

# Ocular specimen surgeon instructions

To prevent post-collection DNA contamination and potential volume loss from transfers, the surgeon must submit and label separate fluid syringes for PCR testing, cultures, and cytology as needed. The table shows the required syringes, volumes, and orders. *Important: There will be no splitting of samples by the laboratory.*

If only 1 (one) syringe is received and any PCR studies are needed the entire specimen will be frozen and shipped on dry ice to U of Washington; Cultures and cytology orders will be canceled.

All syringes must be labeled with two (2) patient identifiers, source, date and time of collection, and test group (PCR, Culture, or Cytology)

Syringe label	Test	Volume	Manual order	Excellian order
<b>Syringe #1</b> Label PCR	Viral, bacterial and fungal PCR studies - Sent to U of Washington	As much as possible  <i>Optimal: 0.2 mL or greater (no minimum volume, but positive detection rates are much lower for volumes less than 0.2 mL)</i>	Complete <i>AHL Custom Clinic Ocular fluid referral requisition</i> <b>and</b> a U of WA form	Miscellaneous sendout MSO (LAB994) "Vitreous fluid to U of Washington, see paper order"  <i>Must submit completed paper requisition for U of Washington with specimen</i>
<b>Syringe #2</b> Label Cultures	Microbiology cultures (Aerobic, Anaerobic, Fungal, AFB)  <i>No direct smears will be performed (volume loss)</i>	0.4 mL (0.1 mL per test)	Complete <i>AHL Custom Clinical Eye requisition</i> indicating the desired culture(s)  <ul style="list-style-type: none"> <li>• Aerobic bacterial culture (12423)</li> <li>• Anaerobic culture (6554)</li> <li>• Fungal culture (6579)</li> <li>• Acid fast bacilli (6617)</li> </ul>	<ul style="list-style-type: none"> <li>• Aerobic bacterial culture (LAB12423)</li> <li>• Anaerobic culture (LAB6554)</li> <li>• Fungal culture (LAB6579)</li> <li>• Acid fast bacilli (LAB6617)</li> </ul>
<b>Syringe #3</b> Label Cytology	Cytology – Fluid	If volume allows 0.1 to 0.2 mL	Complete <i>AHL Non-Gyn Cytology request</i> (6301)	Non-Gyn Cytology APN (LAB6301)
<b>Solid tissue</b>	Same as above	10 mm <sup>3</sup> tissue piece (5 mm <sup>3</sup> minimum) labeled as above in separate sterile containers.	Same as above	Same as above
<b>Suspected Ocular Lymphoma</b> (fluid or tissue)	Ocular lymphoma workup: <i>Prior to the procedure</i> , discuss the case with the on-call pathologist by calling (952) 939-6699.			