

## AQUEOUS AND VITREOUS CYTOPATHOLOGY

### PROTOCOL FOR MOORFIELDS EYE HOSPITAL, CITY ROAD SITE

#### A. SPECIMEN COLLECTION AND DISPATCH

- If a diagnostic vitrectomy is to be performed, the laboratory should be informed, preferably 1 working day prior to specimen collection; **telephone 0207 608 6888**.
- Any fresh vitreous specimen needs to be delivered to the laboratory by 4pm if it is to be optimally processed.
- The specific 'Aqueous/Vitreous Cytology' Request Form should be completed accurately and clearly, paying particular attention to identification of the referring Vitreoretinal (VR) surgeon and any Medical Retina / Paediatric team involved. If no alternative clinician is mentioned it will be assumed that the referring surgeon is responsible for ongoing management of the patient and that no-one else needs to be informed.
- It is the responsibility of the clinician to indicate on the request form and specimen container if the patient is known or suspected to be in a '**High Risk/Danger of Infection**' category.
- The specimen should be labelled accurately and clearly and be consistent with the request form.
- Incomplete or incorrect forms may be returned along with the specimen, with no investigations conducted.
- The fresh (or fixed) cytopathology specimen should be sent for dispatch through Pathology Services within MEH.
- Any fresh microbiology specimen should be sent separately for dispatch via Pathology Services within MEH. The Department of Eye Pathology does not handle microbiology specimens.
- **HEALTH AND SAFETY IS CRITICAL WITH FRESH SPECIMENS:**
  - There must be no sharps included with the specimen e.g. needles;
  - Specimen containers must be leak-proof and securely closed to avoid specimen leakage.
  - Place the specimen in a self-seal specimen bag.
  - Ensure there is appropriate sealing and packaging of the specimen to avoid breakage and to protect yourself, porter and laboratory staff. Ensure the request form accompanies the specimen.

#### B. IF THE SPECIMEN IS BEING TAKEN AFTER 3PM

- Please contact the laboratory and ask for direction.
- If you are requested to fix the specimen, or if the vitrectomy is being undertaken outside of normal laboratory hours (after 5pm), please do the following:
- If it is likely that material will be required for PCR investigations (lymphoma), firstly aliquot a small volume and mix with an approximately equal volume of neat alcohol, prior to fixation of the rest of the specimen in formalin.
- To fix the remaining material, mix with an approximately equal volume of formalin (available in most clinic areas and theatres).
- Ensure that the form and the specimens are labelled as to what has and has not been fixed.

#### C. LABORATORY

- The fresh vitreous specimens will be processed according to the laboratory's current Standard Operating Procedures.
- Where necessary material will be sent to UCL-AD for clonality studies. (Note there is little scope for this with formalin fixed specimens. Also, the national funding for Ophthalmic Pathology does not include molecular testing and the sending Trust will be billed directly for PCR studies).

#### D. FORMAL REPORTING PROCESS

- Authorised reports are available electronically on [eyepath.ucl.ac.uk](http://eyepath.ucl.ac.uk)
- Printed reports are dispatched regularly. These are sent to the original surgeon and where requested a copy report will go to an additional clinician(s) if so named on the request form.
- We are happy to receive enquiries about unreported cases during laboratory hours.

For additional information please refer to the Ophthalmic Pathology Diagnostic Service User Guide available on our EyePath website [eyepath.ucl.ac.uk](http://eyepath.ucl.ac.uk)

Department of Eye Pathology,  
UCL Institute of Ophthalmology,  
11-43 Bath Street, London, EC1V 9EL  
Laboratory: **020 7608 6888**; Telephone Enquiries: **020 7608 6948**; Fax: **020 7608 6862**

Tel: Enquiries 020 7608 6948 Laboratory 020 7608 6888 Fax: 020 7608 6862		DEPARTMENT OF EYE PATHOLOGY UCL Institute of Ophthalmology 11-43 Bath Street, London EC1V 9EL		<b>AQUEOUS/VITREOUS CYTOLOGY REQUEST</b>																					
NHS Number: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Hospital Number: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												HIGH RISK Specimen Y / N	
		ETHNIC ORIGIN:		Lab No: <i>(Lab use only)</i>																					
SURNAME (Block Capitals):		CATEGORY: NHS <input type="checkbox"/> PRIVATE <input type="checkbox"/>		Date & Time of Receipt: <i>(Lab use only)</i>																					
				For Office Use: Banding <input type="checkbox"/> Pots <input type="checkbox"/>																					
				<b>CODES FOR REPORT DELIVERY</b>																					
				DESTINATION <input type="checkbox"/>																					
FORENAMES:		RESEARCH CONSENT: Y / N		REQUESTING SURGEON:																					
DATE OF BIRTH: <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> SEX: <input type="checkbox"/> M <input type="checkbox"/> F		D	D	M	M	Y	Y	Y	Y	COLLECTION DATE & TIME: ...../...../..... : .....		COPY REPORT TO:													
D	D	M	M	Y	Y	Y	Y																		
<b>PLEASE NOTE: INAPPROPRIATELY SUBMITTED SPECIMENS AND/OR FORMS CAN CAUSE HARM TO PATIENTS. THE DEPARTMENT OF EYE PATHOLOGY RESERVES THE RIGHT TO REJECT THESE.</b>																									
NATURE OF SPECIMEN(S):  FIXATIVE (if FRESH write NONE): .....			CLINICAL DETAILS <i>(Previous Histology Reference Number, if known)</i> <i>Please be specific and include clinical differential diagnosis:</i>																						
Has a separate specimen been sent for microbiology? Yes / No			LEFT EYE <input type="checkbox"/> RIGHT EYE <input type="checkbox"/>																						
CHECKLIST (Please see notes on reverse side of form):  Has laboratory been informed? ..... Yes / No  Will the specimen be received before 3pm? ..... Yes / No If <b>NO</b> please see section <b>B.</b> on the reverse of this form.																									
Is the specimen safely packaged? (No sharps, secure from leaks etc) <input type="checkbox"/>																									
Is the specimen fully and accurately labelled, consistent with the request form? <input type="checkbox"/>																									
CLINICIAN'S SIGNATURE <i>(confirming form completed accurately and completion of the checklist above)</i>			PRINT NAME:		Tel/Pager:																				
					If urgent – required by date:																				
<b>For Laboratory Use Only:</b>																									
Affix Lab No here:			Pathologist request:																						
			Cut up:																						
			No of blocks:																						
			Embedded:																						
			Initial cutting:																						
			Checked H&E:																						
			Extra Request:																						
			Extras cut:																						
Extras checked:																									