

Northern Devon Healthcare



NHS Trust

Incorporating community services in Exeter, East and Mid Devon

Non-Gynaecological Cytology Handbook

VERSION	1.1
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COPY	2
LOCATION OF COPIES	1. Histopathology Dept 2. Q-Pulse 3. BOB

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0 LOCATION OF THE LABORATORY

Non-Gynaecological Cytology is part of the Histopathology Department at North Devon District Hospital and is located within the main Pathology department on level 1.

1 CLINICAL SERVICES OFFERED

1.1 At NDDH

The department provides a comprehensive Non-Gynaecological Diagnostic Cytopathology service for North Devon District Hospital.

1.2 Samples referred to other hospitals

Ophthalmic Cytology samples are not reported at NDDH and are referred to Moorfields Eye Hospital, London. Specimens include: tears, aqueous, vitreous or fluid from cystic lesions.

Address	Contact details
Institute of Ophthalmology Moorfields Eye Hospital NHS Foundation Trust 11-43 Bath Street London EC1V 9EL United Kingdom	Contact: Dr Caroline Thaug (Consultant Ophthalmic Pathologist) Telephone (clinical enquires): 0207 608 6890
This laboratory is registered with Clinical Pathology Accreditation (CPA) Ltd (reference number 2103).The lab checks the accreditation status of this lab annually.	

2 OPENING HOURS

8.30am to 5.00pm, Monday to Friday (except bank holidays and excluding weekends).

All samples should reach the laboratory **as soon as possible** and preferably early in the working day to avoid deterioration of cells. Samples should be received in the department **by 4.00pm**.

If a delay in transportation is anticipated or samples have been taken out of hours then they should be **kept refrigerated at 4°C**.

There is no out of hours Cytology service. (*CSF samples are urgent (see section 9.1)*
Microbiology provide an out of hours service for CSFs).

3 CONTACT DETAILS

Contact Name	Telephone (external)	Telephone (internal)	Email address
Medical Staff:			
Dr Mary Alexander, Lead Cytology Consultant & Consultant Histopathologist	01271 313947	4247	mary.alexander@nhs.net
Dr Andrew Bull, Consultant Histopathologist	01271 322341	2341	andrewbull@nhs.net
Dr Jason Davies, Consultant Histopathologist	01271 322323	2323	jasondavies2@nhs.net
Dr Nicolas Ward, Consultant Histopathologist	01271 370212	3212	nicolas.ward@nhs.net
Laboratory:			
Mr Lee Luscombe, Laboratory Manager	01271 311754	3754	lee.luscombe@nhs.net
Main laboratory - Technical Enquiries (Maxine Sarjant - BMS Cytology lead)	01271 322340	2340	
Medical Secretary Staff:			
General enquiries/Results	01271 349197	3197	ndht.histopathology@nhs.net
Pathology Store Supplies/Consumables:			
Debbie Martinelli Marcus Milton	01271 322342	2342	
Other Pathology Departments:			
Microbiology – OUT OF HOURS CSF samples	01271 322347	2347	
Biochemistry – For cytogenetic samples	01271 322345	2345	
Royal Devon and Exeter Hospital – Cervical Cytology	01392 402986		

NDDH Cytology Department address:

Histopathology Department
North Devon District Hospital
Raleigh Park
Barnstaple
Devon
EX31 4JB

4 URGENT REQUESTS

If a result is needed urgently, please contact the lab to discuss this with one of the Consultant Histopathologists (refer to section 3 for contact details), this ensures that there are staff available to prepare the sample and a Consultant available to report it. Where possible bring the sample and request form directly to the laboratory.

5 SAMPLE ACCEPTANCE AND REJECTION CRITERIA

All Cytology request forms, sample containers, glass slides and slide boxes must be labelled and completed following the department of pathology **sample acceptance policy**. This policy can be found on BOB in the Pathology Handbook, under 'General Specimen Collection & transport Information' and then 'Pathology Specimen Acceptance Policy'.

