

Title: User Handbook

Subject: Organisation & Management

Version number 11.0

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Issued August 2019

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1. Introduction

1.1 Purpose

This handbook is intended to serve as a user guide to the services available from the Cellular Pathology Laboratory based at St Thomas' Hospital. It is aimed for use by all staff groups involved with requesting Histological or Cytological investigations.

1.2 ABOUT US

The Viapath Analytics Cellular Pathology laboratory is a UKAS (United Kingdom Accreditation Service) accredited medical laboratory (No. 9323); accredited to ISO15189:2012 for the scope described in the UKAS Schedule of Accreditation which can be found on the UKAS web-site: <https://www.ukas.com/browse-ukas-accredited-organisations/>.

At the time of writing, certain tests and services provided by the laboratory are not covered by the UKAS scope of accreditation. Users of the Cellular Pathology service should refer to the UKAS schedule of accreditation on the UKAS web-site, for a list of currently accredited tests.

1.2.1 Histopathology Laboratory

Histopathology provides a comprehensive tissue diagnostic service to Guy's and St. Thomas' Hospitals, district general hospitals networked within the South East London Cancer network and local general practitioners. It serves the regional cancer centre and is also a national and international referral centre for expert opinion. The specialist diagnostic and scientific teams aim to deliver a high quality service with cutting edge diagnostic techniques through close links with the cytogenetics and molecular diagnostics department. Multidisciplinary team meetings (MDM) are held across both sites enabling close integration of clinical teams and specialist pathologists.

Areas of expertise include:

- Adult and Perinatal / Paediatric autopsy
- Bone, joints and synovial (BJS)
- Breast
- Cardiovascular System (CVS)
- Endocrine
- General
- Gastrointestinal
- Gynaecology
- Haematopathology
- Liver
- Perinatal
- Renal (Adult and Paediatric including Transplantation)
- Respiratory

- Urology

The laboratory works in conjunction with the St. John's Dermatopathology Laboratory, also at St. Thomas' Hospital (skin samples), and Head and Neck/Oral Pathology (head & neck and maxillo-facial samples) at Guy's Hospital.

Frozen sections

In addition to processing fixed tissue, the department offers a frozen section service at both Guy's and St Thomas' sites, incorporating receipt of fresh tissue for diagnostic purposes, enzyme histochemistry, research, clinical trials and tissue banking. At Guy's Hospital, this service is based in the Head & Neck/Oral Pathology laboratory - currently, this service at Guy's is not included in the UKAS schedule of accreditation for the Histopathology laboratory.

Immunocytochemistry and molecular pathology

Within the laboratory there is an immunohistochemistry laboratory which is a referral centre for HER-2 and PD-L1 testing. The laboratory also employs in-situ hybridization (ISH).

The laboratory offers clonality testing (PCR) on FFPE samples, as well as on blood and other body fluid samples – this service is based within the Molecular Oncology laboratory at Guy's Hospital.

Renal histopathology

The dedicated renal histopathology service offers Biomedical Scientist (BMS) attendance at wards at both Guy's and St Thomas' Hospitals for assistance with biopsy collection (Monday to Friday) and an on call Saturday service. Renal biopsies from Guy's Hospital are handled by Histopathology staff in the Head & Neck/Oral Pathology laboratory to ensure timely processing - currently, this service is not included in the UKAS schedule of accreditation for the Histopathology laboratory.

1.2.2 Cytopathology Laboratory

Gynaecological cytology

The cytology department performs processing and reporting of Liquid Based cytology (LBC) samples for inner South East London on behalf of NHS Cervical Screening Programme. Samples are sent to Northwick Park Hospital for molecular diagnostic testing for Human Papilloma Virus (HPV).

Non Gynaecological Cytology

This includes evaluation of body cavity fluids and brushings from various sites in the body. The ability to prepare cell blocks and treat fluid specimens like tissue blocks has improved the detection of primary and metastatic

cancer and the ability to determine the primary site of origin of metastatic cancer.

As well as a full non-gynaecological cytology service (specimen receipt to reporting) at St Thomas' Hospital, the department also provides the non-gynaecological laboratory service at King's College Hospital (KCH); reports for all KCH specimens are issued by the KCH Cellular Pathology service.

Fine Needle Aspiration Cytology

The department supports a comprehensive FNA service for Guy's, St Thomas' and King's College Hospitals. Pathologists and senior BMS staff attend clinics, ward, intra-operative and image guided FNA's to assess adequacy and ensure sufficient material is collected for ancillary testing like microbiology, immunocytochemistry, flow cytometry and cytogenetics. This approach allows for a rapid, confident and complete diagnosis reducing the need for a surgical biopsy in a large number of cases and shortening the overall diagnostic pathway of the patient.

Andrology Testing

This includes routine analysis for infertility cases and evaluation of post vasectomy specimens.

2. CONTACT US

The Cellular Pathology department is located on second floor of the North Wing, St Thomas' Hospital. All visitors should access the department via the main entrance and report to reception where they will be directed to a named individual.

2.1 Contact address

CELLULAR PATHOLOGY DEPARTMENT
2nd Floor, North Wing
St. Thomas' Hospital
Westminster Bridge Road
London
SE1 7EH

2.2 Telephone enquiries

Histology Enquiries Tel 0207 188 9191
Cytology Enquiries Tel 0207 188 2915/2916 Fax 0207 188 8989
FNA and Andrology Appointments Tel 0207 188 2941

2.3 Ordering LBC kits

To request LBC GP supplies (for Lambeth, Southwark and Lewisham CCGs), contact:

Email: customersupport@viapath.co.uk

2.4 Order of semen analysis kits

To order semen analysis kits (specific sample container & request form):

Email: customersupport@viapath.co.uk

2.5 Hours of opening

The department is open from 09:00 – 17:00, Monday to Friday (except bank holidays). Saturday mornings and bank holiday service are available for urgent renal biopsies.

2.6 Clinical advice and interpretation

Phone the general enquiries number and the secretarial staff will put you through to the Consultant Pathologist reporting the case you require.

