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General Information:

About Poplar Healthcare:
Founded in 1995 and headquartered in Memphis, Poplar Healthcare is a leading laboratory services company. Through its GI Pathology, D-PATH Dermatopathology, OncoMetrix and Women’s Health Laboratories brands, Poplar Healthcare provides specialized laboratory testing services to a nationwide client base of gastroenterologists, dermatologists, oncologists, gynecologists and their patients.

Address: 3495 Hacks Cross Road, Memphis, TN 38125

Website: www.poplarhealthcare.com

Phone Number: 901.526.1912

Fax Number: 901.526.0791

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Phone: 901.526.1912
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Hours: Monday – Friday: 8:00 am to 10:00 pm CST

Compliance:
Phone: 901.473.0606
E-mail: compliance@poplarhealthcare.com

Accreditation and Licensure:

The College of American Pathologists – LAP Number: 6768501

Clinical Laboratory Improvement Amendments – CLIA ID Number: 44D0915029

California Clinical Laboratory License – Lab ID Number: COS 00800141

Florida Clinical Laboratory License – License #: 80021631

Maryland Medical Laboratory Permit – Number: 1313

New York Clinical Laboratory Permit – PFI: 8228
Pennsylvania Clinical Laboratory Permit – Laboratory Identification Number: 029740A

Rhode Island Clinical Laboratory License – License Number: LCO00451

Tennessee Medical Laboratory License – License Number: 3284
Surgical Specimens (GI, skin and GYN)

Requisition:

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   - Name of insured
   - Subscriber number
   - Group number
   - Name and mailing address of insurance company
7. Clinical History/clinical impression
8. Specimen site and type of biopsy

Specimen container:

1. Patient last name, first initial
2. Second identifier
3. Specimen location

Note: Label the side of container and not the lid.

Specimen Collection and Transport Requirements:

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Shipping Instructions

- Complete Requisition form, making sure all sections are completed in their entirety which includes client, patient, ICD-9 coding, specimen, & billing information, and tests requested.
- Place a label on each tube, jar and/or slide. (Each label should have a patient name, and a second identifier). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Ensure formalin/PreserCyt/CytoLyt jars are sealed tightly. Place labeled jars separately into small biohazard bag before placing into Shipping Box. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Close box and tuck tabs into place. No tape necessary.

Ship to: Poplar Healthcare - 3495 Hacks Cross Road, Memphis, TN 38125

GYN Cytology Specimens

Requisition:

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   a. Name of insured
   b. Subscriber number
   c. Group number
   d. Name and mailing address of insurance company
7. ICD-9 code
8. Specimen source
9. Collection technique
10. Clinical History
11. Tests requested
Pap Test Collection Guidelines:

Cytologic Examination

Specimens include cervical, cervical and vaginal, endocervical, and/or vaginal scrapings or brushings. Specimens may be submitted as conventional smears, although the preferred method is the ThinPrep® Pap test.

Specimen Labeling

All conventional Pap smear slides and ThinPrep® Pap test vials must be clearly labeled with the patient’s Last name and first initial as well as a second identifier such as the patient’s Birthdate, Social Security Number or Medical Record Number. Label conventional slides on the frosted end using a graphite pencil (not a pen, marker, wax pencil or crayon).

Patient Clinical History

To ensure thorough and complete interpretations, please include pertinent clinical history as follows:

- Specimen source
- Birthdate
- Date of last menstrual period (LMP)
- Gynecological surgery and procedures
- Whether patient is pregnant, post partum, or post menopausal
- Current hormonal therapy
- Presence of an IUD
- Past or present neoplasms
- Chemotherapy
- Radiation therapy
- Abnormal bleeding
- Previously abnormal Pap smear(s)

Specimen Collection

Instruct patient to avoid douching 24-48 hours before examination. If patient has had a hysterectomy, submit smear from vaginal apex.

ThinPrep® Pap Test: Label the side of a ThinPrep® vial with the patient’s last name, first name. Scrape the cervix circumferentially at squamocolumnar junction with a plastic spatula. Remove and rinse the spatula as quickly as possible into the ThinPrep® vial by swirling it vigorously 10 times in the solution. Discard the spatula. Gently insert the cytobrush into the cervical os until only the bottom-most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. Do not over-rotate. Remove the brush and rinse in the ThinPrep® vial by rotating the brush in the solution 10 times while also pushing against the vial wall. Swirl the brush vigorously to further release the material. Discard the brush. Store the sample at room temperature.

