</td>
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<tr>
<td>789.02</td>
<td>Other symptoms involving abdomen and pelvis, abdominal pain, left upper quadrant</td>
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<td>Other symptoms involving abdomen and pelvis, abdominal pain, right lower quadrant</td>
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<td>789.04</td>
<td>Other symptoms involving abdomen and pelvis, abdominal pain, left lower quadrant</td>
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<tr>
<td>789.30</td>
<td>Abdominal or pelvic swelling, mass, or lump, unspecified site</td>
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<td>795.09</td>
<td>Other abnormal PAP smear of cervix and cervical HPV</td>
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<td>Abnormal PAP smear of other side (not cervix)</td>
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<td>Child abuse, unspecified</td>
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<td>995.53</td>
<td>Child abuse, sexual</td>
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<td>995.54</td>
<td>Child abuse, physical</td>
</tr>
<tr>
<td>995.59</td>
<td>Other child abuse and neglect</td>
</tr>
<tr>
<td>V01.6</td>
<td>Contact with or exposure to venereal disease</td>
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<tr>
<td>V07.4</td>
<td>Hormone replacement therapy (postmenopausal)</td>
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<tr>
<td>V08</td>
<td>Asymptomatic human immunodeficiency virus (HIV) infection status</td>
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<tr>
<td>V20.2</td>
<td>Routine infant or child health check</td>
</tr>
<tr>
<td>V25.09</td>
<td>Encounter for contraceptive management, general counseling and advice, other</td>
</tr>
<tr>
<td>V25.3</td>
<td>Encounter for contraceptive management, menstrual regulation</td>
</tr>
<tr>
<td>V25.9</td>
<td>Unspecified contraceptive management</td>
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<tr>
<td>V67.01</td>
<td>Follow-up vaginal PAP smear</td>
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<tr>
<td>V70.0</td>
<td>Routine general medical exam at a health care facility</td>
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<tr>
<td>V74.5</td>
<td>Special screening exam for bacterial and spirochetal diseases, venereal diseases</td>
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<td>V76.49</td>
<td>Special screening for malignant neoplasms, other sites (not cervix or vagina)</td>
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<tr>
<td>V88.01</td>
<td>Acquired absence of both cervix and uterus</td>
</tr>
<tr>
<td>V88.02</td>
<td>Acquired absence of uterus with remaining cervical stump</td>
</tr>
<tr>
<td>V88.03</td>
<td>Acquired absence of cervix with remaining uterus</td>
</tr>
</tbody>
</table>
SURGICAL PATHOLOGY
UF Health Shands Hospital (North Tower) and
UF Health Shands Cancer Hospital (South Tower)

Hours of Operation: M – F 7:30 a.m. – 5:00 p.m

Phone: 352.627.9268  Fax: 352.627.9271
After-hours – Page Resident-on-Call: 352.413.6266

Manager: Mai Ta  Medical Director: John Reith, MD
Cell: 352.219.3644  Cell: 352.627.9256

Scope of Service: Surgical Pathology processes surgical specimens from inpatients, outpatients and autopsies for a wide variety of tests on tissue sections for demonstration of organisms, substances and structures. The tests include the demonstration of bacteria, fungi, protozoans and inclusion bodies; pigments and minerals; carbohydrates and mucoproteins; fats and lipids; nerve cells and fibers; hematologic and nuclear elements; cytoplasmic granules and connective tissue elements, and enzymes. Preparations are made for light microscopy, fluorescent antibody tests and immunoperoxidase techniques using paraffin and frozen section techniques, respectively.

Specimen Submission Guidelines:

- SEE ORDER FORMS ON THE FOLLOWING PAGES:
  SURGICAL PATHOLOGY REQUISITION (INPATIENT FORM) (PS44626)
  SURGICAL PATHOLOGY REQUEST (OUTPATIENT FORM) (PS106575)
  SURGICAL PATHOLOGY REQUEST FOR MUSCLE AND NERVE BIOPSIES

Each form is to include: patient’s first and last name, gender, DOB, UF Health medical record number, pertinent clinical history, submitting physician’s name (legible) and signature, date of collection/service, exact anatomic source of specimen, service/department/clinic/OR#. If patient does not have a UF Health medical record number, provide patient’s address, insurance information, and social security number.