2.6.1 Histology Enquiries:

Tel 0207 188 9191

2.6.2 Cytology Enquiries:

Tel 0207 188 2915/2916

Fax 0207 188 8989

2.7 Staff contact details

Clinical Lead

Dr Giuseppe Culora giuseppe.culora@gstt.nhs.uk Ext 82925

Cytology Clinical Lead

Dr Ashish Chandra ashish.chandra@viapath.co.uk Ext 82946/58362

Gynae Cytology Lead

Dr Padma Menon padma.menon@gstt.nhs.uk Ext 82935

Cervical Screening Provider Lead (NHSCSP)

Dr Ali Kubba Ali.Kubba@gstt.nhs.uk Ext 83691

2.8 Consultants and Specialties

Consultants	Speciality	Extension
Dr Mudher Al-Adnani	Perinatal	82918
Dr Paul Cane	Breast, Respiratory	82933/87598
Dr Ashish Chandra	Gynae Cytology, Urology	82946/58362
Dr Fujun Chang	Gastrointestinal, Gynae and Non-gynae Cytology	82924
Dr Audrey Coudron	Gynae	56514
Dr Giuseppe Culora	Gynaecology, Non-gynae Cytology	82925
Dr Harriet Deere	Gastrointestinal	82927
Dr Simi George	Perinatal, Gastrointestinal	82917
Dr Baljit Gill-Barman	Gastrointestinal, Non-gynae Cytology	88507
Dr Anna Green	Haematopathology	50885
Dr Mike Green	Gastrointestinal, General	88542
Dr Amanda Herbert	Gynae Cytology	82926
Dr Catherine Horsfield	Renal, Urology	82907
Professor Sebastian Lucas	Infectious/Tropical disease	87219

Consultants	Speciality	Extension
Dr Ula Mahadeva	Gastrointestinal, Infectious/Tropical disease, Gynae and Non-gynae Cytology	82934
Dr Andreas Marnerides	Perinatal	82917
Dr Emma McLean	Respiratory, Gynae and Non-gynae Cytology	82926
Dr Padma Menon	Gynaecology, Breast, Gynae and Non-gynae Cytology	82935
Dr Yurina Miki	Haematopathology, Non- Gynae Cytology	56514
Dr Mufaddal Moonim	Haematopathology, Endocrine, Non-gynae Cytology	89728
Dr Wen Ng	Urology, Breast	56514
Dr Diasuke Nonaka	Urology, Lung	82945
Dr Mark Ong	Haematopathology, Urology, Gastrointestinal	58255
Dr Ranmith Perera	Renal, General	82940
Prof. Sarah Pinder	Breast	89727/84260
Dr Alexander Polson	Gynaecology, Urology	89729
Dr Naomi Simmonds	Renal	88682
Dr Mary Varia	Urology, Non-gynae Cytology	89371
Dr Olga Wise	Breast, Gynaecology	83085

2.9 Section Leads

2.9.1 Service Delivery Manager

Toby Hunt toby.hunt@viapath.co.uk Ext: 82955

2.9.2 Operations Managers

Cytology: Monica Idika monica.idika@viapath.co.uk Ext: 82911

Histology: Asha Velani asha.velani@viapath.co.uk Ext: 54659

Advanced Diagnostics: Ruth Sardinha ruth.sardinha@viapath.co.uk Ext: 54609

Tissues Sciences Office: Parvinder Bahia parvinder.bahia@viapath.co.uk
Ext: 82953

2.9.3 Quality Manager

Fiona Denham fiona.denham@viapath.co.uk Ext: 82937

2.9.4 Quality officers:

Histology: Effie Georgaki effie.georgaki@viapath.co.uk Ext: 82931

Cytology: Rana Ebadi-Askari rana.ebadi-askari@viapath.co.uk Ext: 82904

2.9.5 Training Officers

Histology: Karen Boniface karen.boniface@viapath.co.uk Ext: 82931

Cytology: Joanne Raistrick joanne.raistrick@viapath.co.uk Ext: 82904

2.9.6 Health and Safety Officer

Histology: Juliet Kaggwa juliet.kaggwa@viapath.co.uk Ext: 82931

Cytology: Emma Shumba emma.shumba@viapath.co.uk Ext: 82904

2.10 Complaints

Complaints may be made directly to the department, via PALS or via Viapath Customer Support. Complaints are handled according to the Viapath Complaints Policy and Procedure located at <http://www.viapath.co.uk/customer-service>.

2.11 Protection of patient information

All patient information is handled under the terms of the Data Protection Act 2018. All personal information received by Viapath is dealt with according to the Viapath Privacy, Data Protection & Cookie Policy which is available at <http://www.viapath.co.uk/privacy-policy>.

3. HISTOPATHOLOGY INFORMATION

The majority of specimens for histological investigations must be placed in 10% neutral buffered formalin as soon as possible following removal to ensure that the tissue sample is preserved as much as possible to its life like state. The fixative acts as a preservative arresting the deleterious effects of putrefaction and autolysis. It also hardens and alters the tissue chemically in such a way that it is not harmed by the effects of processing and allows for histological tests to be performed.

3.1 Fixatives and specimen containers

The type of fixative and container required for a specimen is described in Table 1 below.

Specimen Type	Fixative	Container
Biopsies	10% neutral buffered formalin	Small plastic jar 60 ml
Cervical biopsies	10% neutral buffered formalin	Universal container 30 ml or Small plastic jar 60 ml
Routine Histology	10% neutral buffered formalin	Universal container 30 ml
		Small plastic jar 60 ml
		Large jar 350 ml
		Plastic buckets 1.8, 2.5, 5 and 10 litre.
Renal biopsies	10% formal saline	Small 10ml container
Amputations	No fixation	Unclosed 60 litre Griff Bins
Foetus	No fixation – send to Mortuary	
Placenta	10% neutral buffered formalin	2.5 litre plastic bucket
Bone marrow trephine	10% neutral buffered formalin	Small plastic jar 60 ml or Universal container 30 ml
Testicular biopsies	Bouin's fixative	Universal container 30 ml
Jejunal biopsies	Normal saline – sent to Guy's	(For viewing villi under dissecting microscope) Universal container
Gouty tophus specimens	Absolute alcohol	Small plastic jar

Table 1 - specimen types and fixation requirements

3.1.1 Formalin

Specimens are normally received in **10% neutral buffered formalin** unless specifically stated in Table 1.

Formalin is a clear fluid with a pungent toxic vapour.

Formalin pots must be checked for leakage and expiry date expiry date; also, handle carefully using gloved hands. If pots are beyond their expiry date, return to Histopathology for disposal. In the event of a formalin spillage, wipe it immediately with a De-Formalizer pad; wash the affected area with water and wash your hands.

3.1.2 Stock specimen containers

New stocks of filled formalin pots can be obtained from Cellular Pathology Specimen Reception. Guy's Hospital Pharmacy supplies Guy's Hospital theatres with formalin pots. The MLA in Specimen Reception delivers filled formalin pots to North Wing theatres on the 2nd Floor on a weekly basis (Friday) together with empty specimen containers. All containers carry a specimen label and hazard sign.

Specimen Reception Ext 82920
Pharmacy Ext 85030

3.1.3 Hazards

Formalin is a hazardous substance and care is to be taken when in use. Beware of spills and inhaling vapour, as formaldehyde is a toxic agent that may cause mild to severe irritation of skin and mucous membranes. Wear gloves when opening a specimen pot, tighten the lid when closing, and place the labelled specimen pot into a plastic pathology specimen bag. Wash off any spills with copious amounts of water.

3.2 Special fixatives

Samples for testicular biopsies in Bouin's fixative are occasionally received and transferred into 10% neutral buffered formalin during biopsy cut-up. **Bouin's** is a yellow fluid.

Occasionally other fixatives are required. These, and Bouin's are available on request at Histopathology specimen reception.

