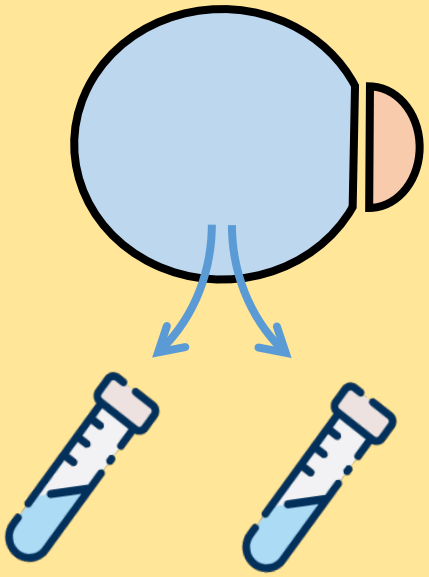
# How to send vitreous to the lab to get useful results

Audit of 111 vitreous biopsy over 14 years at LabPlus, Auckland showed no lymphomas were diagnosed by cytology.[1] There are better tests.[2]

## Cytology

Do not request

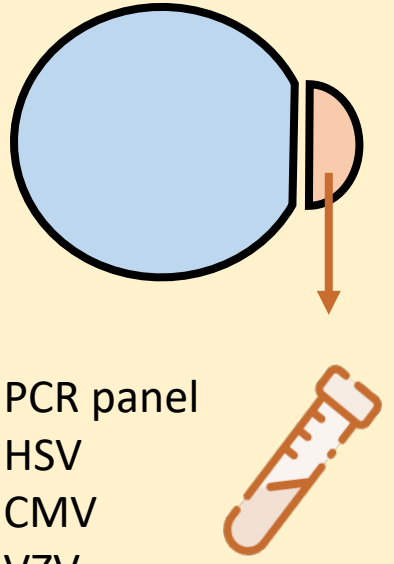
## ? lymphoma



Flow cytometry

MYD88

## ? viral chorioretinitis



PCR panel
HSV
CMV
VZV
Toxoplasma

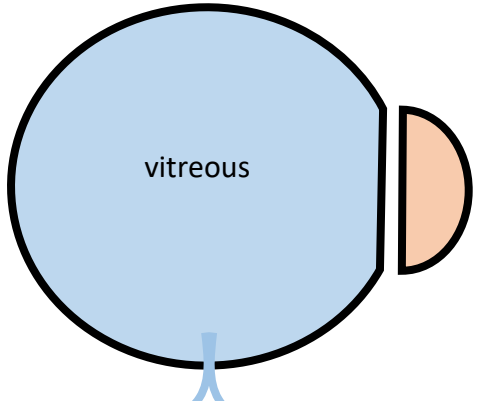
1. Charlton, Amanda and Wilmshurst, Scott. Audit of vitreous biopsy at LabPlus ADHB. 2021
2. Details in Auckland LabPlus Test Guide

# Sending vitreous and aqueous specimens to the laboratory.

## ? Lymphoma

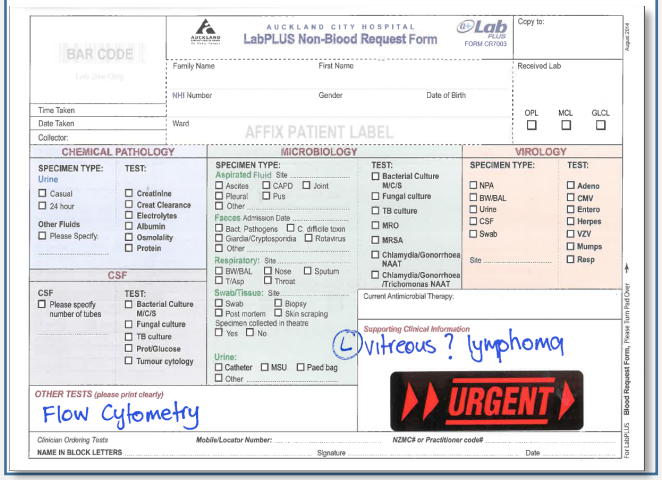
Cytology

Do not send

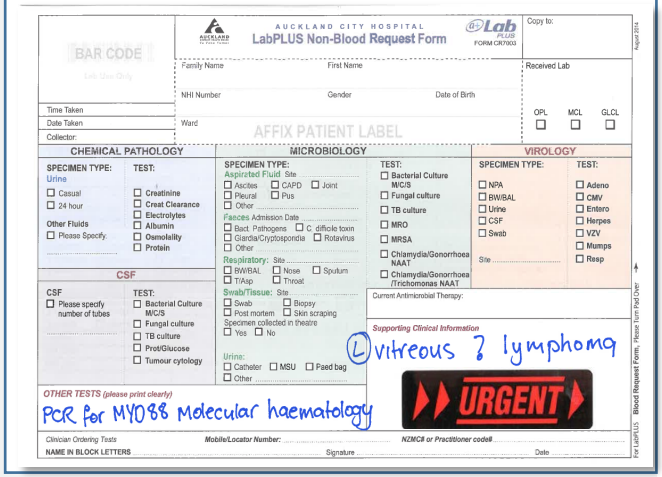



Divide evenly in theatre into 2 tubes (sterile with no additives)
Write 2 forms, use separate specimen bags
Specimens must be received fresh at Auckland City Hospital lab within 2hrs.