- Specimen must be labeled with patient’s full name, MR#, or DOB, and exact anatomical specimen source (e.g., left breast biopsy).

- Deliver specimens with appropriate forms:
  – Regular hours: Monday – Friday, 8 a.m. - 5 p.m, to either North Tower or Cancer Hospital gross room.
  – After hours: Monday – Friday, 5 p.m. - 8 a.m. and weekends/holidays, to core lab window at North Tower. Contact resident on-call at 352.413.6266 about STAT specimens after hours.

- Tissue samples for bacterial culturing MUST NOT be placed into formalin fixative. Send the samples in a dry sterile container or with 1-5 ml of sterile saline solution in a sterile container to the Microbiology Laboratory directly.

- Fresh tissue (kidney, heart, or skin) specimens for Immunofluorescence Testing and Muscle Biopsies – deliver on saline-soaked gauze to UF Health Shands Hospital (North Tower) gross room, Room # 2225.

- Specimens for routine Light Microscopy: place tissue in 10% formalin 20 times tissue volume in a leak proof container that is properly labeled and deliver to gross room either at UF Health Shands Hospital (North Tower), Room # 2225 or UF Health Shands Cancer Hospital (South Tower), Room # 2325.

- Surgical Pathology Consults: submit slides, a copy of the corresponding Pathology Report from the referring location, and a completed outpatient UF Health Shands Surgical Pathology request. Deliver to Surgical Pathology office at UF Health Shands Hospital (North Tower), MSB Building, Room # N1-10.

- Outpatient Muscle Biopsies: contact Histology laboratory at Rocky Point facility before obtaining a specimen. Call 352.265.0680, x72117.
### Surgical Pathology Request

**UF Health Medical Lab – Rocky Point**

Send: 4800 SW 35th Drive

To: Gainesville, FL 32608

Phone: 352.265.0111, x72118 • Fax 352.265.6935

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**CLIENT INFORMATION – REFERRING PHYSICIAN (PLEASE PRINT IN BLACK INK)**

<table>
<thead>
<tr>
<th>REFERRING PHYSICIAN</th>
<th>PATIENT INFORMATION</th>
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<tr>
<td>ADDRESS</td>
<td>BIRTHDATE</td>
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<tr>
<td>CITY</td>
<td>PT SSN</td>
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**INSURANCE BILLING INFORMATION – REFERRING PHYSICIAN (PLEASE PRINT IN BLACK INK)**

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<td>GROUP #</td>
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<tr>
<td>CLAIMS ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
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</tbody>
</table>

**COLLECTION REPORTING INFORMATION**

- [ ] FAX results to
- [ ] COPY to
- [ ] CALL results to

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Time Collected</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
</table>

**PHYSICIAN NOTICE**

When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient’s medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

ICD-9 Code(s) Diagnosis: 1) ________________________  2) ________________________  3) ________________________  4) ________________________  5) ________________________  6) ________________________

---

**Please fill this section out**

**Pertinent Clinical Hx:**

---

**Pre-Operative / Operative Dx (May use ICD-9 Codes):**

---

**Specimen / Exact anatomical source:** *Label specimen with patient name, MR# or DOB and specimen / site*

A. __________ M. __________
B. __________ N. __________
C. __________ O. __________
D. __________ P. __________
E. __________ Q. __________
F. __________ R. __________
G. __________ S. __________
H. __________ T. __________
I. __________ U. __________
J. __________ V. __________
K. __________ W. __________
L. __________ X. __________

---

**Patient Signature**: X

---

**Part 1 - Return with specimen**

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Revised 4/9/15

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PS44626
PROCEDURE FOR SENDING MUSCLE AND NERVE BIOPSIES
(UF HEALTH MEDICAL LAB – ROCKY POINT)