3.2.1 Renal biopsies

Renal biopsies must be collected in **10% formal saline** for routine Histology and glutaraldehyde for Electron Microscopy.

3.3 Unfixed tissue

Some tissues samples are sent unfixed due to clinical requirement or for rapid diagnosis. These include frozen sections, enzyme histochemistry, suspected gout, and suspected lymphoma samples. All these sample types should be pre-booked with the laboratory (see Section 3.4).

These specimens must be transported immediately to the laboratory in a closed labelled container and handed to a member of laboratory staff. Any biohazard should be indicated on the card and specimen. Any indication of infection type would be advantageous.

3.3.1 Unfixed samples not for Histopathology

Placentas from babies that require a post-mortem examination should be sent unfixed to the Guy's and St Thomas's Mortuary - Ext: 83195

For chromosomal investigations send a sample to the Viapath Analytics Cytogenetics laboratory - Ext 81715.

Muscle and Nerve biopsies – samples to be sent to Enzyme Histochemistry at KCH (020-3299-1957)

3.4 Specimens that should be pre-booked (24 hours' notice)

Type of specimen	How to be received	Who needs to be contacted
Rapid Frozen section	Unfixed (dry pot) URGENT	Inform the laboratory 24 hours prior Ext 89191 See Section 3.5
Rectal suction Biopsies (for Hirschsprung's)	Unfixed on saline moistened gauze	Inform the laboratory 24 hours prior Ext 89191 See Section 3.5
Muscle biopsies	Unfixed (dry pot) Specimens should be wrapped in saline soaked gauze	Not accepted by St Thomas's Histopathology Contact Enzyme Histochemistry (Ashley Kilner) at King's 020-3299-1957
Nerve biopsies	Unfixed (dry pot)	Not accepted by St Thomas's Histopathology Contact Enzyme Histochemistry (Ashley Kilner) at King's 020-3299-1957
Lymphoma / lymph nodes for lymphoma	Unfixed (dry pot)	Inform the laboratory Ext 89191/82920 <i>(Tissue needs to be selected for Cytogenetics and snap freezing)</i>

Table 2 - specimens requiring pre-booking

3.5 Frozen sections

All frozen sections **must** be pre-booked with the department **24 hours in advance** as a Consultant Pathologist and BMS have to be made available. This includes rectal suction biopsies (for Hirschsprung's).

To make a booking contact the Histopathology Office on ext: 89191 and give:

- Patient details,
- The estimated time of frozen section,
- Theatre details,
- Contact number
- Site (St Thomas' or Guys Hospital)

If there is a delay in operation contact the Histopathology laboratory and indicate the new time of the frozen section.

Specimens from St Thomas's must be delivered immediately to the histopathology laboratory, (2nd Floor North Wing St Thomas's Hospital). See section 3.4 for information on how the specimen should be transported/received in the laboratory.

Staff from Histopathology also perform frozen sections at the Guy's Hospital site. Bookings are made via the Histopathology Office on Ext 89191.

Frozen sections at Guy's Hospital should allow for additional transport time. Specimens must be delivered to the Head and Neck/Oral Pathology laboratory at Guy's (4th Floor, Tower Wing) and must **NOT** be delivered to Guy's Central Pathology reception.

All skin and Mohs frozen sections should be booked directly with St. John's Dermatopathology Laboratory, Ext. 86327.

3.6 Renal Histopathology

Based at St. Thomas Hospital this unit provides a specialist service for the clinical renal diagnostic and transplant teams.

3.6.1 BMS assistance:

BMS assistance for Renal biopsy clinics is available for both St Thomas' and Guy's Hospitals (includes Evelina Children Hospital).

3.6.2 Sample preparation:

The Renal Laboratory supplies formal saline in 5ml containers and glutaraldehyde in 5ml containers to the clinical teams. If you require any of the fixative solutions contact the Renal Histology Laboratory (contact details below).

3.6.3 Renal Biopsy Booking in:

Prior booking is required as it enables staff to plan workload and to guarantee adequate assistance.

Contact details:

Renal Histology Laboratory
2nd Floor North Wing
St Thomas' Hospital
Renal BMS

Ext 82906/ 82931 **Bleep 2811**
(9am to 5pm Monday to Friday only)

Renal Pathologist: Dr Catherine Horsfield

Ext 82907

Renal BMS Ext 82906/ 82931
9am to 5pm Monday to Friday only)

Bleep 2811

3.7 Cancer pathway requests

When requesting Histology on patients that are on a cancer pathway, select 'Urgent cancer pathway' if submitting an EPR request form. If submitting a manual request form, record 'urgent cancer pathway' on the form.

3.8 Request forms and labelling

- All histology samples are to be sent with a request form generated by EPR
- For specimens to be accepted by laboratory staff all details on the specimen pot must match those on the request form, including the nature of specimen.
- The sender will be contacted when histology samples are received without an appropriate request form. Testing will be delayed until a form is received in the laboratory. This will be logged as an incident where testing is delayed and patient care has been compromised on to the Trust Datix Electronic IR1 form.

3.8.1 Viapath paper request form

This should only be used for urgent cases when the EPR system is not available.

Failure to complete details on a request form or specimen pot will mean a delay in issue of a result, and result in laboratory staff contacting the sender and requesting them to attend at the laboratory and fill in or correct the missing details.

Use computer generated labels that accompany patient notes.

The following details must be given on the request form:

- Patient's full name (forename and family name)

- Date of Birth / age
- Hospital number
- Sender address codes: Consultant, destination, date and time taken
- Funding details: indicate if NHS, private, or contract funding
- Clinical details: sufficient relevant clinical details including treatment and length of episode. Note any specific histopathology tests required.
- Specimen details: specimen type. If more than one specimen from same patient, indicate the pot number and the specific specimen site.
- Contact name/ number: The requesting clinician must sign and give a contact Telephone / bleep number.

3.8.2 Specimen labels

Fill in the specimen pot details using a **ballpoint pen or permanent marker**, not a fibre-tip pen where the ink will run should a spill occur.

All details should be filled, and where more than one specimen is taken, pot numbers and specimen information should match the details on the request card. At least two forms of personal ID must match, full name, and date of birth (and/or hospital number) together with the nature of specimen. **A discrepancy will result in a delay in processing and could impact on patient management.**

3.9 Histology Turnaround Times

Sample Type	Turnaround Times	Comment
Frozen sections	Up to one hour	Fresh tissue is usually prepared, sectioned and stained within 20 minutes. A report will be issued immediately. Clinical staff are encouraged to be present in the laboratory where possible.
Urgent specimens (cancer pathway)	Up to 7 days (biopsies), 10 days (excisions)	State urgent on the request form. When an urgent biopsy is received during early to mid-morning the specimen may be prepared and reported on the same day. <i>Discuss with the speciality consultant before sending.</i> Specimens arriving in the afternoon or of other size will require a longer processing time and will be prepared for reporting the following morning by 11am. Indicate clearly who is to be contacted for a phoned report. Where further complex testing is required, a provisional opinion will be given.
Non urgent biopsies and large excision specimens	Up to 10 working days	Depending on size and degree of fixation, and if further testing is required, a result is normally issued within ten working days

Sample Type	Turnaround Times	Comment
Referral cases	Up to 15 working days	This is dependent on the level of testing required, but a result is normally issued within 15 working days

3.10 Notes

Results are available on RRS for up to 999 days.
 The department is closed at the weekend and consequently results on specimens received on Friday will only be available by Monday or Tuesday at the earliest. Specimens from bone will require decalcification prior to processing and this will extend the report time, usually by two to four days. Specimens from complex tumours may require immunocytochemistry or molecular studies, usually requiring a further 3-4 days.

