

## AQUEOUS AND VITREOUS CYTOPATHOLOGY

### 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**.
- 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/specimens may be returned along with the specimen, with no investigations conducted.
- Please follow your own local procedures regarding storage and dispatch of samples. Such procedures may differ depending on whether the sample is being taken in or out of standard working hours.
- All samples should be fixed, whether or not the vitrectomy is being undertaken outside of normal laboratory hours (after 5pm), please do the following:
  - I. If it is likely that material will be required for Clonality/PCR investigations (for ?lymphoma), aliquot a small volume of the sample fluid into a separate Eppendorf (or similar suitable receptacle). Mix with an approximately equal volume of neat alcohol.
  - II. Fix the remaining material with an approximately equal volume of formalin (available in most clinic areas and theatres). This can be done by drawing formalin into the syringe used for the tap, before capping.
  - III. Ensure that the form and the specimen(s) are labelled as to what has and has not been fixed.

**The Department of Eye Pathology does not handle microbiology specimens.**

Follow local protocols for Microbiology samples. We will not split samples for Micro and will dispose of any received.

### HEALTH AND SAFETY IS CRITICAL WITH ALL 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, porters and laboratory staff. Ensure this completed request form accompanies the specimen.

### LABORATORY

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

### FORMAL REPORTING PROCESS

- Authorised reports are immediately available electronically on <https://eyepath.ucl.ac.uk>
- Printed reports are dispatched daily. These are sent to the original surgeon and where requested a copy report will go to a second clinician(s) if so named on the request form.
- We are happy to receive enquiries about unreported cases during laboratory hours (9-5 Mon-Fri).

For additional information please refer to the Ophthalmic Pathology Diagnostic Service User Guide available on our EyePath website <https://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	<b>DEPARTMENT OF EYE PATHOLOGY</b> UCL Institute of Ophthalmology 11-43 Bath Street, London EC1V 9EL	<b>AQUEOUS/VITREOUS CYTOLOGY REQUEST</b>																						
<b>NHS Number:</b> <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>											<b>Hospital Number:</b> <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>											<b>HIGH RISK Specimen Y / N</b>	Lab No: <i>(Lab use only)</i>  Date & Time of Receipt: <i>(Lab use only)</i>	
<b>SURNAME (Block Capitals):</b>	<b>CATEGORY:</b> NHS <input type="checkbox"/>  PRIVATE <input type="checkbox"/>		<b>For Office Use:</b> <b>Banding</b>	<b>Pots</b>																				
			<b>CODES FOR REPORT DELIVERY</b>																					
			<b>DESTINATION</b>																					
<b>FORENAMES:</b>	<b>ETHNIC ORIGIN</b>		<b>REQUESTING SURGEON:</b>																					
<b>DATE OF BIRTH:</b> <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	<b>COLLECTION DATE &amp; TIME:</b> ...../...../..... : .....		<b>COPY REPORT TO:</b>													
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>																								
<b>NATURE OF SPECIMEN(S):</b>  <b>FIXATIVE (if FRESH write NONE):</b> .....  Has a separate specimen been sent for microbiology? Yes / No  <b>CHECKLIST (Please see notes on reverse side of form):</b>  Has laboratory been informed? ..... Yes / No  The specimen is safely packaged? <input type="checkbox"/> (No sharps, secure from leaks etc.)  The specimen is fully and accurately labelled, <input type="checkbox"/> consistent with the request form?		<b>CLINICAL DETAILS</b> <i>(Previous Histology Reference Number, if known)</i> <i>Please be specific and include clinical differential diagnosis:</i>  <b>LEFT EYE</b> <input type="checkbox"/> <span style="margin-left: 200px;"><input type="checkbox"/></span> <b>RIGHT EYE</b>																						
<b>CLINICIAN'S SIGNATURE</b> <i>(confirming form completed accurately and completion of the checklist above)</i>		<b>PRINT NAME:</b>	<b>Contact Details:</b>	If urgent – required by date:																				
<b>For Laboratory Use Only:</b>																								
<b>Affix Lab No here:</b>		Pathologist request:																						
		Prepared by:																						
		No of samples:																						
		Checked Initial H&E:																						
		Extra Request:																						
		Extras prepared/stained:																						
		Extras checked:																						
		Reserve	1	2																				
		Reserve for PCR	3	4																				