

**LAB13** Cytology, Non Gyn (Bronchial Brush)

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BMC

**Performing Location(s)**

BMC

**Specimen Type**

Brushing

**Preferred Container**

Cytolyt Vial

**Volume Required**

1 mL

**Minimum Volume**

0.5 mL

**Storage Requirements**

Refrigerate

**Transportation Needs**

Transport to lab promptly

**Causes for Rejection**

Inadequate fixation

**Additional Information**

Fixative containers are supplied in the brush kits. Improper fixation (drying of cells or brush) will render the specimen unsatisfactory. Fix within seconds of sampling.

**Available STAT**

Yes

**CPT Code**

88104