3.11 Specimen deliveries to the laboratory

A written log of all Histology specimens (specimen tracking log) has been distributed throughout the GSTFT site by the portering service. This notes all relevant details, particularly date and time of collection. Log records are retained for one year.

3.11.1 St. Thomas'

Specimens are to be received in the Histopathology laboratory no later than 4.45pm.

Clearly mark all urgent specimens and any known biohazard such as HIV positive specimens.

Portering staff will collect specimens from designated sites and deliver directly to Cellular Pathology or to the Pathology Central Specimen Reception (CSR).

Specimens received in CSR are sorted and delivered to Cellular Pathology immediately. Specimens may be delivered directly to the department.

Routine **out of hours** (17.00-09.00) specimens should be delivered to CSR, or left in formalin at a collection point for the next morning collection.

3.11.2 Guy's Hospital

Specimens from Guy's Hospital are delivered to Central Pathology Reception, 4th Floor, Southwark Wing. Specimens are then delivered to St. Thomas' CSR and forwarded on to Cellular Pathology. Urgent specimens should be marked accordingly.

Send Ear/Nose/Throat specimens directly to Head and Neck/Oral Pathology at Guy's Hospital (see Section 4.3.1 for contact details).

4.4 Muscle and Nerve Histochemistry

Provides a service for surgical muscle (myopathies) and nerve biopsies. BMS assistance is available on request at muscle biopsies. **Note: these specimens are not received by St Thomas's Histopathology laboratory**

4.4.1 Bookings / Information/ Contact

Clinical Neuropathology

1st Floor ANC building

King's College Hospital

Denmark Hill, SE5 9RS

Muscle biopsies: Ashley Kilner (Institute of Psychiatry) 0203 2991957

4.5 Soft Tissue Tumours

Provides a specialist service for soft tissue tumours.

For further information contact

Dr. Eduardo Calonje

Ext 86408

Specialist work may occasionally be referred to an outside laboratory. A list of these laboratories is available on request.

5. CERVICAL CYTOPATHOLOGY INFORMATION

5.1 Quality Statement

As part of Cellular Pathology, the Cytology laboratory is a UKAS accredited medical laboratory (No.9323), accredited to ISO15189:2012 for the scope of accreditation described on the UKAS web-site (see section 1.2); and all cervical liquid based cytology (LBC) samples are processed and screened following NHS Cervical Screening Programme guidelines and the regional Screening Quality Assurance Service recommendations. The department participates in the national gynaecological and technical EQA schemes and the performance of all screening staff is assessed quarterly as per NHSCSP guidelines. The management and staff within the department are committed to providing a quality service to our users. We aim to continually improve our service through internal audit and feedback from users. If you do have a complaint or concern about any aspect of the service, this should be addressed to the Operations Manager on 0207 188 2905.

5.2 Specimen collection and transport

The laboratory reports ThinPrep® LBC samples. These should only be collected by trained sample takers. They should undergo training (including taking LBC samples) and regular updates as recommended in the NHSCSP publications Quality Assurance Guidelines for the Cervical Screening Programme (1) and Guidance for the training of cervical sample takers (2). **The person taking the sample is responsible for collecting a sample of cells from the full circumference of the transformation zone, having visualised the cervix.**

NB. Do not use ThinPrep vials after the expiry date as these will be rejected. A courier service will deliver LBC kits and collect LBC samples. If there are any issues relating to the courier service contact Viapath customer support at customersupport@viapath.co.uk.

5.3 Arrangements for Cervical screening Cytology service for Inner South East London.

The laboratory has a large capacity for LBC sample processing and reporting and delivers the cervical screening Cytology service on behalf of Guy's and St Thomas's Hospital, King's College Hospital and University Hospital Lewisham.

5.4 LBC sampling kits

LBC kits are distributed by different areas for the 3 different Trusts, outlined below:

Guy's and St Thomas Trust – Viapath procurement and Citysprint

King's College Hospital Trust – King's College Hospital procurement department.

University Hospital Lewisham – Independent Trust procurement team.

The monitoring of each area is the responsibility of the teams involved. The Cytology laboratory also monitors stock use and buffer levels.

5.5 Sample storage/transportation

Liquid based Cytology vials contain Preservcyt; a methanol-based, buffered, preservative solution. This must be stored as recommended:

Follow rules for flammable liquids; keep away from heat, spark, open flames and other sources of ignition. Keep container tightly closed in a cool, well-ventilated place. Store away from incompatible materials. Keep out of the reach of children.

Storage temperature:

Without cytologic sample: 59-86°F (15-30°C)

With cytologic samples, for up to six weeks: 39-99°F (4-37°C)

Check sample container is finger-tight before packaging for transportation. The samples require to be transported in an LBC sample bag (supplied by Viapath) which will contain any leaked sample. CitySprint couriers collect samples and transport these to the laboratory. These samples must only be transported by affiliated couriers.

Basic shipping requirements:

DOT- UN1993

IATA- UN1993

IMDG- UN1993

TDG- UN1993

Note: leaked samples and samples stored in unsuitable conditions may be rejected.

5.6 Completing the request form

- Where possible the clinic should use the **T-Quest or EPR system** for generating a Cervical Cytology Request Form. When these are not available a normal Viapath version of the HMR101 request form should be used. The request form should be completed in full with all information PRINTED legibly. Relevant clinical information should be printed clearly on the form. The NHS number should be used whenever possible as this is the unique patient identifier. The following information must be included on the request form:
 - Full patient name, including previous name
 - Address and date of birth
 - Name and address of sample taker if not GP
 - Name and address of GP

- GP's code
- Sample taker's code
- Code for source of cervical screening sample
- Date of taking sample, time of taking, date of last test, date of LMP
- Reason for test: routine call, routine recall, or previous abnormal cervical screening test results
- Specimen type: Cervical, vault (Note: vault samples will not be accepted from primary care)
- Cervix visualised yes / no
- Condition; pregnant, post-natal, IUCD, taking hormones
- Clinical data including previous histology and/or treatment such as LLETZ, cone biopsy, cold coagulation

Note: requests with missing data or discrepancy may be rejected.

Requests with minor discrepancies may be accepted after confirmation of correct details.

