

The SLPH Cytoprep Lab deals with the following issues regularly. The items with the most impact involve illegible handwriting (or imprinter), over-tightened lids, and bloody specimens:

- 1) For health departments without printer label capabilities we suggest handwriting or typing on blank address labels with the label then being applied around the vial horizontally instead of vertically. Information on handwritten labels (for the vial) should be limited to name and date of birth or SSN. The name has to be transferred from the vial to a slide on which the specimen will be made. It is easier for lab personnel to read the name as they rewrite it on the slide if the label is placed horizontally on the vial.
- 2) We encourage health departments using imprinters to clarify the letters "H", "M", and "N". Also imprinting over printed areas of Form 1010 results in unreadable information in about 20% of imprinted Form 1010s.
- 3) For health departments having to hand write information on Form 1010 and the ThinPrep vial we recommend printing instead of script.
- 4) When placing printed or handwritten labels around vial try not to cover expiration date on vial. This also allows the Lab Assistant to compare the name on the vial as it sits in the vial holder to the ThinPrep slide as it is being loaded into the ThinPrep 2000 processor.
- 5) We ask that providers not photocopy Form 1010. Toner is sometimes lost from the form when autoclaved and this can obscure needed patient information. Also forms are often not folded or cut to size so that they don't stack well with DHHS printed forms. The 1010 Forms are free from the SLPH mailroom.
- 6) We ask health departments that are using "batch" packaging method to limit the number of ThinPrep vials (and their accompanying forms) in each batch to no more than 15 per bag.
- 7) **Form 1010 can act as the absorbent material in the plastic specimen bag (we find that the few that have gotten wet dry very quickly with no apparent damage).**
- 8) We are not asking for health departments to change the type specimen bags they are using but the cheapest "ziplock" bags are easiest to open. They also contain the liquid from the very rare leaky specimens just as well as the difficult to open specimen bags that have a pocket to hold the requisition.
- 9) We encourage health departments to not over tighten ThinPrep vials (we find that tightening to the point that the black lines on lid and vial just meet is very adequate in preventing leakage). Lids that are over tightened are a major source of lab personnel ergonomic stress.
- 10) We appreciate that our providers are writing patients' previous names on the Form 1010. Occasionally there is confusion when data entry is being done if it is not clear which last name is current. We suggest writing "prev.", "previous", or "was" in front of previous names. Since name changes should be circled in red, it is helpful **not** to write previous names in red since it sometimes appears that this is the new current name.
- 11) The vast majority of ThinPrep specimens that turn out to be "unsatisfactory" are visibly bloody. We know that Cytoc has said it is permissible to collect ThinPreps during the patient's period but a bloody specimen is very likely to result in an unsatisfactory cytodiagnosis. Turning the cytobrush more than one half to one full turn in one direction when collecting the specimen can be another source of bloody specimens. The Preservcyt solution can break down only a reasonable number of red blood cells. Those that are left will clog the pores of the ThinPrep filter before the epithelial cells reach the filter.