Packing and Shipping for Muscles:
1) Immediately upon receipt of tissue; examine for orientation (under dissecting microscope).
2) Excise, with new razor or scalpel blade, 2-6 small pieces (1 mm greatest dimension each), from area(s) of the biopsy which (is) are not crushed or torn, and immerse these in EM fixative for transportation.
3) Wrap the majority of the (unfixed) specimen (1 cm or greater best) in sterile saline-dampened (not soggy) sponge and place in a sealed plastic container on crushed ice (not dry ice). Specimen size of 1 cm or greater is best.
4) The entire specimen (ie. both parts) must be shipped in a larger protective container accompanied by the following information:
   - Patient’s name, age and sex and pertinent history
   - Hospital and pathologist name and telephone number
   - Name and telephone number of doctor ordering the biopsy
   - Location and number of muscle biopsies

Packing and Shipping for Nerves:
1) Immediately upon receipt of tissue (ideally with suture tied near proximal end by the surgeon); gently pull the specimen (by the suture) onto a thin cardboard strip and allow to sit for about 60 seconds.
2) Excise, with new razor or scalpel blade, 1/3 of the (proximal) nerve segment and place in a sealed container of 10% neutral buffered formalin.
3) Immerse remaining 2/3 portion of nerve segment on (by now adherent) cardboard strip to a container of EM fixative for transportation.
4) The entire specimen (ie. both parts) must be shipped in a larger protective container accompanied by the following information:
   - Patient’s name, age and sex and pertinent history
   - Hospital and pathologist name and telephone number
   - Name and telephone number of doctor ordering the biopsy
   - Location and number of muscle biopsies

IMPORTANT
1) UF Health Medical Lab – Rocky Point staff should be notified that a muscle or nerve biopsy is being sent: call Histology 352.265.0111, x72117.
2) Outside of package MUST be labeled with one of the following:
   - “Perishable” or “Muscle Bx” or “Surgical Specimen” or “Nerve Biopsy”
3) The shipment must be arranged prior to shipping. The specimen must arrive no later than 24 hours after the biopsy (no Friday biopsies), between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday and should be delivered to:

   UF Health Medical Lab – Rocky Point
   Attn: Elaine Dooley/Charles Fletcher
   Histology, Room 1130
   4800 SW 35th Drive
   Gainesville, FL 32608
   Telephone: 352.265.0111, x72117
**Surgical Pathology Request for Muscle and Nerve Biopsies**

Please read all instructions prior to collecting specimen.

<table>
<thead>
<tr>
<th><strong>MUSCLE BIOLOGY</strong></th>
<th><strong>NERVE BIOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Packing and Shipping:</strong></td>
<td><strong>Packing and Shipping:</strong></td>
</tr>
<tr>
<td>1. Please read all instructions before sending a muscle biopsy. The majority of the specimen should be sent on saline dampened gauze. A tiny portion should be sent in EM fixative.</td>
<td>1. Please read all instructions before sending a nerve biopsy. Majority of specimen should be divided into formalin and EM fixative.</td>
</tr>
<tr>
<td>2. Immediately upon receipt of tissue, examine for orientation (under dissecting microscope).</td>
<td>2. Immediately upon receipt of tissue, (ideally with suture tied by the surgeon near proximal end), gently pull the specimen by the suture onto a thin cardboard strip and allow to sit for approximately 60 seconds.</td>
</tr>
<tr>
<td>3. Excise, with new razor or scalpel blade, 2-6 small pieces (1mm in greatest dimension each), from area(s) of the biopsy which is/are not crushed or torn, and immerse these in EM fixative for transportation.</td>
<td>3. Excise, with new razor or scalpel blade, approximately 1/2 of the proximal nerve segment and place in a sealed container of 10% neutral buffered formalin.</td>
</tr>
<tr>
<td>4. Wrap the majority of the (unfixed) specimen in sterile saline-dampened (not soggy) gauze and place in a sealed plastic container on crushed ice (not dry ice). A specimen size of 1 cm or greater is best.</td>
<td>4. Immerse the remaining 1/2 of specimen (on cardboard strip) in a container of EM fixative for transportation.</td>
</tr>
<tr>
<td>5. The entire specimen (both parts) must be shipped in a larger protective container accompanied by the following information:</td>
<td>5. The entire specimen (both parts) must be shipped in a larger protective container accompanied by the following information:</td>
</tr>
<tr>
<td>a. patient's name, age, sex, and pertinent history</td>
<td>a. patient's name, age, sex, and pertinent history</td>
</tr>
<tr>
<td>b. hospital and pathologist's name and telephone number</td>
<td>b. hospital and pathologist's name and telephone number</td>
</tr>
<tr>
<td>c. name and telephone number of the attending (not the surgeon) ordering the biopsy</td>
<td>c. name and telephone number of the attending (not the surgeon) ordering the biopsy</td>
</tr>
<tr>
<td>d. location and number of muscle biopsies</td>
<td>d. location of nerve biopsy</td>
</tr>
</tbody>
</table>