Samples taken at an inappropriate interval, before the woman has been formally invited for screening, or if the woman is older than 64 may be rejected as out of programme.

5.7 Taking a sample

Refer to Guidance for the training of cervical sample takers December 2016 available at <https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training>

**If the sample is not taken correctly the results will be invalid.
The use of lubricant may render the test inadequate.**

5.8 Patient Consent.

At first invitation the cervical screening programme (CSP) should be discussed with the woman, included limitations. Once she consents to entering the CSP they do not need to be asked for consent for each subsequent cervical screening test.

For those who wish to be removed from the CSP a signed disclaimer must be gained after thorough discussion highlighting the risk associated with this.

Consent to use patient sensitive data for the CSP does not need to be sought from the patient; annual signing to section 251 of the social care act supersedes the requirement for individual patient consent.

5.9 Sample labelling

The label on the sample vial should record the forename, surname, date of birth and NHS number/Hospital number to allow matching of the vial with the request form in the laboratory. After collection and labelling, the sample and request form should be placed in separate sections of the plastic specimen bag provided before dispatch to the laboratory. Vials should not

be batched and should be dispatched to the laboratory as soon as possible to avoid increasing the turnaround time of the test.

Samples that have not been adequately labelled or where the form and label do not match cannot be processed and will be discarded following national guidance (3) (following London Screening Quality Assurance Service guidelines). The requester will be informed in writing by letter (or email) if a sample is rejected.

5.10 Vaginal vault and vulval samples

These are outside the scope of the NHS cervical screening programme and will only be accepted if taken in a hospital setting. The vault can be identified as a scar line with corners at either end. A Cervix- Brush® should be used to sweep over the entire area in a clockwise direction, making sure that this includes both of the corners of the vault. The broom is then rinsed or placed into the LBC vial, depending on the system being used. Additional information on vault samples can be found in section 5.22.

5.11 Report generation and distribution

Printed reports are sent to the surgery or clinic where the sample was collected.

Copy reports are sent to Call/Recall agency at Primary Care Support England (PCSE) and the woman's GP (when the GP practice is not the source of the sample).

Unidirectional links are in operation between the laboratory and the PCSE to allow electronic transmission of the cytology report.

The laboratory aims to provide a screening report within 7 to 10 days from the date the sample was taken, to comply with the national target of 98% result letters received by women within 14 days of sample collection. General Practitioners and Clinics will be informed via the Cervical Screening Provider Lead (CSPL) and the Screening Commissioner if there are delays due to staff shortages. Under these circumstances, hospital clinic cases will be prioritised.

5.12 Results

The laboratory will not issue results to patients. Only completed authorised results will be posted to the sample taker, with a copy to the general practitioner if his/her name and address is provided on the request form.

5.13 Urgent referrals for further investigation

Any test reported as suspected invasive carcinoma or suspected glandular neoplasia requires urgent referral for further investigation, as these are possible cancer cases. The laboratory will contact the sample taker by

phone and arrange to email the report via NHS mail so that referral process can commence as soon as possible. A failsafe system is in place to ensure that the report has been received and the patient referred.

5.14 Audit

The department participates in the Trust audit programme and has a rolling programme of audit projects.

5.15 Cervical screening management protocol

- Commence cervical screening after 24.5 years old.
- Screening is not indicated for women under the age of 24.5 years unless on follow up for previous abnormal histology or cytology.
- Routine 3 yearly recall between the ages of 25 – 49 years inclusive
- Routine 5 yearly recall between the ages of 50 – 64 years inclusive.
- Cease screening at age 65 years, only screen those who have not been screened since age 50, or those who have had recent abnormal tests.

Additional (unscheduled) screening tests are **NOT** justified in any of the following situations:

- On taking or starting to take an oral contraceptive
- On insertion of an IUCD
- On taking or starting to take hormone replacement therapy
- In association with pregnancy – neither antenatally nor postnatally, nor after termination.
- In women with genital warts
- In women with a vaginal discharge
- In women with cervical/vaginal infection
- In women who have had multiple sexual partners
- In women who are heavy cigarette smokers
- One year after the first ever negative cervical screening test

Abnormal vaginal, postcoital, postmenopausal or intermenstrual bleeding should be assessed clinically and managed appropriately by a referral to gynae. A cervical screening test is not an appropriate test in the investigation of any dysfunctional uterine bleeding.

Where there is a strong clinical suspicion of malignancy, refer to gynaecologist.

5.16 Evidence of transformation zone sampling

A lack of endocervical cells and/or immature metaplastic squamous cells is not sufficient reason to deem a sample inadequate unless the patient is being followed up for a previous glandular abnormality.

5.17 Failsafe for colposcopy referral

If a report recommends referral to colposcopy, the colposcopy department will be informed directly by the laboratory and they will arrange an appointment for the woman. The laboratory operates a Failsafe System that is designed so that if a patient does not have the necessary follow up from colposcopy attempts are made to rectify this.

5.18 HPV testing

The laboratory has implemented HPV testing protocols for triage and Test of cure since 2014. It is important that the sample taker highlights on the request form if a woman has had previous treatment (LLETZ, cone biopsy) for CIN or CGIN in the last 10 years.

The HPV test is performed at Northwick Park Hospital using DNA extraction and PCR amplification with labelled probes to identify if High Risk HPV DNA is present/not present. The test detects 14 subtypes of high risk HPV.

5.19 Out of Programme Samples

These include:

- Samples from women on routine recall taken more than 6 months ahead of schedule
- Samples taken earlier than the next test due date (NTDD) following HPV triage or test of cure (TOC)
- Samples taken earlier than 3 months following a previous inadequate or rejected test
- Samples from women with no cervix – e.g post total hysterectomy, post trachelectomy, congenital lack of cervix

6. NON GYNAECOLOGICAL CYTOLOGY

The staff in the laboratory are available to advise on any aspect of sample collection.

6.1 Serous Fluids, CSF and all other drained fluids

Synonyms: Serous fluids (Pleural, Pericardial, Ascitic and Peritoneal fluids); Urine, Bronchial Washings, Bronchial alveolar lavage, Cyst aspirates.

Turnaround Time: **Routine** -The turnaround time for non-gynae reporting is between 7 to 10 working days but this will vary depending on the specimen type and if additional clinical information or ancillary tests are required e.g. immunocytochemistry, flow cytometry, FISH or molecular studies.

FNA specimens received in the laboratory will be reported within 5 working days.

Urgent - Specimens marked as 'urgent' will be reported within 24 hours after receipt by the laboratory. However, this may only be a provisional report pending further ancillary tests.

It is recommended that the requesting clinician discusses such specimens in advance with the cytopathologist. Please ensure that appropriate contact details are documented on the request form.

Patient Preparation/Consent:

Consent must be gained before any procedure can commence. This is the responsibility of the patient's clinician/consultant to complete.

The patient will also need to consent to their medical/clinical history being disclosed for their onward care.