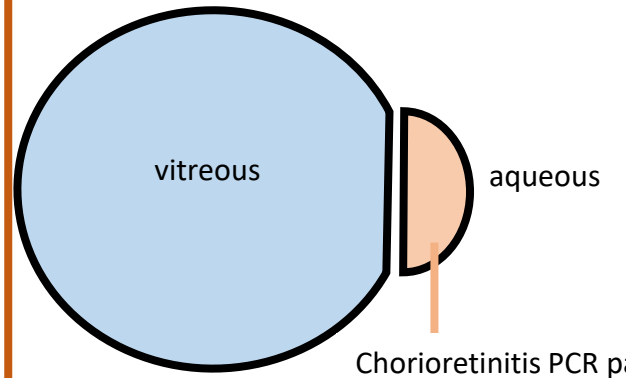
### Flow cytometry




### Molecular Haematology PCR for MYD88



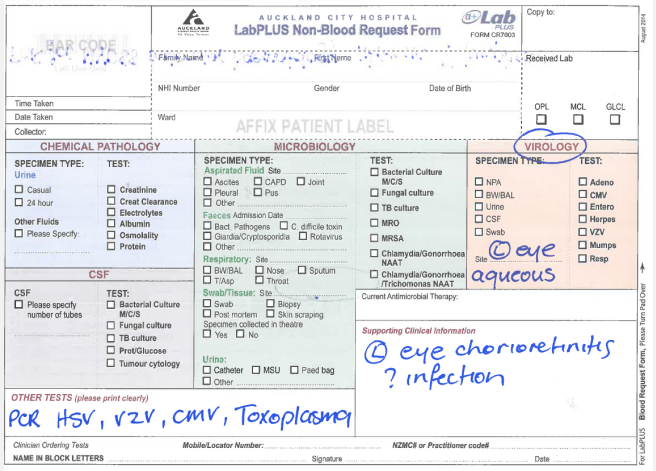

## ? chorioretinitis




Chorioretinitis PCR panel

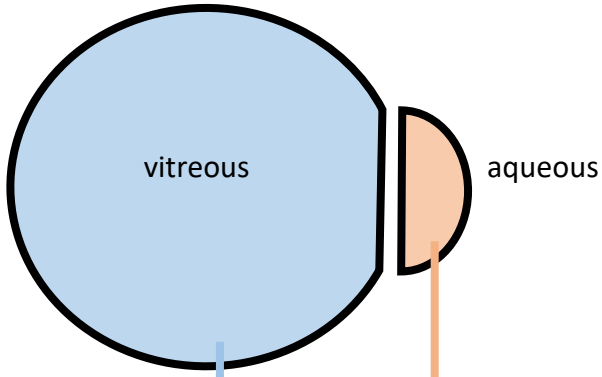
HSV
VZV
CMV
Toxoplasma

### Virology



# Sending vitreous and aqueous specimens to the laboratory.

## ? Metastatic melanoma or carcinoma




### Cytology

AUCKLAND CITY HOSPITAL
Cytology Referral Form
Lab PLUS FORM CC6552

BAR CODE
Lab Use Only

Copy to:

Family Name | First Name | Received Lab

NHI Number | Gender | Date of Birth

Time Taken | Ward | AFFIX PATIENT LABEL

Date Taken

Surgeon / Collector: | Department where Collected: Please circle L4 L8 L9 SSH GCC | Operating Room:

CYTOLOGY NB: Please use National Cervical Screening Form for Cervical Smears.

Specimen Type

- ☐ Pericardial Effusion
- ☐ Pleural Effusion
- ☐ Ascites
- ☐ Peritoneal Wash
- ☐ Cyst Asp site
- ☐ Bronc Wash
- ☐ Bronc Brush
- ☐ BAL
- ☐ FNA site
- ☐ Gastric Wash
- ☐ Gastric Brush
- ☐ CSF
- ☐ Fat Laden Macrophages
- ☐ Sputum
- ☐ Voided Urine
- ☐ Instrumental Urine
- ☐ Other (4) vitreous

CLINICAL HISTORY Mandatory

Please include previous biopsies, therapy and reference numbers if possible

? metastatic melanoma / carcinoma.
Previous [primary site malignancy]

Completion of this box is mandatory, if the patient is on the Faster Cancer Treatment pathway