1. The following Shands Hospital staff should be notified that a muscle or nerve biopsy is being sent: Elaine or Charles (Histology) - (352) 265-0111 x72117
2. Outside of package MUST be labeled with the following: “perishable” and “muscle bx,” or “nerve bx.”
3. The shipment must be arranged prior to sending and the specimen must arrive no later than 24 hours after the biopsy. Laboratory accepts specimens between the hours of 9:00 am and 4:00 pm, Monday through Friday (not on weekends; ie: no Friday biopsies) and should be delivered to:

Shands Medical Laboratories at Rocky Point
Attn: Elaine Dooley/Charles Fletcher
Histology Room 1130
4800 SW 35th Drive
Gainesville, Fl 32608

---

**Client Information-Referring Physician**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>Birthdate</th>
<th>Sex</th>
<th>SSN</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Phone</th>
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</table>

**Insurance Billing Information – Please attach “face sheet”**

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<th>Spouse</th>
<th>Dependent</th>
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<th>Medicaid</th>
<th>Other Ins</th>
<th>Self</th>
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<th>Dependent</th>
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**Physician Notice:** When ordering tests the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient’s medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

**Collection Reporting Information:**

<table>
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<tr>
<th>FAX Results To</th>
<th>CALL Results To</th>
<th>COPY To</th>
</tr>
</thead>
</table>

**Date Collected:** ____/____/____

**ICD-9 Codes(s) Diagnosis**

<table>
<thead>
<tr>
<th>1)</th>
<th>2)</th>
<th>3)</th>
<th>4)</th>
<th>5)</th>
<th>6)</th>
<th>7)</th>
<th>8)</th>
</tr>
</thead>
</table>

**Specimen/Exact Anatomical Source:** Label specimen with patient name, MR#, or DOB and specimen source/site

A. _______________ B. _______________ C. _______________ D. _______________

**Preoperative/Operative Diagnosis (may use ICD-9 codes):**

**Pertinent Clinical Hx Should Include the Following:**

- Does the patient have Proximal or Distal muscle weakness?
- What is the CPK?
- What are the results of the EMG?
- What is the Clinical Differential Diagnosis?
- Additional Information:
HEMATOPATHOLOGY LABORATORY
Rocky Point

Hours of Operation:
M – F   7:30 a.m. – 9:30 p.m.
Saturday   8:00 a.m. – 4:00 p.m.

Phone: 352.265.0071
Fax: 352.265.1063
After-hours – Page Resident-on-Call: 352.413.6266

Manager: Mai Ta
Cell: 352.219.3644
Medical Director: Ying Li, MD
Pager: 352.413.7468

Scope of Service: Hematopathology department provides a comprehensive diagnostic testing for hematologic malignancies using state-of-the-art technology such as conventional microscopy, immunohistochemistry, flow cytometry, molecular genetic testing, cytogenetics and fluorescence in situ hybridization (FISH).

Consultations Offered
1. Comprehensive leukemia myelodysplasia or cytopenia evaluation
2. Comprehensive lymphoma/lymphoproliferative evaluation
3. Comprehensive plasma cell disorder evaluation
4. Disease Monitoring
5. Consultation on pathologic materials (slides)
6. Performance of specialized hematologic laboratory tests on blood, bone marrow or other fluids
7. CD34(+) stem/progenitor cell quantitation
8. Immunophenotyping

Expert pathologists are available 24 hours/7 days a week for a personalized service and consultation. Special arrangements must be made for off-hours and Sunday specimens.