Conventional Pap Smear: Cervical scrape and brushing is recommended. Except for evaluation of maturation index and detection of vaginal adenosis, submit only one slide. For routine Pap tests, both
the scraping of the squamocolumnar junction and endocervical brushing should be spread onto the same slide. Label the glass slide with the patient's last name, first name and registration number (or other second unique patient identifier) using a graphite pencil (do not use ink, wax or crayon). Gently remove excessive secretion or blood at the cervical os with cotton swab and discard. Scrape the ectocervix circumferentially with a cervical spatula at the squamocolumnar junction and spread the material evenly onto one half of the labeled slide. Gently insert an endocervical brush into the cervical os. Rotate, then remove the brush and spread material evenly on the other half of the slide. It does not matter if the two samples mix together. Fix the slide immediately with spray fixative. Allow spray-fixed slide to dry completely and place into a slide holder. Submit with an appropriately completed requisition, including pertinent patient history.

Vaginal Sample: Obtain the cervical sample as described above and spread it on the slides. Before fixing, obtain a vaginal scraping from the posterior fornix with a cervical spatula. Quickly smear it on the slide (separate from or overlapping the cervical material) and spray fix immediately. For patients that have had a hysterectomy, collect a sample from the vaginal apex; spread the material on a labeled slide and spray fix immediately. If submitting a ThinPrep® vial, place the sample directly into the vial.

Vaginal Lesion Sample: Collect sample directly from the lesion and submit as indicated above.

HPV Testing: Specimens submitted in the ThinPrep® Pap test vial are acceptable for HPV testing. If both tests are requested, residual ThinPrep® Pap specimen will be submitted to the Molecular laboratory for HPV testing. Residual ThinPrep® Pap specimens are held for 30 days for add-on HPV testing. There is an additional charge for HPV testing. ThinPrep Pap tests rendered as unsatisfactory will be submitted for HPV testing (if requested). The HPV test is more sensitive than the Pap and therefore requires less cellular material to be considered diagnostic.

Unsatisfactory Results
The following conditions may render a Pap test unsatisfactory or interfere with cytologic examination:

- Improper fixation or drying of a smear before fixation.
- Failure to obtain adequate cellular sample.
- Excessive use of lubricating jelly on the vaginal speculum.
- Excessive mucus, blood, or purulent exudate.
- An inflammatory reaction may invalidate hormonal evaluation.

Reasons for rejection of specimens include:

- Improper labeling of specimen container or requisition.
- Incomplete or missing requisition.
- Prepared slides received broken beyond repair.

Transport Requirements

Shipping Instructions

- Complete Requisition form, making sure all sections are completed in their entirely which includes client, patient, coding, specimen, & billing information, and tests requested.
- Place a label on each tube, jar and/or slide. (Each label should have a patient name, and a second identifier). A minimum of two patient identifiers is REQUIRED for each specimen.
• Ensure tube tops and/or slide holders are sealed tightly. Ensure formalin/PreserCyt/CytoLyt jars are sealed tightly. Place labeled jars separately into small biohazard bag before placing into Shipping Box. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit.
• Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
• Place sealed bag with requisition back into box.
• Close sealed bag with requisition back into box. No tape necessary.

Ship to:

Women’s Health Laboratories
3495 Hacks Cross Road
Memphis, TN 38125

Non-GYN Cytology

Requisition:

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   a. Name of insured
   b. Subscriber number
   c. Group number
   d. Name and mailing address of insurance company
7. ICD-9 code
8. Specimen source
9. Collection technique
10. Clinical History
11. Tests requested

Cytolyt container:

1. Patient last name, first initial
2. Second identifier
3. Specimen location

Non-Gyn Slides:

1. Label the frosted end of the glass microscope slide with the patient last name, first initial
2. Second identifier
Urine Cytology and Bladder FISH:

1. For purposes of obtaining the greatest diagnostic yield, a second morning, clean-catch voided urine specimen should be collected, if possible.
2. Collect urine in a blue capped collection cup. If urine exceeds 60 mL, pour off the excess urine.
3. Pour the entire contents of the PreservCyt solution or pour an equal volume of methanol fixative (versus urine) into the specimen collection cup containing urine.
4. Tightly secure the blue cap on the specimen cup. Keep turning until you hear the audible click.
5. Specimen should be stored refrigerated and transported with cool pack in warm temperatures.

