







Hematopathology Quick Reference Chart

SPECIMEN TYPE	MORPHOLOGY	FLOW / IMMUNOPHENOTYPING	CYTOGENETICS	FISH	PCR	IHC	STORAGE & TRANSPORT
BONE MARROW ASPIRATE	<ul style="list-style-type: none"> Small Green Top OR Purple Top 2-3mL Aspirate AND 5-7 Unstained Unfixed Smears/Slides 	<ul style="list-style-type: none"> Small Green Top 2-3mL Aspirate 	<ul style="list-style-type: none"> Small Green Top 2-3mL Aspirate 	<ul style="list-style-type: none"> Small Green Top OR Purple Top 2-3mL Aspirate 	<ul style="list-style-type: none"> Small Purple Top 2-3mL Aspirate 		Room Temp.* Ship within 24 Hours
BONE MARROW CLOT - FIXED	<ul style="list-style-type: none"> Red Top Formalin Jar 1cm³ of Clot 					<ul style="list-style-type: none"> Red Top Formalin Jar 1cm³ of Clot 	Room Temp.*
BONE MARROW CORE - FIXED	<ul style="list-style-type: none"> White Top Formalin Jar 1-2cm Core Length AND 1-3 Unstained Touch Imprints 					<ul style="list-style-type: none"> White Top Formalin Jar 1-2cm Core Length 	Room Temp.*
BONE MARROW CORE - FRESH	<ul style="list-style-type: none"> Sterile RPMI 1-2cm Core Length Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1-2cm Core Length Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1-2cm Core Length Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1-2cm Core Length Completely Immersed 			Room Temp.* Ship within 24 Hours
PERIPHERAL BLOOD	<ul style="list-style-type: none"> 1-3 Unstained, Unfixed Smears/Slides OR Green Top 5-7mL AND Purple Top 5-7mL 	<ul style="list-style-type: none"> Large Green Top 5-7mL 	<ul style="list-style-type: none"> Large Green Top 5-7mL 	<ul style="list-style-type: none"> Large Green Top OR Purple Top 5-7mL 	<ul style="list-style-type: none"> Purple Top 5-7mL 		Room Temp.* Ship within 24 Hours
CEREBRAL SPINAL FLUID (CSF) OR PLEURAL EFFUSION		<ul style="list-style-type: none"> Sterile Tube 2mL Minimum 	<ul style="list-style-type: none"> Sterile Tube 2mL Minimum (Not Preferred) 	<ul style="list-style-type: none"> Sterile Tube 2mL Minimum 			Room Temp.* Ship within 24 Hours
FINE NEEDLE ASPIRATE (FNA)		<ul style="list-style-type: none"> Sterile RPMI 1:1 Ratio with Specimen Fluid 2mL Minimum 	<ul style="list-style-type: none"> Sterile RPMI 1:1 Ratio with Specimen Fluid 2mL Minimum 	<ul style="list-style-type: none"> Sterile RPMI 1:1 Ratio with Specimen Fluid 2mL Minimum 		<ul style="list-style-type: none"> Sterile RPMI 1:1 Ratio with Specimen Fluid 2mL Minimum 	Room Temp.* Ship within 24 Hours
TISSUE BIOPSY - FRESH		<ul style="list-style-type: none"> Sterile RPMI OR Normal Saline 1cm³ of Tissue Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1cm³ of Tissue Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1cm³ of Tissue Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 5mm³ of Tissue Completely Immersed 	<ul style="list-style-type: none"> Sterile RPMI 1cm³ of Tissue Completely Immersed 	Room Temp.* Ship within 24 Hours
FIXED PARAFFIN BLOCK WITH CORRESPONDING H&E				<ul style="list-style-type: none"> Paraffin Block OR 1 H&E Slide PLUS 2 Unstained Slides per Marker 	<ul style="list-style-type: none"> Paraffin Block OR 1 H&E Slide PLUS 9 Unstained Slides per Marker 	<ul style="list-style-type: none"> Paraffin Block OR 1 H&E Slide PLUS 3 Unstained Slides per Marker 	Room Temp.*

PLEASE ENSURE ALL CONTAINERS ARE TIGHTLY CAPPED

Invert  tubes 8-10 times after specimen collection to ensure that the preservative is thoroughly mixed with the specimen. Verify the expiration date on  RPMI prior to specimen collection.

KEY	
Green Top 	Sodium Heparin (NOT Lithium Heparin)
Purple Top 	EDTA
Red Top 	Formalin Jar
	Formalin Jar
	Sterile RPMI
	Sterile Tube

*Transport with cool pack in extreme heat conditions

REQUIRED FOR ALL MORPHOLOGY

Turn-around time cannot be met without:

- Completed Test Requisition Including Clinical History and Indication for Study
- CBC Report (no more than 10 days old)
- 1-3 Unstained Finger Stick or EDTA Preserved Peripheral Blood Smears (no charge for interpretation)

OPTIMAL TRANSPORT REQUIREMENTS

The chart reflects optimal specimen transport requirements. To inquire about additional options, please contact your local service representative or client