Diagnoses of diseases that require prompt management are routinely reported via telephone by one of the consulting physicians. Reports are faxed and original reports are sent by regular mail.

STAT Requests:
• During regular hours — Call laboratory at 352.265.0071 and Customer Service at 352.265.0522 for rush pick-up and delivery to Rocky Point.
• After hours — Page resident on-call at 352.413.6266.

EACH SPECIMEN IS TO BE ACCOMPANIED BY A HEMATOPATHOLOGY REQUEST FORM (PS105674; SEE FOLLOWING PAGES).

IF CYTOGENETIC EVALUATIONS ARE TO BE REQUESTED, REFER TO SPECIMEN REQUIREMENTS AND ONCOLOGY REQUEST FORM IN HERE:
http://pathlabs.ufl.edu/services/cytogenetics/specimen-requirements

Cytogenetics laboratory can be contacted at 352.265.9900.

HEMATOPATHOLOGY SPECIMEN GUIDELINES: See next page.
Notify Laboratory staff when sending a rush specimen. Special arrangements must be made for specimen arriving during off-hours.

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>Sample Requirements</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| **Cytogenetic analysis:** Peripheral blood, bone marrow aspirate or fresh bone marrow biopsy. (Sent to UF Health Path Labs) | **Tube type is green top (sodium heparin).**  
**Children and adults:** 5-7 mL of blood or 1-2 mL of bone marrow or fresh, unfixed biopsy core, collected aseptically, in RPMI or similar culture medium or saline.  
**Infants:** 2 mL of blood or 0.5-1 mL of bone marrow.  | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Peripheral blood**                 | 1-2 tubes in EDTA (lavender top) and freshly prepared smear.  
**Provide WBC and differential count results or order those tests.**                                                                                       | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Bone marrow aspirate**            | 3-5 mL in EDTA (lavender top) and freshly prepared smear.  
**Provide WBC and differential count results or order those tests.**                                                                                       | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Bone marrow biopsy**              | Fresh, unfixed biopsy core in RPMI, similar culture medium or saline.                                                                                                                                                   | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Fine needle aspirate**            | Collect in RPMI or similar culture medium and freshly prepared smear or cytology evaluation.                                                                                                                           | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Fluids (CSF, pleural, etc.)**     | Collect in sterile container, tube, or bag.  
Do not use anticoagulant unless grossly contaminated with blood.                                                                                               | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Fresh tissue (unfixed)**          | Keep moist in RPMI or saline at all times.  
Send a representative portion of the biopsy fixed in formalin, if available.                                                                                                                                  | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
| **Histology slides for consult**    | Place slides in unbreakable container. Submit corresponding paraffin blocks.                                                                                                                                          | Room temperature                                                                                       |
| **Immunophenotyping**              | 3-5 mL in EDTA (lavender top)  
**Provide WBC and differential count results from within 24-hr period or order those tests.**                                                                                                                  | Room temperature. If shipped, use cold pack. No dry ice. Do not put specimen directly against ice pack. |
Patient Name: __________________________ DOB: __________________________ Sex: □ M □ F

MRN#: __________________________ Service / Dept. / Clinic / OR#: __________________________

Ordering Physician (Print and Sign): __________________________ Phone: __________________________ Fax: __________________________

Collected by: __________________________

Clinical History / Previous Relevant Therapy (Check all that apply):

- □ Anemia
- □ Thrombocytopenia
- □ Lymphocytosis
- □ Leukopenia
- □ Leukocytosis
- □ Leukemia
- □ Lymphoma
- □ Lymphadenopathy
- □ Anemia
- □ Leukemia
- □ Lymphoma
- □ Lymphadenopathy

Most current CBC: RBC _______ HGB _______ HCT _______ WBC _______ PLT _______ MCV _______

Additional information:

Test / Stain Request (Check all that apply):

- □ BM Asp (purple/EDTA):
  - Flow _______ Iron _______ Other _________________________________________
  - Right / Left / Bilateral Date and Time collected_____________________________________