Transport Requirements:

Shipping Instructions

- Complete Requisition form, making sure all sections are completed in their entirely which includes client, patient, coding, specimen, & billing information, and tests requested.
- Place a label on each tube, jar and/or slide. (Each label should have a patient name, and a second identifier). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Ensure formalin/PreserCyt/CytoLyt/Blue Urine jars are sealed tightly. Place labeled jars separately into small biohazard bag before placing into Shipping Box. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Urine specimens should be stored refrigerated and transported with cool pack in warm temperatures.
- Place sealed bag with requisition back into box.
- Close box and tuck tabs into place. No tape necessary.

Ship to:

Poplar Healthcare
3495 Hacks Cross Road
Memphis, TN 38125

Immunohistochemistry Tests

Requisition:

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   - Name of insured
   - Subscriber number
   - Group number
   - Name and mailing address of insurance company

7. Clinical History/clinical impression

8. Specimen site and type of biopsy

**Specimen Container:**

1. IHC Specimen Transport Box or slide folder
2. Preferred Specimen:
   - Formalin-fixed, paraffin-embedded tissue block or 3 unstained, positively-charged slides per marker
3. Instructions:
   - Please indicate on the histology request form the name of the marker(s) requested. A separate Surgical Pathology Immunohistochemical Request Form is also available that lists the markers that are performed.
4. Temperature:
   - Room temperature or refrigerated, stable indefinitely.

**Molecular Specimens – GPP (Gastrointestinal Pathogen Panel)**

**Requisition:**

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   a. Name of insured
   b. Subscriber number
   c. Group number
   d. Name and mailing address of insurance company
7. Clinical History
8. Tests requested

**Shipping Instructions**

- Complete Requisition form, making sure all sections are completed in their entirety which includes client, patient, specimen, & billing information, and tests requested. Insert requisition into OUTSIDE pocket of biohazard bag in provided collection kit
- Open stool collection package and follow included instructions for collecting the specimen.
• Place a label on the provided tube. (Each label should have a patient name and a second identifier which can be either Date of Birth or Social Security Number). A minimum of two patient identifiers is REQUIRED for each specimen.
• Ensure tube top is sealed tightly.
• Place labeled tube into frozen cool pack, and then place both the labeled tube and cool pack into the foil package and seal.
• Place the sealed foil back into the small biohazard bag before placing into Shipping Box.
• Place sealed bag with requisition back into box.
• Close box and tuck tabs into place. No tape necessary.
• Insert closed box into FedEx clinical pack and seal the pack

Ship to: GI Pathology - 3495 Hacks Cross Road, Memphis, TN 38125

Molecular Specimens – GYN

Requisition:

9. Patient last, first name
10. Date of birth
11. Collection date/date of service
12. Clinic name, address and phone number
13. Referring physician name
14. Insurance information (copy of front and back of insurance card preferred)
   a. Name of insured
   b. Subscriber number
   c. Group number
   d. Name and mailing address of insurance company
15. ICD-9 code
16. Specimen source
17. Collection technique
18. Clinical History
19. Tests requested

Transport Requirements

Shipping Instructions

• Complete Requisition form, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, & billing information, and tests requested.
• Place a label on each tube or jar. (Each label should have a patient name, and a second identifier). A minimum of two patient identifiers is REQUIRED for each specimen.
• Ensure tube tops or jar tops are sealed tightly. Ensure formalin/PreservCyt/CytoLyte jars are sealed tightly. Place labeled jars separately into small biohazard bag before placing into Shipping Box. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit.
• Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
• Place sealed bag with requisition back into box.
• Close box and tuck tabs into place. No tape necessary.

Ship to: Women's Health Laboratories - 3495 Hacks Cross Road, Memphis, TN 38125
Individual Molecular GYN Specimen Requirements

Chlamydia and Gonorrhea:

1. Specimen Collection
   a. Collect cervical specimens in ThinPrep Pap Test vials containing PreservCyt Solution with broom-type or cytobrush/spatula collection devices according to the manufacturer’s instructions.
   b. Urine specimens require a minimum of 2 ml volume to be added into the Aptima® Urine Specimen Collection kit and must be filled in between the two black fill lines to be acceptable for testing.
   c. Swab specimens arriving in orange Aptima® tubes must be collected in the Aptima® Vaginal Swab Specimen Collection Kit. Only the pink swab that comes with the kit is an acceptable collection device.
   d. Swab specimens arriving in white Aptima® tubes must be collected in the Aptima® Unisex Swab Specimen Collection Kit. Only the blue swab that comes with the kit is an acceptable collection device.

