**Sterile Body Fluids (Other than Blood, CSF, and Urine)**

The pleural, pericardial and peritoneal cavities normally contain a small amount of serous fluid that lubricates the opposing parietal and visceral membrane surfaces. Inflammation or infection affecting the cavities causes fluid to accumulate. The fluid may be removed to determine if it is an effusion or an exudate. Acceptable sources are pleural fluid, synovial fluid, aqueous and vitreous humor, amniotic fluid.

- Cultures - Expel any air bubbles from the syringe and immediately inject some of the fluid into an anaerobic transport media tube. Express the rest of the material into an aerobic screw-capped container. Transport specimens to the laboratory as soon as possible.
- Cytological examination - Heparinize the specimen after collection by adding 0.3 ml of heparin to each 100 ml of fluid collected. Excess heparin is not harmful for these exams.
- Cell Counts – Place specimen in a red-top tube or in an EDTA tube if the specimen is viscous or bloody.
- Chemistry and Serology tests - Place specimen in a red-top tube.

**Drainage**

A drainage is a fluid specimen collected from tubing that is draining a surgical site or fluid collection. Always include a specific body site/source. Exceptions are ventriculostomy fluid, lumbar drains, and Ommaya reservoir fluids. These are tested as CSF.

Drainage fluid is acceptable for culture if a fresh sample is aseptically collected by aspirations into a sterile container after disinfecting the collection tubing. Do not collect a specimen that has been sitting in the collection reservoir.
**Fine Needle Aspiration**

**On-Site Patients**
Contact the Cytology laboratory to make arrangements for the assistance of a cytologist during a fine needle aspiration procedure. The cytologist prepares slides and may also prepare a cell block or cytospin slides depending on the examination to be completed.

**Off-Site Patients**

1. The physician performs the fine needle aspiration procedure.
2. Using frosted edge slides, label the slides with the patient's name and date of birth using an alcohol/waterproof pen. Place a paper clip onto the edge of each slide to be made.
3. After aspirate/tissue has been collected, remove the needle from the syringe taking care to prevent accidental needlestick. Pull back on the plunger and draw in a few ml of air.
4. Carefully, reaaffix the needle onto the syringe and express the specimen onto the prepared glass slides. The bevel of the needle is placed against the slide while expressing the material so that there is no intervening air gap, which might make the material splatter.
5. Cover the first slide with another glass slide and using gentle pressure, pull the slides apart while spreading the material across the slide.
6. Immediately drop the slide into 95% alcohol to fix. If alcohol is not available, use a commercial spray fixative. Spray the fixative from a distance of 6-10 inches away from the glass slide.
7. Air dry one or two of the prepared slides rather than fixing them. These slides will be stained using another method.
8. Needles and syringes are then rinsed in a small amount of buffered saline solution or Cytyc's Cytolyt fixative. This material will then be processed making a cell block, a cytospin smear or a ThinPrep smear depending on the amount of specimen left.
9. Send all slides and specimen(s) to the laboratory with the accompanying requisition and patient information required for processing.

**Breast Secretions Slides (Nipple Discharge)**

1. Label the frosted end of a clean glass slide with the patient's name and date of birth using an alcohol/waterproof pen.
2. Gently express the nipple and subareolar area only using the thumb and forefinger.
3. Allow a "pea-sized" drop of fluid to collect on the nipple tip. If no secretion appears with this gentle compression, do not manipulate further. If fluid appears, immobilize the breast and using the nipple, smear the material across the slide.
4. Immediately, drop the slide into the fixative solution. If paper clips are placed on the edge of slides, this will keep them separated when more than one slide is made. Transport the slide(s) in the fixative with the accompanying requisition to the laboratory for processing.