5.1 Acceptance criteria

Cytology Request forms, must have a **minimum of 3 key Patient identifiers**, and these Patient identifiers **must include**:

- **A unique patient identification number (Hospital, NHS or GUM number) (*this is as an absolute requirement*)**
- **Full name** (first name & surname)
- **Date of birth**

Sample containers / slides / slide mailer boxes must be labelled **clearly** and **unequivocally** with a **minimum of 2 key Patient identifiers**, these include:

- **Full name** (first name & surname) **AND:-**
- **A unique patient identification number** (Hospital, NHS or GUM number), **OR**
- **Date of birth**

5.2 Rejection criteria

Samples will be rejected if:

- The request form has less than 3 of the key patient identifiers
- The sample container / slide / slide mailer box has less than 2 key patient identifiers
- The patient data on the form and sample container do not match.

Cytology request forms and samples containers / slides / slide boxes that **do not** meet these standards will need verifying by a senior clinician. And in such cases;

The specimen will be returned to source with a covering letter detailing the verification required by the requesting clinician.

Or

The requesting clinician will be asked to visit the Cellular Pathology department to verify the request form and specimen.

Any case received in the laboratory that does not fulfil the acceptance criteria will be recorded as an Incident on DATIX.

6 INSTRUCTIONS FOR COMPLETION OF THE REQUEST FORM

Each request form must be accompanied by an appropriately labeled sample/s (samples must be treated as per sections 7 & 8).

Failure to complete the form properly may result in the production of the report being delayed, thus possibly delaying patient treatment and increasing turnaround times.

6.1 Cytology request form

Complete a **Yellow** Cytology request form.



(Cytology request forms can be obtained from the Pathology store, EXT: 2342).

6.2 Completing the Cytology request form

Request forms must be completed as stated in section 5.1.

PAS labels will be accepted as a means of identification on request forms but is essential that the destination for the report and requesting consultant are added by hand.

The request form must also contain the:

- Report destination
- Signature of the requesting clinician
- Specimen type

- **Relevant clinical information:** Clinical Information should be as extensive as practical. For the current lesion, the site, size, duration, and any recent changes are essential information. Any symptoms, any underlying conditions, recent infections, previous specimens submitted could be highlighted if relevant. Previous history should also be disclosed as well as previous tumours and treatment given (eg. Radiotherapy or chemotherapy). Demographic details must be completed as sex and age can be of considerable importance.
- Genuinely **urgent** samples should be marked on the request form.

6.3 Multiple specimens

Multiple samples from a single patient must be clearly labelled and differentiated, and corresponding information provided on the request form.

6.4 High Risk Specimens

It is the responsibility of the referring clinician to ensure that high-risk samples are **clearly identified** on both the sample container and request form to reduce the risk of infection to staff and others.

7 ADDITIONAL INSTRUCTIONS FOR LABELLING OF SAMPLE CONTAINERS, SLIDES AND SLIDE BOXES

Samples containers, slides and slide boxes must be labelled as per section 5.1.

Each Patient's sample must be accompanied by a completed and matching Cytology request form as per section 6.



Multiple sample containers, slides and slide boxes from a single patient must be clearly labelled and differentiated, and corresponding information provided on the request form.

PAS labels will be accepted as a means of identification on the sample container and slide box, but other relevant information must be added by hand eg. Left, Right, Lower, Upper, Dry, Wet etc.

Labelling slides:

- Label slide/s as per section 5.1
- **write in pencil only** on the **frosted end** of the slide, if there is no white frosting make sure that the writing is on the **same side as the sample**
- include any relevant information eg. Left, Right, Lower, Upper, Dry, Wet etc.

8 INSTRUCTIONS FOR TRANSPORTATION OF SAMPLES

*All samples should reach the laboratory **as soon as possible** and preferably early in the working day to avoid deterioration of cells. Samples should be received by the department by **4.00pm**. If a delay in transportation is anticipated samples should be **kept refrigerated at 4°C**.*

Sample pot lids and slide boxes must be secured properly and checked to ensure no leakage or that slides cannot fall out.