2. Acceptable Specimens
   a. ThinPrep® Liquid Pap Preservative solution (Hologic, Inc.)
   b. Vaginal swabs collected in APTIMA® Vaginal Swab Specimen Collection Kit with pink swab.
   c. Urine Specimens collected into Aptima® Urine Specimen Collection Kit
   d. Male urethral or women’s endocervical swabs collected in the APTIMA® Unisex Swab Specimen Collection Kit with the blue swab.

3. Minimum Specimen Volume Requirements
   a. The minimum volume required for liquid Pap specimens is 1 mL.

4. Unacceptable Specimens
   a. Swab specimens arriving in Aptima® tubes collected with white-tipped swabs, FLOQSwabs, or any other swab that does not come with the Aptima® collection kit.
   b. Unlabeled or mislabeled specimens.
      i. The label must be firmly affixed to the collection container, not the lid.
   c. Grossly contaminated specimens.
i. Specimens that are broken, show evidence of leaking or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

**Group B Streptococcus (GBS):**

**Specimen Collection:**

1. Collect swab specimens in the BD ESwab Collection and Transport system according to the manufacturer’s instructions.
2. All specimens should be a single collection of both a vaginal and rectal or anorectal specimen, collected before anti-viral or antibiotic therapy is started.
3. **Acceptable Specimens**
   a. BD ESwab Collection and Transport System
   b. Site directed swabs. (Dry swabs or swabs in specimen transport media (STM)).
4. **Minimum Specimen Volume Requirements**
   a. The minimum requirement for swab specimens is 1 swab applicator from an appropriately collected swabbing.
5. **Specimen Handling – Storage and Transportation**
   a. **NOTE:** Storage or shipment of specimens at high temperatures for prolonged periods can result in significant sample DNA degradation.
   b. Swab specimens.
      i. All swabs collected in the BD ESwab Collection and Transport System are accepted by the laboratory for testing up to 48 hours from the time of collection when stored at room temperature or 2 to 8 °C.
      ii. Transport to lab at appropriate temperature.
      iii. Package specimens in leak proof containers following applicable regulations.
6. **Unacceptable Specimens**
   a. Unlabeled or mislabeled specimens.
   b. Swabs collected in the BD ESwab Collection and Transport System and received by the laboratory for testing greater than 48 hours from the time of collection.
i. Date of Service and Collection Time must be present on either the specimen label or the patient requisition.

ii. The label must be firmly affixed to the collection container, not the lid.

c. Grossly contaminated specimens.

i. Specimens that are broken, show evidence of leaking or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

Herpes Simplex Virus 1 & 2:

1. Specimen Collection

   a. Specimens include cervical, cervical and vaginal, endocervical, vaginal and/or vulvar scrapings or brushings collected in liquid Pap Preservative Solution.

2. Acceptable Specimens

   a. ThinPrep® Liquid Pap Preservative solution (Hologic, Inc.)
   
   b. Unprocessed solution in a ThinPrep® Vial.

3. Minimum Specimen Volume Requirements

   a. The minimum volume required for liquid Pap specimens is 0.5 mL.
   
   b. The minimum requirement for swab specimens is 1 swab applicator from an appropriately collected swabbing.

4. Specimen Handling – Storage and Transportation

   NOTE: Storage or shipment of specimens at high temperatures for prolonged periods can result in significant sample DNA degradation.

   a. Liquid Pap preservatives.

      i. Store liquid Pap samples at room temperature until delivery to laboratory.
      
      ii. Liquid Pap samples are accepted by the laboratory for testing up to 28 days from time of collection when stored at room temperature and 2 to 8 ºC.
      
      iii. Transport samples at ambient temperature. If shipping temperatures exceeding 24ºC is anticipated, transport using cool packs.

   b. Package specimens in leak proof containers following applicable regulations.

5. Unacceptable Specimens

   a. Unlabeled or mislabeled specimens.
i. The label must be firmly affixed to the collection container, not the lid.

b. Grossly contaminated specimens.

i. Specimens that are broken, show evidence of leaking or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

HPV – High Risk (HR):

1. Specimen Collection
   a. Collect cervical specimens in ThinPrep Pap Test vials containing PreservCyt Solution with broom-type or cytobrush/spatula collection devices according to the manufacturer’s instructions.

