# **CEREBROSPINAL FLUID (CSF)**

Cytology Samples: CSF				
Container and	Container pictures	Minimum	Storage after	Deliver to
Fixative	(may vary)	Quantity of CSF	collection	Lab
10 mL CSF tube  Fixative is added by laboratory staff after submission	10 mL CSF tube	All ages: 1mL of CSF required	Room temperature	Send ASAP

## Requisition: Non-gynecologic cytology requisition (Cytology CD-1840)

- This guideline is appropriate for CSF samples intended for cytology.
- CSF samples should be sent with a CSF requisition AND a separate cytology requisition.
- This guideline is not intended for Microbiology, Flow Cytometry, Chemistry, or cell counts. Please select additional tests on the CSF requisition form.

## Questions? Call the QEII Cytology Laboratory at 902-473-8420

#### If LYMPHOMA is suspected:

• Ensure Flow Cytometry is selected on the CSF requisition

## **Creutzfeld-Jacob disease:**

• If a patient has known or suspected Creutzfeld-Jacob disease (CJD), <u>always indicate this on the clinical history</u>. Specimens will be processed after consultation with Neuropathology.

## Container labels must include:

- Patient's legal name
- Patient's health card number or another unique identifier
- Date and time of collection
- Sample type and site of collection

## **Requisition forms must include:**

- Patient's legal name
- Patient's health card number or another unique identifier
- Patient's date of birth
- Date and time of collection
- Sample type and site of collection
- Physician's full name, CPSNS ID#, and address
- Clinical history