The sample container/s / slide boxes must be placed in a clear plastic transport bag, and sealed properly, with the accompanying request placed in the side pocket. Forms should not be stapled to the bag or placed with the samples.

9 FLUID SAMPLE COLLECTION AND PREPARATION

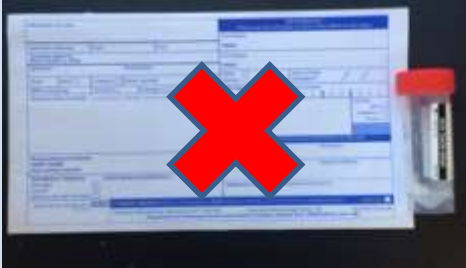


All fluid samples requiring routine cytological diagnosis should be sent to the laboratory in plastic, screw top, **WHITE TOPPED UNIVERSAL** containers.

9.1 Fluids - Sample requirements

Sample type	Sample volumes	Lab requirements
Cerebrospinal Fluid (CSF) <i>To be dealt with urgently!</i>	2ml sample ideal (less OK)	<ul style="list-style-type: none"> Cells deteriorate rapidly so the specimen should be brought to the lab immediately! Inform lab staff that a CSF sample is being sent. These samples must be received in the lab before 4.00pm (Monday to Friday except bank holidays) to ensure they are dealt with that day. <i>If out of hours sampling is unavoidable then please send to the Microbiology laboratory, contact EXT: 2347</i> Ensure a sample has been submitted to clinical chemistry and Microbiology as well, if

Sample type	Sample volumes	Lab requirements
		appropriate.
Cyst Fluid (eg. Breast, Ovarian, Epididymal, Hydrocoele, Parotid)	25ml (max) of fluid	
Endoscopic Brushings (eg. Bronchial)	Sample placed in 5ml *Cytospin Collection Fluid.	Brush to be cut and added to the *Cytospin collection fluid.
Endoscopic Washings (eg. Bronchial)	Sample to be placed in 5ml *Cytospin Collection Fluid.	
Nipple Discharge		
Serous Fluid(eg.Pleural, Ascitic, Abdominal, Peritoneal, pericardial)	20ml (min) of fluid	If patients have been supine for any length of time please get the patient to sit up and move a little, so that any cells that have settled are re-suspended.
Sputum <i>Should rarely be received</i>	3 samples collected on 3 different days.	<ul style="list-style-type: none"> • This sample is of limited or no clinical value, and should rarely be received. • Should only be taken where patients are unfit for Bronchoscopy. • For best results obtain sputum following chest physiotherapy, with an early morning sample before the patient has eaten or brushed their teeth. • Multiple samples (x3) may be needed, but they should be taken on 3 separate days. • The whole of the expectorated sample should be submitted.
Synovial Fluid	5ml (min)	<ul style="list-style-type: none"> • Aspirated fluid should be sent to cytology and microbiology. • Send to lab ASAP, if delay anticipated refrigerate and store at 4°C
Urine	20ml (max) of Urine	<ul style="list-style-type: none"> • Send to lab ASAP, if delay anticipated refrigerate and store at 4°C or

Sample type	Sample volumes	Lab requirements
<p>(The laboratory can provide an information leaflet, for patients, detailing sample requirements for taking their own urine samples. Contact the lab and request: Urine cytology sample patient leaflet CP-NOTICE-5).</p>	<p>Second void of the day to be collected</p>	<ul style="list-style-type: none"> • A preservative, such as **IMS, may be added to the sample (approx. 1ml/ squirt) and this <u>must be recorded</u> on the sample pot with a black dot using a marker pen. • <i>The first sample voided in the morning is unsuitable for analysis!</i> • <i>(RED TOPPED Borate Universals are NOT Suitable for Cytology. The lab will not accept these samples. The requester will be contacted by phone to request a repeat sample. An Incident Form will be completed on DATIX. A report will be generated stating that the specimen was not suitable for cytology).</i> 

***Cytospin Collection Fluid:**



Due to the time between the sample being taken and the time it takes for it to reach the lab, the sample will start to degenerate. This solution acts as a fixative and will preserve cellular structure so that an accurate diagnosis can be made. This may enable immunohistochemistry to be performed and is particularly useful with needle washings on solid lesions such as lymph nodes. (To obtain universals containing this fluid please ring the laboratory EXT: 2340).