2. Acceptable Specimens
   a. ThinPrep® Liquid Pap Preservative solution (Hologic, Inc.)

3. Minimum Specimen Volume Requirements
   a. The minimum volume required for liquid Pap specimens is 1 mL.

4. Unacceptable Specimens
   a. Swab specimens arriving in Aptima® Vaginal Swab Specimen Collection Kit that have pink swabs or in the Aptima® Unisex Swab Specimen Collection Kit that have the blue swabs.
   b. Unlabeled or mislabeled specimens.

   i. The label must be firmly affixed to the collection container, not the lid.
   c. Grossly contaminated specimens.

   i. Specimens that are broken, show evidence of leaking or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

HPV Comprehensive Genotyping:

1. Specimen Collection
   a. All specimens should be collected before anti-viral or antibiotic therapy is started.

2. Acceptable Specimens
   a. ThinPrep® Liquid Pap Preservative solution (Hologic, Inc.)

3. Minimum Specimen Volume Requirements
The minimum volume required for liquid Pap specimens is 0.5 mL.

4. Specimen Handling – Storage and Transportation

   **NOTE:** Storage or shipment of specimens at high temperatures for prolonged periods can result in significant sample DNA degradation.
   a. Liquid Pap preservatives.
      i. Store liquid Pap samples at room temperature until delivery to laboratory.
      ii. Liquid Pap samples are accepted by the laboratory for testing up to 28 days from time of collection when stored at room temperature and 2 to 8 ºC.
      iii. Transport samples at ambient temperature. If shipping temperatures exceeding 24°C is anticipated, transport using cool packs.
   b. Package specimens in leak proof containers following applicable regulations.

5. Unacceptable Specimens
   a. Swab specimens arriving in Aptima® Vaginal Swab Specimen Collection Kit that have pink swabs or in the Aptima® Unisex Swab Specimen Collection Kit that have the blue swabs.
   b. Unlabeled or mislabeled specimens.
      i. The label must be firmly affixed to the collection container, not the lid.
   c. Grossly contaminated specimens.
      i. Specimens that are broken, show evidence of leaking or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

**Vaginosis:**

1. Specimen Collection
   a. Collect swab specimens in the BD Affirm™ VPIII Ambient Temperature Transport System (ATTS) according to the manufacturer’s instructions.

2. Acceptable Specimens – Specimens include cervical, cervical and vaginal, endocervical, vaginal and/or vulvar scrapings or brushings collected in BD Affirm tube or liquid Pap Preservative Solution.
   a. Site directed swabs collected in the Affirm™ VPIII Ambient Temperature Transport System (ATTS)
   b. Liquid Pap Collection
      i. ThinPrep® Liquid Pap Preservative Solution (Hologic, Inc.)

3. Minimum Specimen Volume Requirements
a. The minimum requirement for swab specimens is 1 swab applicator from an appropriately collected swabbing.
b. The minimum volume required for liquid Pap specimens is 1 mL.

4. Specimen Handling – Storage and Transportation

**NOTE:** Storage or shipment of specimens at high temperatures for prolonged periods can result in significant sample DNA degradation.

a. Swab specimens in the BD Affirm™ VPIII Ambient Temperature Transport System (ATTS).
   i. All swabs are accepted by the laboratory for testing up to 72 hours from time of collection.

b. Liquid Pap preservatives.
   i. Store liquid Pap samples at room temperature until delivery to laboratory.
   ii. Liquid Pap samples are accepted by the laboratory for testing up to 28 days from time of collection when stored at room temperature and 2 to 8 °C.
   iii. Transport samples at ambient temperature. If shipping temperatures exceeding 24°C is anticipated, transport using cool packs.

c. Package specimens in leak proof containers following applicable regulations.

5. Unacceptable Specimens

a. Unlabeled Specimens
   i. Swabs collected in the BD Affirm™ VPIII Ambient Temperature Transport System (ATTS) and received by the laboratory for testing greater than 72 hours from time of collection.
   ii. Date of Service and Collection Time must be present on either the specimen label or the patient requisition.
   iii. The label must be firmly affixed to the collection container, not the lid.
   iv. All mislabeled specimens are returned to the requesting physician or institution.

b. Grossly contaminated specimens
   i. Specimens that are broken, show evidence of leaking, or may have been contaminated subsequent to collection are not acceptable for testing. A new collection should be requested.