Specimen collection:

Fresh samples should be collected in a white top 40 ml pot and sent to the laboratory as soon as possible. (2nd floor, North Wing, STH). If there is a delay between collection and transport, the sample should be kept in fridge at 4°C as cells will deteriorate rapidly at room temperature. Specimen containers and request forms may be ordered via GP Supplies, CSR department (ext 81174).

Sample Requirement:**Volume:**

For most cytological assessments, a full universal container is adequate. There is no need to send large volumes of the sample to the laboratory.

Specimen Container:

All fluids need to be placed in a standard universal container and sent unfixed to the lab. If large amounts of fluid are present then mix the whole specimen and submit a suitable quantity of sample in a sterile universal container to the lab. Exudates often tend to clot and cells are trapped within this. If a clot is noticed in a fluid, this must also be sent along with the fluid.



Sterile Universal Container

Request Form:

All samples must be accompanied by a request form that is completed legibly and accurately with all patient, sender and clinical details. The specimen type e.g. 'Pericardial Fluid' must also be recorded. EPR Viapath forms should be used (if EPR is unavailable the Viapath Histopathology/Cytology paper request may be used). When requesting via EPR, ensure that the EPR label is attached to the specimen container.

Specimen Acceptance:

Each specimen pot and request form must have at least 3 of the following Identifiers and there should be no discrepancy between the form and specimen pot.

- Full name of patient
- Hospital No
- Date of birth
- Type of sample
- Date & time of collection

Specimen Handling:

The sample and the request form must be placed in a plastic 'biohazard' bag ensuring that the form and sample are in separate sections of the bag. This will prevent contamination of the request form if the sample container leaks.

Store at 2-5°C until the sample is prepared.

Interferences:

- Failure to refrigerate sample may result in poorly preserved specimen.
- Cells that are contained in heavily blood stained fluids may degenerate very quickly.
- Incorrectly labelled samples or incomplete request forms will delay the processing of the sample and impact on patient management, however the department endeavours to process all samples if possible.

Specimen Transport:

Specimens should be transported as soon as possible after collection to:

Viapath Central Specimen Reception
4th Floor Southwark Wing
Guy's Hospital
02071887188 ext. 81169

Or

Viapath Central Specimen Reception
5th Floor, North Wing
St. Thomas' Hospital
02071887188 ext. 81167

Or

Viapath Central Specimen Reception
Ground Floor, Bessemer Wing,
Kings College Hospital
(KCH specimens only)

Results:

Non-gynae results are available on the RRS / EPR and in the time frames as stated above

Paper reports are printed and sent out daily, addressed to the consultant or clinical team who requested the test.

To discuss a cytology report with a consultant cytopathologist, contact the department between 9.00 and 5.00 pm on 020718 82915 / 89189

Laboratory Locations:

Cytopathology Department
2nd Floor, North Wing
St. Thomas' Hospital

Tel: 02071887188 ext 82904

Cytopathology Department
2nd Floor, Bessemer Wing
Kings College Hospital

Tel: 02032999000 ext 34035

6.2 Brushings

Synonyms: Bronchial brushings, Biliary Brushings and any material obtained by brushing.

Turnaround Time: **Routine** -The turnaround time for non-gynae reporting is between 7 to 10 working days but this will vary depending on the specimen type and if additional clinical information or ancillary tests are required e.g. immunocytochemistry, flow cytometry, FISH or molecular studies.

FNA specimens received in the laboratory will be reported within 5 working days.

Urgent - Specimens marked as 'urgent' will be reported within 24 hours after receipt by the laboratory. However, this may only be a provisional report pending further ancillary tests.

It is recommended that the requesting clinician discusses such specimens in advance with the cytopathologist. Ensure that appropriate contact details are documented on the request form.

Patient Preparation/Consent:

Consent must be gained before any procedure can commence. This is the responsibility of the patient's clinician/consultant to complete.

The patient will also need to consent to their medical/clinical history being disclosed for their onward care.

Specimen collection:

Material is spread along the length of the slide and immediately wet fixed using an alcohol spray fixative to prevent air drying. The brush used must be placed in a sample pot containing alcohol fixative solution. The brush and fixed slides (in a plastic slide mailer) should be sent to the laboratory. Specimen containers and request forms may be ordered via GP Supplies, CSR department (ext 81174).

Sample Requirement:

Specimen

The Slide must be placed in a plastic slide mailer while the brush must be placed in a sterile universal pot containing fixative solution.



(a) *Sterile Universal Container* (b) *Microscope glass slide*

Request Form:

All samples must be accompanied by a request form that is completed legibly and accurately with all patient, sender and clinical details. The specimen type e.g. 'Bronchial Brushing' must also be recorded. EPR Viapath forms should be used (if EPR is unavailable the Viapath Histopathology/Cytology paper request may be used). When requesting via EPR, ensure that the EPR label is attached to the specimen container.

Specimen Acceptance:

Each specimen pot, slide and request form must have at least 3 of the following Identifiers and there should be no discrepancy between the form and specimen pot.

- Full name of patient
- Hospital No
- Date of birth
- Type of sample
- Date & time of collection

Specimen Handling:

The sample, slide (in a mailer) and the request form must be placed in a plastic 'biohazard' bag ensuring that the form and sample are in separate sections of the bag. This will prevent contamination of the request form if the sample container leaks.

Store at 2-5°C until the sample is prepared.

Interferences:

- Failure to refrigerate sample may result in poorly preserved specimen.
- Cells that are contained in heavily blood stained fluids may degenerate very quickly.
- Incorrectly labelled samples or incomplete request forms will delay the processing of the sample and impact on patient management, however the department endeavours to process all samples if possible.

Specimen Transport

Specimens should be transported as soon as possible after collection to:

Viapath Central Specimen Reception
4th Floor Southwark Wing
Guy's Hospital
02071887188 ext. 81169

Or

Viapath Central Specimen Reception
5th Floor, North Wing
St. Thomas' Hospital

02071887188 ext. 81167

Or

Viapath Central Specimen Reception
Ground Floor, Bessemer Wing,
Kings College Hospital
(KCH specimens only)

Results

Non-gynae results are available on the RRS / EPR and in the time frames as stated above

Paper reports are printed and sent out daily, addressed to the consultant or clinical team who requested the test.

To discuss a cytology report with a consultant cytopathologist, contact the department between 9.00 and 5.00 pm on 020718 82915 / 89189

Laboratory Locations

Cytopathology Department
2nd Floor, North Wing
St. Thomas' Hospital

Tel: 02071887188 ext 82904

Cytopathology Department
2nd Floor, Bessemer Wing
Kings College Hospital

Tel: 02032999000 ext 34035

6.3 Fine Needle Aspiration

Synonyms: FNA /any material obtained by aspiration

Turnaround Time: **Routine**-The turnaround time for non-gynae reporting is between 7 to 10 working days but this will vary depending on the specimen type and if additional clinical information or ancillary tests are required e.g. immunocytochemistry, flow cytometry, FISH or molecular studies.