☐ Patient on Faster Cancer Treatment Pathway (FCT) Tumour Stream

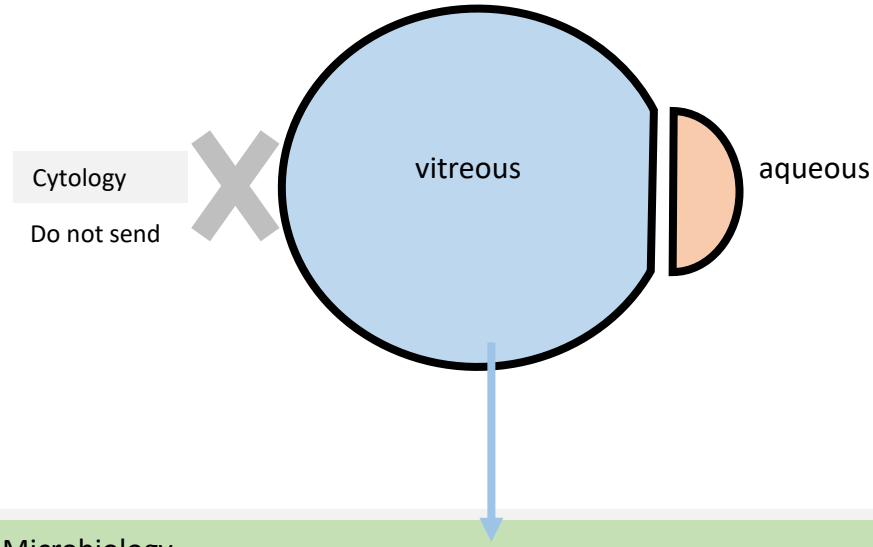
☐ URGENT Phone results to Dr ..... Mobile Number ..... / OR extn .....

Clinician Ordering Tests | Mobile/Locator Number: | NZMC# or practitioner code# |

NAME IN BLOCK LETTERS | Signature | Date

MAY 2016

## Endophthalmitis for bacterial culture




### Microbiology

AUCKLAND CITY HOSPITAL
LabPLUS Non-Blood Request Form
Lab PLUS FORM CR7003

BAR CODE
Lab Use Only

Copy to:

Family Name | First Name | Received Lab

NHI Number | Gender | Date of Birth

Time Taken | Ward | AFFIX PATIENT LABEL

Date Taken

Collector:

**CHEMICAL PATHOLOGY**

SPECIMEN: Urine
- ☐ Casual
- ☐ 24 hour

Other Fluids
- ☐ Please Specify

TEST:
- ☐ Creatinine [UCRE]
- ☐ Creat Clearance [CRCL]
- ☐ Electrolytes [UNAK]
- ☐ Albumin [ALB]
- ☐ Osmolality [UOS]
- ☐ Protein [UPRO]

CSF
- ☐ Please specify number of tubes

TEST:
- ☐ Bacterial Culture
- ☐ Other
- ☐ Prot/Glucose
- ☐ Tumour cytology

**MICROBIOLOGY**

SPECIMEN:
Swab/Tissue: Site
- ☐ Swab ☐ Biopsy
- ☐ Post mortem ☐ Skin scraping

Specimen collected in theatre
- ☐ Yes ☐ No

Aspirated Fluid: Site
- ☐ Ascites ☐ CAPD ☐ Joint
- ☐ Pleural
- ☑ Other L. vitreous

Respiratory: Site
- ☐ BW/BAL ☐ Nose ☐ Sputum
- ☐ TrAsp ☐ Throat

Urine:
- ☐ Catheter ☐ MSU ☐ Peed bag
- ☐ Other

Faeces: Admission Date.....
- ☐ C. difficile toxin
- ☐ Bacteria/Giardia/Cryptosporidia
- ☐ Viruses

TEST:
- ☑ Bacterial Culture
- ☐ Other
- ☐ Chlamydia/Gonorrhoea NAAT
- ☐ Chlamydia/Gonorrhoea/ Trichomonas NAAT

**VIROLOGY**

SPECIMEN:
- ☐ Naso-pharyngeal Swab
- ☐ BW/BAL
- ☐ Urine
- ☐ CSF
- ☐ Swab

Site .....

TEST:
- ☐ Adeno
- ☐ CMV
- ☐ Entero
- ☐ Herpes
- ☐ VZV
- ☐ Mumps
- ☐ Bordetella
- ☐ Resp Panel

OTHER TESTS (please specify)

Current Antimicrobial Therapy:

Supporting Clinical Information
L. endophthalmitis

Clinician Ordering Tests | Mobile/Locator Number: | NZMC# or practitioner code# |

NAME IN BLOCK LETTERS | Signature | Date

For LabPLUS Blood Request Form. Please Turn Fwd Over

APRIL 2016