****IMS for Urines samples:**

Due to the time between the sample being taken and the time it takes for it to reach the lab, the sample will start to degenerate and bacteria will multiply. IMS will preserve cells so that an accurate diagnosis can be made. (To obtain IMS or black marker pen please ring the laboratory on EXT: 2340).

10 FINE NEEDLE ASPIRATES (FNA) & BRUSHINGS PREPARATION

The laboratory has **TWO** different standard staining techniques dependent on the type of fixation the sample receives.

- Air dried samples are stained with a Giemsa stain
- Wet fixed samples are stained with a Papanicolaou stain

These stains present the cells in different ways so the Consultant Histopathologist can interpret and diagnose accordingly.

Fixation is extremely important and it is vital that it is done correctly!

10.1 Fine Needle Aspirates (FNA) and Brushings – Slide requirements

Sample Type	Needle Washings?	Minimum Number of Slides required by lab
Breast	No	2 Air Dried
Thyroid	No	2 Air Dried & 2 Wet fixed
Nipple Discharge	No	1 Air Dried
Cyst Aspirates	No	1 Air Dried & 1 Wet Fixed
Lung FNA	Yes	1 Air Dried & 1 Wet Fixed
Lymph Node	Yes	1 Air Dried & 1 Wet Fixed
Solid Lump FNA	Yes	1 Air Dried & 1 Wet Fixed
Salivary Gland FNA	No	1 Air Dried & 1 Wet Fixed
Gastrointestinal Tract Brushings	No	1 Air Dried & 1 Wet Fixed <i>NB: Brush cut off & placed in cytospin collection fluid, to harvest more cells, & sent to Cytology (see page 12)</i>

10.1.1 FNA slide preparation

10.1.1.1 General information

Due To the speed required it is vital to have all required material ready and to hand before the aspiration procedure is started.

The aim is to achieve a **thin evenly spread smear**. Thin smears will fix more quickly and are more likely to be suitable for interpretation.

Where limited material is obtained air dried slides are preferred.

If a rapid assessment of sample adequacy is needed then contact a Consultant Histopathologist (refer to section 3).

If it is anticipated that **immunocytochemical** investigation will be required, eg all Lymph Node Aspirates, needles and syringes should be gently washed through with Cytospin Collection Fluid (obtainable by phoning EXT: 2340) after the preparation of slides to harvest further cells.

10.1.1.2 Procedure for an FNA smear



1. Label slides and slide mailer boxes as per section 5.1 & 7. Place **small drop** of the aspirated material on to the middle / upper third of the clear part of the glass microscope slide.



2. Place the bottom of a second slide over the sample, lower this slide and apply a gentle pressure on the sample drop so it starts to spread. Then in one smooth gentle motion pull this top slide with the sample across the sample slide towards the bottom of the slide.



Please Note:

- Excess downward pressure damages cells and makes cytological interpretation difficult.
- Where possible try to leave at least a 2mm gap around the sample, from the edge of the slide. This gap is needed because the malignant cells tend to go the edges of the spread sample and after staining the lab places a coverslip on top of the slide, so we do not want to lose any cells or obscure the

Consultants view of the sample in any way when looking down the microscope

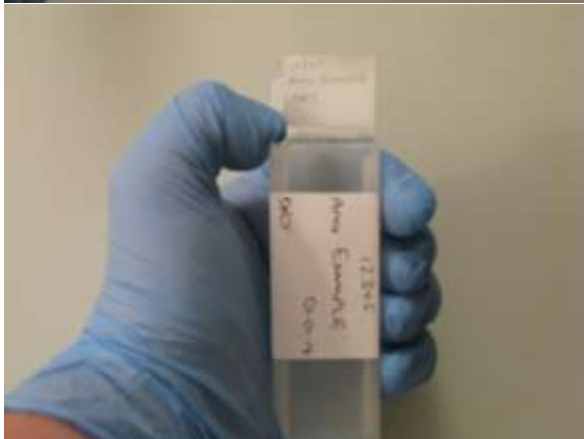
- Make sure that the sample is placed on the same side as the patient's written identification.

