# **Anatomic Pathology Service - Service Guide**

Anatomic Pathology Service (APS) is located at 37-41 Carbine Road, Mt Wellington and provides community histology, cytology, HPV primary screening and ThinPrep® cervical cytology services for the greater Auckland region.

KEY CONTACT INFORMATION	
Results, Test Prices and All Other Enquiries	Weekdays 8:30am – 5:00pm Ph: (09) 302 0516 Email: aps.info@adhb.govt.nz
FNA and Frozen Section Bookings	Ph: (09) 639 0212 Email: hsaps@adhb.govt.nz
Supply Orders	Email: aps.info@adhb.govt.nz
Urgent Histology Queries After Hours	
Weekdays 5:00pm - 11:00pm	Ph: (09) 638 0310
After 11:00pm and weekends	Ph: 027 492 3439

#### **HISTOLOGY**

#### Fresh Tissue Samples

Some tissue samples need to be sent to the laboratory 'fresh', i.e. not contained in formalin. Contact APS to arrange transport as samples need to reach the laboratory within a specific time frame.

**Tissue for:** Histology only: 1 x APS form; sample on ice (unless otherwise stated).

**Histology and microbiology:** 1 x APS form and 1 x Awanui form; sample on ice.

**Microbiology only:** 1 x Awanui form; no ice.

Any requests for special processing should be arranged by phoning the Histology Secretaries on 639 0212 in advance.

#### **Frozen Section Samples**

Refer to site-specific instructions for booking, packaging and transport. Phone Histology, **639 0212** with any gueries.

#### Tissue Management Service (Return of Body Parts/Tissue)

APS supports and has a professional responsibility to ensure the return of body parts and/or tissue to patients who wish to regain access, either for viewing or return. To contact Tissue Management email: apsrtp@adhb.govt.nz

## **Multiple Histology Samples for One Patient**

Only one request form is required when multiple histology samples are taken from a patient in the same procedure. Specific sites must be clearly listed on the request form and written on the appropriate container label.

# **CYTOLOGY**

# **Gynaecological Samples**

HPV testing is the primary screening test for cervical screening. All fields must be completed on the request form, including clinical symptoms and relevant history. A vaginal swab can be self-collected by patients and is used for HPV testing. ThinPrep® is a liquid based method required for cervical samples and can be used for both HPV testing and cytology (if indicated by cervical screening pathway or as a co-test in patients with relevant symptoms; refer to NCSP Clinical Practice Guidelines). These tests are funded for some groups. All results are sent to the NCSP register.

#### Non-Gynaecological Samples

Most fluid samples, such as bronchial specimens, serous or cyst fluids should be received by the cytology laboratory on the same day, if you collect the sample after your last courier collect for the day, or on a Friday afternoon, please phone APS on **302 0516** for instructions.

# FINE NEEDLE ASPIRATE (FNA)

APS operates an adult clinic (16 years and over), Monday to Thursday at the Awanui collection centre, 37 – 41 Carbine Road, Mt Wellington. To make an appointment, phone **639 0212** or email: hsaps@adhb.govt.nz

#### **FNA Collection at Clinics**

Prior consultation with the cytology laboratory is advised as APS is able to provide technical and/or professional assistance. Phone **639 0212** to make an appointment for a technologist to attend or for advice.

## **SAMPLE INFORMATION**

#### **SPECIMEN LABELLING**

Specimen containers should be labelled immediately after sample collection.

A MINIMUM of two patient identifiers that match on both request form and container label are required.

- · Patient Family Name & First Name
- Patient NHI number and/or DOB

as well as 'date' & 'time' of sample collection.

Histology sample labels must have all of the above plus:

- Doctor/Surgeon name
- Type of sample or site sample taken from.

#### **COLLECTION and COURIER SERVICES**

Awanui operate all community collection services. Cytology or histology samples can be dropped off at any Awanui Auckland collection centre.

Samples are collected from practices, surgical clinics and hospitals either at regular scheduled times or 'on request'.

Place APS samples into the blue APS box.

Phone APS **302 0516**, if a sample pick-up is required outside the regular scheduled time/day.

# **Sample Transport Envelopes**

To comply with transport regulations, samples in preservative solution being transported directly to the laboratory by taxi or commercial courier must be transported in a white sealable 'APS Transport Envelope'. A4 and A5 envelopes can be ordered under 'Other'on the 'APS Supply Order Form', or email aps.info@adhb.govt.nz

## **GENERAL INFORMATION**

# Request Forms - Information Required

#### **Patient Information**

- · Family Name & First Name
- · Date of Birth
- NHI Number
- · Eligibility / Residency Status

#### **Referrer Information**

- Name & practice address
- HPI CPN / NZMC / NZCoNZ and/or
- APS Referrer Code

#### **Test Information**

- Required test clearly identified
- · Full relevant Clinical Details

#### **APS Referrer Codes**

APS referrer codes ('D' followed by 5 numbers), are hardcoded with unique information, including the preferred report mode for results and all contact details for the referrer. The APS 'D' code and/or the referrer HPI CPN must display on the request form.

To set up a new APS code or to update codes, phone 302 0516, or email: aps.info@adhb.govt.nz

#### **Patient Eligibility for Funded Tests**

The patient residency/eligibility status must be declared on all request forms. If the patient, or test, does not meet the criteria for funding, the patient must pay for the test.

For detailed information on eligibility please go to the MoH website: www.health.govt.nz/eligibility

#### **Payment for Non-funded Tests**

When a patient is established as being ineligible for funded tests, they must be informed of the cost. An 'APS Price Guide' is available on request or phone **302 0516** to confirm test prices.

For Histology cases, only an initial estimate of the price can be provided until final testing is complete.

If payment is being collected from the patient at the time of the consultation, write 'Charge to Practice' on the form and the practice will be invoiced. APS is able to send the patient an invoice, but the patient's email address and contact phone number <u>must</u> be provided on the request form, write 'Charge to Patient' on the form.

# **Additional Copies of Reports for other Referrers**

If a copy of the report is to be sent to another practitioner, clearly write on the request form, the full name <u>and</u> practice location of the 'Copy To' practitioner. If a patient label is attached to a pre-printed APS request form, circle the name of the 'Copy To' doctor, draw an arrow to the 'Copy To' space on the form and add the practice location. Check the GP information is up to date to avoid a patient privacy breach. Just writing 'GP' is insufficient information.

Please note: TestSafe or HL7 are the recommended safest ways for a referrer to access or receive patient results.