**Oncology Specimens**

**Requisition:**

1. Patient last, first name
2. Date of birth
3. Collection date/date of service
4. Clinic name, address and phone number
5. Referring physician name
6. Insurance information (copy of front and back of insurance card preferred)
   a. Name of insured
   b. Subscriber number
   c. Group number
   d. Name and mailing address of insurance company
7. ICD-9 code
8. Indications for Testing/Clinical History
9. Specimen Information
10. Tests requested

**Specimen container:**
1. Patient last name, first initial
2. Second identifier
3. Specimen Type

**Specimen Collection and Transport Requirements:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Flow Cytometry</th>
<th>BM Morphology</th>
<th>IHC</th>
<th>Cytogenetics</th>
<th>FISH</th>
<th>Molecular</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Aspirate</td>
<td>Sodium Heparin, 1-3 mL (Green Top); EDTA OK if Sodium Heparin not available</td>
<td>5-10 air-dried aspirate smears/slides.</td>
<td>N/A</td>
<td>Sodium Heparin, 1-3 mL (Green Top)</td>
<td>Sodium Heparin, 1-3 mL (Green Top)</td>
<td>EDTA 1-2mL (Purple Top)</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
</tr>
<tr>
<td>Peripheral Blood</td>
<td>Sodium Heparin, 5 mL (Green Top); EDTA OK if Sodium Heparin not available</td>
<td>1-2 air-dried aspirate smears/slides.</td>
<td>N/A</td>
<td>Sodium Heparin, 5 mL (Green Top)</td>
<td>Sodium Heparin, 5 mL (Green Top)</td>
<td>EDTA 1-2mL (Purple Top)</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
</tr>
<tr>
<td>Fixed Bone Marrow Core Biopsy (B-Plus Fixative)</td>
<td>N/A</td>
<td>1-2 cm core (length) B-Plus Fixative to specimen volume</td>
<td>1-2 cm core (length) B-Plus Fixative to specimen volume</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
</tr>
<tr>
<td>Fresh Bone Marrow Core Biopsy</td>
<td>1-2 cm core (length) Tissue in RPMI</td>
<td>N/A</td>
<td>N/A</td>
<td>1-2 cm core (length) Tissue in RPMI</td>
<td>1-2 cm core (length) Tissue in RPMI</td>
<td>EDTA 1-2mL (Purple Top)</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
</tr>
<tr>
<td>Bone Marrow Clot Biopsy</td>
<td>N/A</td>
<td>Aspirate dispensed directly with spicules saturated in B-Plus Fixative</td>
<td>N/A</td>
<td>N/A</td>
<td>Equal Part RPMI to specimen volume</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Fresh Unfixed Tissue</td>
<td>Tissue in RPMI Two pieces minimum, 0.2 cm</td>
<td>N/A</td>
<td>Tissue in RPMI Two pieces minimum, 0.2 cm</td>
<td>Tissue in RPMI Two pieces minimum, 0.2 cm</td>
<td>Tissue in RPMI Two pieces minimum, 0.2 cm</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
<td></td>
</tr>
<tr>
<td>Fluids</td>
<td>Equal part RPMI to specimen volume 50mL, Except for CSF no dilution 2-3mL</td>
<td>N/A</td>
<td>Equal part RPMI to specimen volume 50mL, Except for CSF no dilution 2-3mL</td>
<td>Equal part RPMI to specimen volume 50mL, Except for CSF no dilution 2-3mL</td>
<td>N/A</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
<td></td>
</tr>
<tr>
<td>Bronchio-Alveolar Fluid</td>
<td>10mL Fluid to 5mL of RPMI</td>
<td>N/A</td>
<td>10mL Fluid to 5mL of RPMI</td>
<td>10mL Fluid to 5mL of RPMI</td>
<td>N/A</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
<td></td>
</tr>
<tr>
<td>Paraffin Block or Cut Slide</td>
<td>N/A</td>
<td>Paraffin Embedded Tissues and/or 3-4 micron thick unstained tissue sections on 5-10 (+) charged slides</td>
<td>N/A</td>
<td>Paraffin Embedded Tissues and/or 3-4 micron thick unstained tissue sections on 5-10 (+) charged slides</td>
<td>Suitable for only select assays, Please call customer service for specifics</td>
<td>Refrigerate and use a cool pack during transport, overnight delivery or courier pickup</td>
<td></td>
</tr>
</tbody>
</table>

**PNH Determination by Flow Cytometry:**

1. Specimen Collection performed by referring client
   a. Acceptable Specimens
      i. Peripheral Blood Specimens less than 24 hours old
         1. Sodium Heparin (Green Top Tubes)
         2. EDTA (Purple Top Tubes)
   2. Minimum Specimen Volume Requirements
a. The minimum volume required for PB aspirate specimens is 1mL, although a minimum of 2mL is preferred.

3. Specimen Handling – Storage and Transportation
   a. Specimens should be tested on the day of arrival.