10.1.2 Procedure for Air Dried slides



Immediately after the smear has been made:

rapidly dry the sample by **waving the slide/s in the air**. When fully dry, place slide/s directly in to a labelled slide mailer box and close lid securely. (NOTE: Rapid drying is essential for good quality preparations)



10.1.3 Procedure for Wet Fixed slides

Immediately after the smear has been made:



spray Cytofixx evenly all over the **sample**.

Make sure that the sample has not dried before the spray is added!

Shake **Cytofixx** spray well before spraying

Spray Cytofixx approximately **8 inches away** otherwise the cells will be blown across and off the slide!



Let the Cytofixx dry and then place slides in a labelled slide mailer box and close lid securely.

10.1.4 Needle washings

This is carried out to allow any further cells to be harvested, it aids fixation of the cells and facilitates immunohistochemical staining when required.



For those samples requiring Needle washings **after** slide preparation **needles & syringes should be gently flushed** with green Cytology **Cytospin Collection fluid** (*make sure pot is labelled as per section 5.1 & 7 and the lid has been secured properly*). Place this with the slide mailer/s, request form, seal bag and send to laboratory.

(To obtain white topped universal containers, glass microscope slides etc. contact the Pathology store on Ext: 2342).

10.2 FNA boxes (containing the equipment for FNA preparation)

The laboratory provides ready for use FNA boxes which contain all the equipment needed to perform good quality FNAs. These are located:

- Glossop Ward
- Endoscopy
- ENT
- Dental Surgery
- Dermatology at Litchdon Medical Centre

10.3 Learning FNA technique

Dr Mary Alexander can facilitate demonstrations by members of staff who are competent at carrying out FNAs. (For contact details refer to section 3). Please note that this should be organised in advance and not requested on the spot.

10.4 Producing a good FNA smear teaching session

If requested, the laboratory would be happy to carry out a teaching session on how to make good FNA smears. Please contact BMS Maxine Sarjant, in the first instance, to discuss and arrange a teaching or practice session (refer to section 3 for her contact details). Please note that this should be organised in advance and not requested on the spot.

11 INSTRUCTIONS FOR PREPARATION OF THE PATIENT

Where relevant, this will be specified in the sections 9 and 10 regarding sample preparations.

12 INSTRUCTIONS FOR PATIENT COLLECTED SAMPLES

Where relevant, this will be specified in the sections 9 and 10 regarding sample preparations.

13 LIST OF FACTORS KNOWN TO AFFECT THE PERFORMANCE OF THE EXAMINATION AND ON INTERPRETATION OF RESULTS

(List not exhaustive).

Cytology samples not being delivered and received by the lab ASAP

- These specimens (unless they have been placed in cytospin collection fluid) do not contain any preservatives/fixatives that prevent the cells from deteriorating or prevents microbes from growing. The longer a specimen takes to reach the lab there is an increased chance that the cells will deteriorate and that the sample may become unsuitable for diagnosis.
- CSF cells deteriorate rapidly, so a delay may mean that a diagnosis may not be possible.

Delayed samples not being refrigerated (4°C)

- These specimens (unless they have been placed in cytospin collection fluid) do not contain any preservatives/fixatives that prevent the cells from deteriorating or prevents microbes from growing. Placing them in a fridge will help to slow down cell deterioration and microbial growth, especially important with urine samples.

Patient not being prepared properly and therefore not obtaining the best sample possible

- If serous fluid is being sampled and the patient has been supine for a long time it is important to get them to sit up and move a little to re-suspend the cells that have settled.
- Sputum samples should be taken first thing in the morning before patient has eaten or brushed their teeth.
- Sputum samples need a very deep cough and it is recommended that this is obtained by a physiotherapist. If this is not done the sample may just be saliva.
- Early morning urine should be avoided because the cells will appear degenerate and interpretation will be difficult.

