

Cytology, Buccal Smear

Order Name: **CYTOGEN**
Revision Date: 07/10/2014

TEST NAME	METHODOLOGY	LOINC CODE
Cytology, Buccal Smear		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	1. Using a lead pencil, label frosted end of glass slides with patient name (first and last). 2. Draw angle laterally with little finger, holding slide with same hand. 3. Scrape buccal mucosa forward several times collecting milky cellular material. 4. Smear slide once and immediately spray with cytology spray fixative or drop into 70% ethyl alcohol. 5. Repeat for several specimens (prefer 3 slides). Note: A. Specimen source is required on request form for processing. B. Label container with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, test(s) being ordered, and type of specimen.			

GENERAL INFORMATION	
Testing Schedule	Monday through Friday
CPT Code(s)	88104
Lab Section	Pathology Consultation Services