- □ BM Asp (green/heparin):
  - Cytogenetics ______ Molecular ______
  - Right / Left Date and time collected____________________________________________

- □ BM core biopsy:
  - Fresh
    - Flow _______ Cytogenetics ______ Other _________________________________________
    - Right / Left / Bilateral Date and Time collected____________________________________
  - Fixed
    - Iron _______ Reticulin ______ Congo Red ______ Other ____________________________
    - Right / Left / Bilateral Date and Time collected____________________________________

- □ Clot Section:
  - Fresh
    - Flow _______ Cytogenetics ______ Other _________________________________________
    - Right / Left / Bilateral Date and Time collected____________________________________
  - Fixed
    - Iron _______ Reticulin ______ Congo Red ______ Other ____________________________
    - Right / Left / Bilateral Date and Time collected____________________________________

- □ Other specimen (please circle specimen type below):
  - Peripheral Blood or Body Fluid (type) ___________________________ or Tissue (site) ___________________________
  - Date and Time collected_____________________________________________
  - Test required:
    - Flow _______ Cytogenetics ______ Other _________________________________________

*Please submit other pertinent diagnostic materials (H&E slides, frozen sections, smears, etc.). These are very important materials that are necessary for quality control.

*Additional tests may be performed and billed by the laboratory if deemed medically necessary by the pathologist. This reflex testing is an extension of the requesting physician’s original order and signing this requisition, the requesting physician authorizes these additional tests, as necessary. *A recent CBC or WBC result is required for clinical information. This may be provided by the requesting physician, or a CBC/WBC will be performed by this laboratory and billed separately.

For Lab Use Only: BONE MARROW BIOPSY:

Number of containers _______ Fixed: Time _______ Date _______ Decal: Time _______ Date _______

UF Health

Hematopathology Request Form
(page 1 of 1)
TRANSPORT LABORATORY
Rocky Point

Hours of Operation: M – F  24 hours

Phone: 352.265.0072
Fax: 352.265.0626
After-hours – Page Technologist-on-Call: 352.413.0194

Manager: Mai Ta
Cell: 352.219.3644

Medical Director: Steven Goldstein, MD
Pager: 352.413.6390

Scope of Service: The Transplant Laboratory performs compatibility tests, transplant monitoring for bone marrow, kidney, pancreas, heart, lung, liver transplantation and other immunological testing using the following methodologies: molecular, flow cytometric and serologic. The tests offered are utilized according to the clinical application.

Services Provided:
1. Solid Organ Transplant Evaluation for:
   - Heart, Liver, Kidney, Lung, Pancreas
2. Bone Marrow Transplant Evaluation
3. Other Immunological Evaluation
   - Disease association (B27, DR15, etc.)
   - HLA typing for platelet transfusions

STAT Requests:
- During regular hours — Call laboratory at 352.265.0072 and Customer Service at 352.265.0522 for rush pick-up and delivery to Rocky Point.
- After hours — Page technologist on-call at 352.413.0194.

UF Health Shands Transplant Programs request all transplant-related testing. Please contact individual transplant program for any questions.

<table>
<thead>
<tr>
<th>Type of patient</th>
<th>Sample requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased Donor Workups</td>
<td>7 ACD-A tubes</td>
</tr>
<tr>
<td>HLA Typing</td>
<td>3 ACD-A tubes</td>
</tr>
<tr>
<td>HLA antibody testing</td>
<td>1 red top tube</td>
</tr>
<tr>
<td>Living Renal or Liver Donor evaluation</td>
<td>5 ACD-A tubes</td>
</tr>
<tr>
<td>Crossmatch</td>
<td>1 red top tube</td>
</tr>
<tr>
<td>HLA typing for platelets</td>
<td>3 ACD-A tubes</td>
</tr>
<tr>
<td>Disease Association</td>
<td>1 ACD-A tube</td>
</tr>
<tr>
<td>Identity Confirmation or HLA typing Confirmation</td>
<td>1 ACD-A tube</td>
</tr>
<tr>
<td>Post BMT Engraftment</td>
<td>1 ACD-A tube (PBL or BM)</td>
</tr>
</tbody>
</table>