FNA specimens received in the laboratory will be reported within 5 working days.

Urgent- Specimens marked as 'urgent' will be reported within 24 hours after receipt by the laboratory. However, this may only be a provisional report pending further ancillary tests. **It is recommended that the requesting clinician discusses such specimens in advance with the cytopathologist. Ensure that appropriate contact details are documented on the request form.**

Patient Preparation/Consent:

Consent must be gained before any procedure can commence. This is the responsibility of the patient's clinician/consultant to complete.

The patient will also need to consent to their medical/clinical history being disclosed for their onward care.

Specimen collection:

Material is spread along the length of one slide using another slide. A second slide is prepared in a similar manner to the first. One of the slides is immediately wet fixed using an alcohol spray fixative to prevent air drying, while the other is rapidly air dried. The used needle is then rinsed (washings) in a pot containing saline preferably balanced salt solution. The Washings and slides (in a plastic slide mailer) should be sent to the laboratory. Specimen containers and request forms may be ordered via GP Supplies, CSR department (ext 81174).

Sample Requirement:

Specimen

The Slide must be placed in a plastic slide mailer while the washings must be collected in sample sterile universal pot containing saline or balanced salt solution.



(a) *Sterile Universal Container*

(b) *Microscope glass slide*

Request Form:

All samples must be accompanied by a request form that is completed legibly and accurately with all patient, sender and clinical details. The specimen type e.g. 'FNA' must also be recorded. EPR Viapath forms should be used (if EPR is unavailable the Viapath Histopathology/Cytology paper request may be used). When requesting via EPR, ensure that the EPR label is attached to the specimen container.

Specimen Acceptance

Each specimen pot, slide and request form must have at least 3 of the following Identifiers and there should be no discrepancy between the form and specimen pot.

- Full name of patient
- Hospital No
- Date of birth
- Type of sample
- Date & time of collection

Specimen Handling

The Washings, slides (in a mailer) and the request form must be placed in a plastic 'biohazard' bag ensuring that the form and sample are in separate sections of the bag. This will prevent contamination of the request form if the sample container leaks.

Store at 2-5°C until the sample is prepared.

Interferences

- Failure to refrigerate sample may result in poorly preserved specimen.
- Failure to rapidly fix slides may result in poor cellular presentation and difficulty in interpretation.
- Cells that are contained in heavily blood stained fluids may degenerate very quickly.
- Incorrectly labelled samples or incomplete request forms will delay the processing of the sample and impact on patient management, however the department endeavours to process all samples if possible.

Specimen Transport

Specimens should be transported as soon as possible after collection to:

Viapath Central Specimen Reception
4th Floor Southwark Wing
Guy's Hospital
02071887188 ext. 81169

Or

Viapath Central Specimen Reception
5th Floor, North Wing
St. Thomas' Hospital
02071887188 ext. 81167

Or

Viapath Central Specimen Reception
Ground Floor, Bessemer Wing,
Kings College Hospital
(KCH specimens only)

Results

Non-gynae results are available on the RRS / EPR and in the time frames as stated above

Paper reports are printed and sent out daily, addressed to the consultant or clinical team who requested the test.

To discuss a cytology report with a consultant cytopathologist, contact the department between 9.00 and 5.00 pm on 020718 82915 / 89189

Laboratory Locations

Cytopathology Department
2nd Floor, North Wing
St. Thomas' Hospital

Tel: 02071887188 ext 82904

Cytopathology Department
2nd Floor, Bessemer Wing
Kings College Hospital

Tel: 02032999000 ext 34035

6.4 Fine Needle Aspiration (FNA) clinics

Fine needle aspiration is a reliable method of determining the nature of lumps and bumps. This involves aspirating a lump using a fine needle and then testing the material removed.

In addition to the Palpable FNA Clinics run by Consultant Cytopathologists, there are also One Stop clinics where a diagnosis/provisional diagnosis is determined while the patient is in clinic. This allows material to be collected in one setting for ancillary testing (microbiology, cell blocks, flow cytometry, cytogenetics and molecular diagnostics).

A joint one stop clinic (Ultrasound guided FNA) is also run between pathology and dental radiology for head & neck cancer and thyroid patients.

Guy's and St Thomas's FNA clinics: There are several FNA clinics per week that are attended by Cytology laboratory staff; these are listed in:

CPC-USER-2 List of Guy's and St Thomas's FNA Clinics supported by Cytology

In addition to the clinics listed in CPC-USER-2, the following support is also available from the Cytology laboratory at Guy's and St Thomas's:

- **Ward based FNA service:** This is a routine service provided by the cytopathologists with a BMS assistance during working hours (9-5 pm). Please ring FNA appointments (ext 82941) to arrange this.
- **Intra-operative FNA service:** This is a routine service provided by the cytopathologists with BMS assistance during working hours (9-5 pm). Please ring FNA appointments (ext 82941) to arrange this.
- **On-site assessment for image guided FNA:** USG guided FNA is provided by radiology and clinical departments across both hospital sites. These are routinely supported by biomedical scientists (BMS) who assess specimen adequacy during the procedure.
- If a cytopathologist is required for a case, please ring FNA appointments (ext 82941) to arrange this.

King's College Hospital

BMS support is also provided for the following FNA clinics at KCH:

Day	Clinic	Time
Monday & Tuesday	Ultrasound (radiology), 2 nd Floor, Denmark Wing, King's College Hospital.	Mon- 2-4pm Tues – 9-9.45am
Tuesday	Dental Institute, Ground Floor, King's College Hospital	9.30am-1pm

- The Tuesday Dental clinic is attended by the cytopathologists with BMS assistance.

7. ANDROLOGY

- Synonyms:** Semen Infertility, Semen Post vasectomy, semen analysis
- Clinical Indication:** Semen analysis is carried out for sub-fertility investigation and for post vasectomy checks.
- Turnaround Time:** Semen analysis reports are normally issued within 2 weeks.

Patient Preparation:

Note: Information for patients is also given on CPC-FORM-75 Semen Analysis Request Form. This is provided to all patients by the referring GP/clinician

- Patient must not have intercourse or masturbate for 2-7 days before producing their sample.
- Soap, lubricant or condom must not be used.
- Penis, testicles and hands must be clean.
- Ensure that only sample pots contained in the kit which has been prepared (toxicity tested) by the laboratory is used for this procedure. Any other pot used will be rejected as only toxicity tested pots must be used for this test.
- **The sample pot must have a written weight on it and has a metallic silver lid.**

Patient Appointment Booking and Sample Production:

- The request forms must be completed by the requesting clinician/GP
- Email the completed request form to the laboratory: Viapath.Semenanalysis@nhs.net
- The patient must have an appointment before they produce their sample.
- The patient should ring 02071887188 ext 82941/87740 to make an appointment 48 hours after the completed request form has been sent.
- If the patient has made arrangements to produce the sample at home, the specimen should be delivered to the Semen Analysis Clinic 'A' (Sample Delivery location is as detailed below) within an hour of production. If the patient is unable to deliver his sample within one hour from the time of production, he must inform the person booking the appointment. Arrangements will be made for him to produce his sample on site 'B' (Location for on-site production is as detailed below). Arrive at the laboratory on the appointed time.
- Samples are checked by the laboratory staff before acceptance.

