

# PASADENA CYTO-PATHOLOGY LABORATORY, INC.

A MEDICAL CORPORATION

100 W. CALIFORNIA BLVD

PASADENA, CA 91105

Billing Inquiries: (626)397-3448

Tissue Information: (626)397-8616

Cytology Information: (626)397-8618

Fax Number: (626)397-2931

S. S. Murakami, M.D., Director (CLIA)

H. D. Slosser, M. D., Director

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## SPECIMEN COLLECTION-GENERAL INSTRUCTIONS

Pasadena Cyto-Pathology Laboratory Logistics Services operates Monday through Friday from 9:00 AM until 6:30 PM. Daily or twice-daily specimen pick-ups can be scheduled. Additional or "will-call" specimen pick-ups may be requested by calling 626 397-8616 or 626 397-8618 between 7:30 AM and 6:00 PM, Monday through Friday. An after-hours lock box may also be requested.

**All specimens:** containers must be labeled legibly with the following information:

1. Patient's full name
2. Source of specimen

**All specimens:** A completed PCL Requisition Form must accompany each specimen and contain the following:

1. Patient's full name
2. DOB/Age and sex
3. MD name and address
4. Date and time of specimen collection
5. Source of specimen
6. Clinical information including pre and post-operative clinical impressions.
7. Complete insurance information along with a copy of insurance card.

**Routine Pathology specimens:**

1. Should be submitted in an appropriately sized, leak-proof container and covered with 10% buffered formalin.
2. If more than one specimen is submitted, each must also be numbered and identified on the tissue requisition form and container label.
3. All specimens must be placed in secondary, leak-proof container or bag (available by request) for transport.

Refer to following page(s) for the most common specimen handling requirements.

Any other special testing or handling requests need to be communicated to Pasadena Cyto-Pathology Laboratory prior to collection of the specimen.

**Routine Cytology Specimens:**

Refer to the following pages for collection requirements for specific specimen types.