FNA technique inadequate

- Sample does not contain the cells needed to make a diagnosis and may be heavily blood stained.

FNA smears inadequate

- If sample is too thick the viewing of cells down the microscope is difficult, only a small drop of sample needed
- If sample is all over the slide, cells at the sides of the slide may be lost or un-interpretable

- Cells squashed/smashed when slide pressure applied was too great

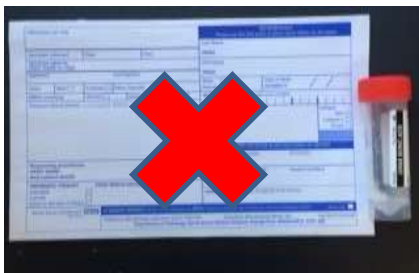
FNA smear incorrectly fixed

- Slow drying causes air drying artefact where the cells appear bigger and lack definition.
- If the slide is incorrectly labelled wet or dry, the wrong stain may be applied in the lab making interpretation difficult.

FNA smear on back of slide

- If the smear is placed on the back of the slide and not the front, cells or even the whole sample may be removed when being handled by lab staff

Urine samples received in red topped pots



- RED TOPPED Borate Universals are **NOT** Suitable for Cytology, but are used for microbiology. The substance inside destroys the cells that need examining.

14 AVAILABILITY OF CLINICAL ADVICE ON ORDERING AND INTERPRETATION OF EXAMINATION RESULTS

Advice on ordering and interpretation of results will only be available in laboratory opening hours, refer to section 2.

Clinical advice, guidance or interpretation is only available from a Consultant Histopathologist. It is generally included in the report, however if additional advice is required please contact a Consultant Histopathologist (refer to section 3 for contact details).

15 PROTECTION OF PERSONAL INFORMATION POLICY

Governance and data protection policies and the Data Protection Act can be accessed on BOB. Go to the Pathology Handbook, then Quality of services & Protection of Personal information, then Protection of Personal information.

16 COMPLAINTS PROCEDURE

Please refer to BOB. Select A to Z of forms, choose 'P' and select the Pathology Handbook. In the quick access table select contacting the laboratory.

17 TURNAROUND TIMES AND REPORTING

17.1 Turnaround times

Please refer to BOB. Select A to Z of forms, choose 'P' and select the Pathology Handbook. In the quick access table select Turn Around Times and choose Cellular Pathology.

As the number of complex cases increases, requiring additional procedures such as immunocytochemistry or second opinions, the longer they will take to be reported. Diagnostic accuracy should not be compromised for the sake of speed. An interim verbal report and information on the case status can be provided where necessary by a Consultant Histopathologist.

17.2 Waiting list

On occasions, usually during periods of Consultant leave, it may be necessary to operate a waiting list for non-urgent Cytology. At such times the reporting times will increase. When there is a waiting list, clinical information is used to decide which cases will be placed on the list. It is advantageous for requesting clinicians to indicate the priority status of a case (Routine, Soon or Urgent) so that it can be prioritised accordingly or the date of the MDT if MDT discussion is intended.

17.3 Urgent samples

In some circumstances a report may be required urgently. In these cases the request form must be marked "URGENT" and with a contact name and telephone/bleep number. In exceptional circumstances, for some cases, it is possible to obtain results on the same day as sampling. Such requests **must be discussed beforehand** with one of the Consultant Histopathologists.

17.4 Second Opinions

When it is necessary to refer a case for a second, specialist opinion an interim report will be issued which will include the name and location of the reviewing Consultant.

The majority of cases are referred to specialists from within our Network Pathology Group, following a network wide procedure. Occasionally it is necessary to refer cases to other specialists. All laboratories where we refer cases are accredited.

