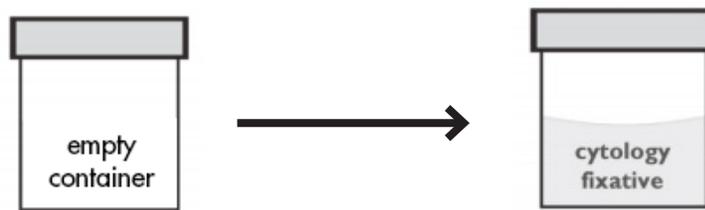


SPECIMEN COLLECTION INSTRUCTIONS

Respiratory Cytology

Sputum can be placed directly into 30 ml of cytology fixative or into an empty container to be transferred to fixative as soon as possible. Once transferred, shake well-capped specimen vigorously to disperse the specimen into the fixative.



Sputum Collection

Sputum cytology is a screening tool that is more effective for detecting centrally-located lung lesions. Chest radiography is more effective for detecting peripheral carcinomas (most commonly adenocarcinomas). Screening for lung cancer is most rewarding in middle-aged or older, high-risk individuals with a history of heavy cigarette use. It is important to fix sputum collections as soon as possible in 30 ml cytology fixative. Shake well-capped specimen vigorously to disperse the specimen into the fixative.

Patient Preparation

- A deep cough is encouraged.
- The patient must understand the difference between sputum and saliva.
- First morning collections are recommended, immediately after awakening.
- Rinse mouth with water. Cough lightly to clear throat and remove surface phlegm.
- Expectorate.
- Breathe deeply several times.
- Cough from deep in the chest and expectorate into specimen container ready for transfer, or directly into the cytology fixative (Figure 2). Sputum that is most valuable for cytology study is thick and mucoid and has a yellow or white color.
- Data suggests that there is higher sensitivity if this procedure is repeated on three consecutive mornings. Submit each specimen daily.