SPECIMEN COLLECTION INSTRUCTIONS

Esophageal, GE Junction, duodenal, gastric or bile duct brushings

The adequacy of a gastrointestinal specimen is determined primarily by the presence of well-preserved epithelial cells indicative of the type of epithelium present at the gastrointestinal site sampled. All GI specimens will tend to deteriorate rapidly due to enzymatic activity which is present throughout much of the GI tract. In addition, these specimens are easily contaminated by epithelia from sites proximal to that being sampled. As all GI specimens will rapidly deteriorate in the fresh state, prompt placement of the specimen in cytology fixative is requested. The specimen should be refrigerated or placed on wet ice until transport even if for a shorter period of time.

Indications

For detection and characterization of endoscopically visible gastrointestinal lesions; for the identification of some microbiologic pathogens (primarily Herpes, CMV, and Candida). If culture or virology studies are desired, submit separate sample to clinical lab.

Specimen Required

Endoscopically-directed brushing sample of the identified lesion. Material in the vial can be used for monolayer preparations and cell block slides, and, if sufficient, IHC and special stains be performed on difficult cases.

Supplies

- Transport vial and cytology fixative.

Specimen Collection:

- Patient should follow pre-op instructions from gastroenterologist or clinician.
- Using standard endoscopy technique, identify the lesion in question and obtain a brushing sample of the lesion.
- Brush the edges of an ulcer, as well as the floor, in order to obtain diagnostic material.
- Upon withdrawing the brush, rinse quickly into cytology fixative.
- Clipped brush can also be submitted in the same collection vial.
- Label the vial with patient's name and an additional unique identifier. Submit with completed requisition.

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