Cases which are routinely sent away for second opinions are sent to the following consultants:

Case type	Name, Speciality & Hospital
Lymphoma / Sarcoma cases	<i>Dr P T Sarsfield</i> Consultant Histopathologist/Cytopathologist (GI, Haematopathology, Sarcoma & Diagnostic Cytology) Royal Devon & Exeter
Lymphoma / Urology cases	<i>Dr P McCullagh</i> Consultant Histopathologist/Cytopathologist (Haematopathology, Urology & Diagnostic Cytology) Royal Devon & Exeter
Urology cases	<i>Dr M Powari</i> Consultant Histopathologist/Cytopathologist (Lung, Urology, Breast & Diagnostic Cytology) Royal Devon & Exeter
Gynaecological cases	<i>Dr N Cope</i> Consultant Histopathologist/Cytopathologist (Gynae, Breast, Liver, Cervical Cytology & Diagnostic Cytology) Royal Devon & Exeter
Gynaecological cases	<i>Dr T Mandalia</i> Consultant Histopathologist/Cytopathologist-Cervical Cytology lead (GI, Gynae & Haematopathology) Royal Devon & Exeter
GI cases	<i>Professor M Novelli</i> Consultant Histopathologist/Bowel Cancer Screening Panel UCL Hospitals
Molar Pregnancy cases	<i>Professor Sebire</i>

Case type	Name, Speciality & Hospital
	Professor of Paediatric & Development Pathology Charing Cross
Dermatology cases	<i>Dr E Calonje</i> Consultant Dermatologist St Thomas
Gynaecological cases	<i>Dr R Ganesan</i> Gynaecological Pathologist Birmingham Womens Hospital
GI cases	<i>Professor N Shepherd</i> Professor of Gastrointestinal Pathology & Consultant Histopathologist/Bowel Cancer Screening Panel Cheltenham General

To current list of the laboratories and specialist centres where we refer cases for second opinion are as follows:

Laboratory Address CPA Reference No. CPA Accreditation Status	Laboratory Address CPA Reference No. CPA Accreditation Status	Laboratory Address CPA Reference No. CPA Accreditation Status
Histopathology Royal Devon & Exeter Hospital (Wonford) Barrack Road EXETER EX2 5DW 0058 Accredited	Histopathology Great Ormond Street Hospital London WC1N 3JH 1045 Accredited	All Wales Molecular Genetics Lab Institute of Medical Genetics University Hospital of Wales Heath Park Cardiff CF14 4XW 1545 Accredited
Cellular Pathology North Bristol NHS Trust Southmead Hospital Westbury on Trym BRISTOL BS10 5NB 0036 Accredited	Institute of Ophthalmology Moorfields Eye Hospital NHS Foundation Trust 11-43 Bath Street London EC1V 9EL 2103 Accredited	UCL Advanced Diagnostics Dept of Pathology UCL Medical School 21 University Street London WC1E 6JJ 1445 Accredited

Laboratory Address CPA Reference No. CPA Accreditation Status	Laboratory Address CPA Reference No. CPA Accreditation Status	Laboratory Address CPA Reference No. CPA Accreditation Status
Histopathology Royal United Hospital 36 Combe Park Bath BA1 0SA 1007 Accredited	Histopathology University Hospitals Bristol NHS Foundation Trust Bristol Royal Infirmary Marlborough Street BRISTOL BS2 8HW 0032 Accredited	Histopathology South Devon Healthcare NHS Foundation Trust Torbay Hospital Lawes Bridge Devon TQ2 7AA 1149 Accredited
Histopathology Cardiff & vale University Health Board Heath Park Cardiff CF14 4XW 1755 Accredited	St Johns Dermatopathology & Immunodermatology GSTS Pathology LLP St Thomas' Hospital Westminster Bridge Road London SE1 7EH 2008 Accredited	Clinical Cytogenetics The Royal Marsden NHS Foundation Trust Downs Road Sutton Surrey SM2 5PT 2546 Accredited
Histopathology Royal Brompton & Harefield Hospital Sydney Street London SW3 6NP 2889 Accredited	Dept of Cellular Pathology Queen Elizabeth Hospital Birmingham Mindelsohn Way Edgebaston Birmingham B15 2WB 0920 Accredited	Molecular Genetics Dept Royal Devon & Exeter Hospital (Wonford) Barrack Road EXETER EX2 5DW 2645 Accredited
Histopathology Royal Marsden Hospital Fulham Road London SW3 6JJ 0811 Accredited	Bristol Genetic Laboratory North Bristol NHS Trust Southmead Hospital Southmead road Bristol BS10 5NB 2907 Accredited	Cellular Pathology Derriford Hospital Derriford Road PLYMOUTH PL6 8DH 0054 Accredited
HER2 Testing Molecular & Cell Biology Unit Cellular Pathology Department Royal Cornwall Hospital TRURO TR1 3LJ 0833 Accredited		

