

LAB13 Cytology, Non Gyn (Cerebrospinal Fluid)

BMC

Performing Location(s)

BMC

Specimen Type

Spinal Fluid

Preferred Container

Use sterile tube #4 from lumbar puncture tray

Alternate Container

Sterile disposable container

Minimum Volume

1 mL

Volume Required

2 mL

Causes for Rejection

Mislabeled or unlabeled specimen

3 hours at room temperature

Additional Information

Other Requirements:

A completed cytology requisition is required, including pertinent patient information. Include admitting diagnosis, past history of cancer, clinical impression, and symptoms.

Available STAT

Yes

CPT Code

88104