Post Vasectomy Semen Analysis – additional requirements

- Post Vasectomy semen analysis should be carried out a minimum of 12 weeks following surgery and a minimum of 20 ejaculations.

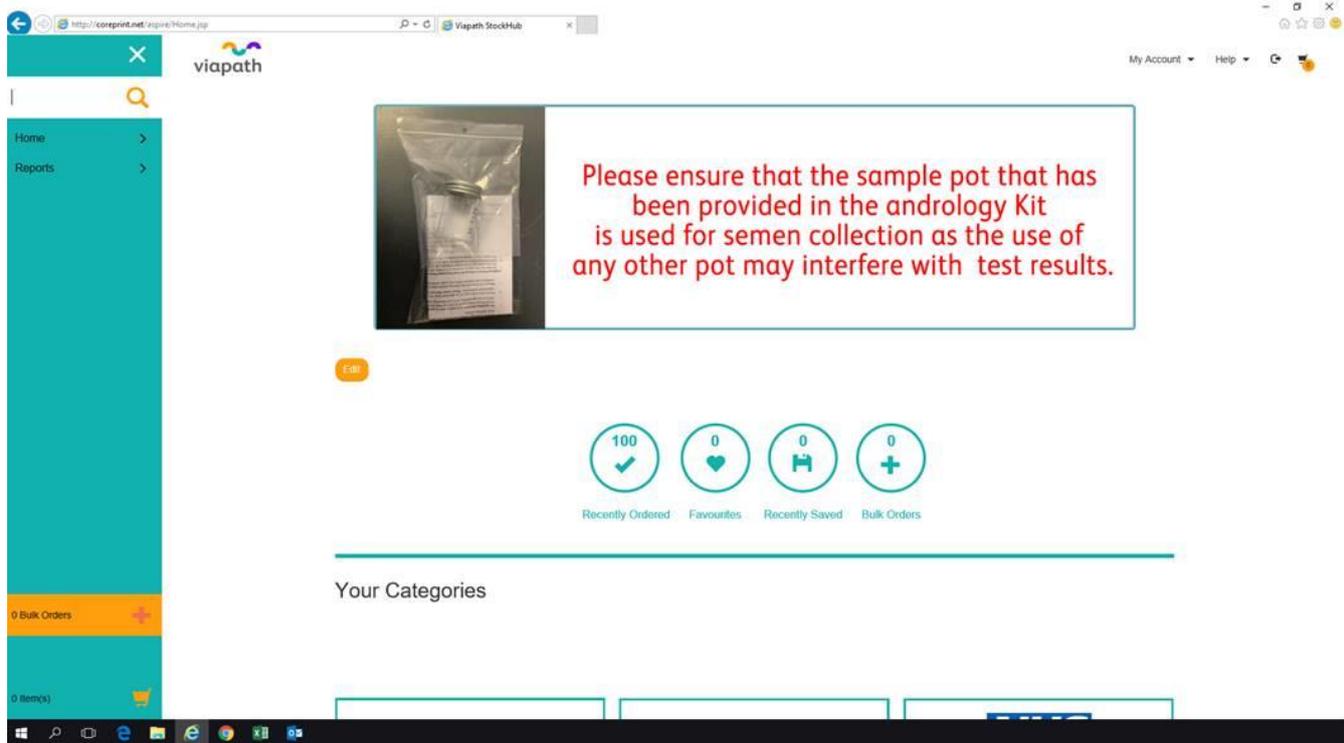
Specimen collection:

Entire sample must be collected by masturbation in the sample pot (toxicity tested) provided.

Sample Requirement:

Specimen

Freshly ejaculated semen. Sample must be collected using the kit provided as shown below. Andrology kits are available and can be ordered from Viapath GP supplies by requesting at Viapath.customersupport@nhs.net or 020178880088 option 1.



Request Form: All samples must be accompanied by a request form that is completed legibly and accurately with all patient, sender and clinical details. The specimen type e.g. Semen Infertility or Semen Post Vasectomy must also be recorded. Updated Semen analysis request forms are

contained in the kits provided. All fields must be completed on the request form.

Specimen Acceptance:

Each specimen pot and request form must have at least 3 of the following Identifiers and there should be no discrepancy between the form and specimen pot.

- Full name of patient
- Hospital No if applicable
- Date of birth
- Type of sample
- Date & time of collection

- Specimens left in the reception without an appointment, will be rejected and a letter will be sent to the requesting clinician.

- Sample must not be less than 0.5g.

Specimen Handling:

Ensure that your sample is kept at room temperature (in your pocket) at all times during your journey to the laboratory.

The sample and the request form must be placed in a plastic 'biohazard' bag ensuring that the form and sample are in separate sections of the bag. This will prevent contamination of the request form if the sample container leaks.

Interferences:

- Failure to produce sample in toxicity tested sample pot will affect the motility of the sample and the reliability of the results.
- The Motility of samples that are over an hour old at the time of arrival at the laboratory can be affected.

Interpretation and Clinical:

- A low volume (<2 ml) could be due to incomplete sample collection, secretory dysfunction of accessory sex glands or stress during sample collection.
- A high ejaculate volume can course a relatively high dilution of spermatozoa resulting in low sperm concentration

Specimen Transport

- Specimens must be brought into the laboratory by the patient on their appointment day and time.
- Patients will be seen on a one to one basis with their sample during which the sample may be accepted for analysis.
- Specimens must not be left in any specimen reception.

Results:

Patients will liaise directly with the referring clinician for test results or clinical advice. The results will be sent directly to the requesting clinician.

Paper reports are printed and sent out daily, addressed to the consultant or clinical team who requested the test.

On-site production of Semen sample:

Gassiot House,
Outpatient Centre
Ground Floor
Pink Zone
St. Thomas' Hospital

Sample Delivery Location:

Cytopathology Department
2nd Floor, North Wing
St. Thomas' Hospital

Tel: 02071887188 ext 82904

8. REFERENCES

1. NHSCSP Publication No 1, Achievable Standards, Benchmark for Reporting, and Criteria for Evaluating Cervical Cytopathology, Jan 2013
2. NHS CSP Guidance for the training of cervical sample takers December 2016
3. NHS CSP Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities April 2014
4. NHSCSP Publication No 20, Colposcopy and Programme Management March 2016
5. Cervical Screening professional guidance:
<https://www.gov.uk/government/collections/cervical-screening-professional-guidance>
6. European Committee for Standardization. Medical Laboratories – Requirements for quality & competence (ISO 15189:2012). Clause 5.4.2. October 2012.
7. W.H.O. laboratory manual for the Examination and processing of human semen. 5th edition. 2010. ISBN 9789241547789