17.5 Reporting of Results

17.5.1 Electronic and hard copies of reports

Results are available electronically to approved staff from the LIMS.

Copies of reports are sent to the requesting clinician and to the ward (or outpatient department).

For GP requests, a single copy is sent to the surgery.

Additional copies of reports can be issued upon request (usually by means of the request form) to specific consultants or approved locations.

17.5.2 Telephoned Reports

Where possible **this is avoided** because of the potential for mistakes, and generally reports can be accessed from the Pathology Computer System or a hard copy can be printed in the department at short notice for collection.

Where this is not possible, one of the Consultants will read the completed and authorised report to the requesting doctor. If the doctor is not immediately familiar, then they should provide their telephone/bleep number. This will be checked before the result can be telephoned back to them. Patient identity is confirmed by name, date of birth, address and hospital number. Reports will only be made to a doctor, and never to a patient.

In the unlikely event of an urgent clinical situation arising where a Consultant is not available, the Laboratory manager may provide the required result, following the above rules.

If any doubts arise regarding the suitability of issuing a report in this way or uncertainty to the identity of the requester, the report will not be given.

17.5.3 Faxed Reports

In exceptional circumstances where the Pathology Computer System cannot be accessed, a hard copy of the report cannot be obtained and a verbal report will not suffice, then a fax may be sent.

Faxes will only be sent to designated medical centres and clinics, and may only be requested by a known doctor.

All faxes will be 'anonymised' by removal of patient details.

Procedure:-

- Photocopy report with patient details deleted.
- Agree anonymous reference code to identify the patient (usually case or lab number) with recipient, and send, along with a routine fax top sheet indicating number of pages.
- The addressee must confirm receipt of fax by telephone.

18 QUALITY ASSURANCE

The department is accredited by Clinical Pathology Accreditation (CPA) and is registered with the IBMS for Training.

The laboratory participates in the United Kingdom National External Quality Assessment Schemes (UKNEQAS) for Cellular Pathology Technique in Diagnostic Non-Gynae Cytology.

The laboratory actively reviews results to continually improve the quality of the service.

UKNEQAS results are displayed within the department and are available to all service users upon request.

Information regarding the Quality Of the service can be found on BOB. Go to the Pathology Handbook, then Quality of services & Protection of Patient information. The pathology Quality Policy can also be accessed from here.

Please also refer to BOB. Select A to Z of forms, choose 'P' and select the Pathology Handbook. In the quick access table select Quality of service to find out about the Pathology Quality policy, Quality Control, audit, External Assessment and Uncertainty of Measurement.

19 CERVICAL CYTOLOGY SPECIMENS

All Cervical Cytology requests are sent to and reported by the Cytology department at Royal Devon and Exeter Foundation Trust.

Contact details:

Cytology Department
Old Pathology Department
Royal Devon and Exeter Hospital
Church Lane
Exeter
EX2 5AD

Telephone: 01392 402986

Any consumables required must be ordered directly from Pathology stores at the RD & E.

The Liquid Based Cytology (LBC) kits will be sent to NDDH labelled for the appropriate practices/departments and distributed via the transport system.

All enquiries for cervical cytology LBC kits should be directed to 'path stores' at the RD & E. Telephone: 01392 402906. This phone is staffed until 1pm after which a message can be left.

20 CYTOGENETIC REQUESTS

Cytogenetic requests are no longer dealt with by this department. Any queries should be directed to the Biochemistry laboratory on EXT: 2345.