MAYO CLINIC LABORATORIES

Test Definition: CYTNG

Cytology Non-Gynecologic, Varies

Overview

Useful For

Detecting malignant and premalignant changes

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
NTPPC	Non-GYN ThinPrep	No	No
NCSPC	Cell Concentration	No	No
CSOPC	Cytology Smears Other	No	No
CSAPC	Cytology Smears Other, 5 Add'l	No	No
NDSPC	Non-GYN Direct Smear	No	No
CBKPC	Cell Block	No	No

Testing Algorithm

Reflex tests will be performed at an additional charge based on the specimen processing method performed.

Method Name

Light Microscopy

NY State Available

Yes

Specimen

Specimen Type

Varies

Necessary Information

1. An acceptable cytology request form must accompany specimen containers and include the following: Patient's name, medical record number, date of birth, sex, source (exact location and procedure used), date specimen was taken, name of ordering physician and pager number.

2. Submit any pertinent history or clinical information. A complete clinical history is imperative for the diagnostic accuracy of cytology.

Specimen Required

Submit only 1 of the following specimens:

Contact the testing lab for specific instructions.

Specimen Type: Non-gynecologic cytology specimen
Supplies: CytoLyt Solution (T564)
Container/Tube:
Preferred: CytoLyt solution
Acceptable:
1. PreservCyt solution in prefilled vial
2. Specimens with equal volume of 50%, 70%, 80%, or 95% ethanol
3. Specimens fixed in carbowax, CytoSpin collection fluid, or CytoRich red
Specimen Volume: A minimum of 20 mL or entire collection
Collection Instructions:
1. Specimen containers **must be labeled** with a minimum of 2 unique identifiers (patient's name and medical record number).
2. Indicate the specimen source and source location on the label.

Specimen Type: Spinal fluid
Collection Container/Tube: Sterile vial
Submission Container/Tube: Container with equal volume of 50%, 70%, 80%, or 95% ethanol
Specimen Volume: A minimum of 1 mL
Collection Instructions: Specimen containers **must be labeled** with a minimum of 2 unique identifiers (patient's name and clinic number).

Specimen Type: Smear
Container/Tube: Plastic slide container
Specimen Volume: Glass slide
Collection Instructions:
1. Slides should be immediately fixed in 95% ethanol or sprayed with commercially available fixative. Smears that have been air-dried or Diff-Quik stained may also be accepted.
2. Label containers with a minimum of 2 unique identifiers (eg, patient name and medical record number or date of birth), specimen source, and date of collection. Label each glass slide in pencil with a minimum of 2 unique identifiers. If multiple slides are submitted, each slide must have proper identification.

Specimen Minimum Volume

See Specimen Required

Reject Due To

No specimen should be rejected.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		
	Refrigerated		

Clinical & Interpretive

Clinical Information
This test is used for the identification of malignant cells by cytopathology interpretation from nongynecological body sites.

Reference Values
Negative for malignant cells

Interpretation
Suspicious or atypical results need further confirmation: clinical observation, repeat cytology, or perhaps appropriate biopsy.

Positive results should be confirmed by histologic examination of tissue before definitive therapy is instituted.

Cautions
No significant cautionary statements

Clinical Reference
Mody DR, Thrall MJ, Krishnamurthy S, eds. Diagnostic Pathology: Cytopathology, 2nd ed. Elsevier; 2019

Performance

Method Description
The specimen is processed using CytoSpin or ThinPrep instruments to preserve cellular integrity. The smeared or processed slides are then stained using a Papanicolaou stain, coverslipped, and analyzed microscopically by a cytotechnologist and pathologist.(Instruction manuals: Cytospin 4 Operator's Manual. Thermo Scientific; A78310250 Issue 4, 2004; ThinPrep 2000 System Operator's Manual. Hologic; MAN-02585-001 Rev. 006, 02/2017; ThinPrep 5000 Processor Operator's Manual. Hologic; MAN-02203-001 Rev. 003, 08/2017)

PDF Report
No

Day(s) Performed
Monday through Friday

Report Available
2 to 5 days

Specimen Retention Time
Up to 1 week, depending on results

Performing Laboratory Location
Rochester

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

88104-NDSPC (if appropriate)
88108-NCSPC (if appropriate)
88112-NTPPC (if appropriate)
88161-CSOPC (if appropriate)
88162-CSAPC (if appropriate)
88305-CBKPC (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CYTNG	Cytology Non-GYN	32785-8

Result ID	Test Result Name	Result LOINC® Value
71276	Interpretation	69965-2
71277	Participated in the Interpretation	No LOINC Needed
71278	Report electronically signed by	19139-5
71279	Addendum	35265-8
71280	Gross Description	22634-0
CY066	Collection Procedure	33724-6
CY058	Source	22633-2
CY059	Clinical History	22636-5
CY060	Fixative	8100-0
71567	Disclaimer	62364-5
71813	Case Number	80398-1