

CORE 6055 J Processing Cerebrospinal Fluid Samples

The following steps must be followed when Cerebrospinal Fluid (CSF) samples are received in the lab. External areas have been instructed bring samples to the laboratory labeled with patient labels.

Lab Assistant Duty (when staffing permits)	<ol style="list-style-type: none"> 1. Receive all tests in Meditech. 2. Review the orders to ensure that there are two cell counts under different accession numbers. <ol style="list-style-type: none"> a. If both cell counts are under the same HF department number, line delete CCCSF2 from the requisition and reorder under a new number. b. If while reviewing the patient orders it is noted that a Creutzfeldt Jakob, Prion Disease or 14-3-3 Protein Tau/Theta is ordered, immediately stop processing these samples. Notify Charge Tech and/or Pathologist on Call immediately. No samples should be analyzed until given approval by the Pathologist on Call. 3. Review the physician specified priority in the comments field of the first cell count. 4. For the Meningitis priority process the samples based on ordered tests. See the table below for specific requirements. 5. For the Lymphoma/Flow Cytometry, Tumor/Cytopathology and Other priorities: <ol style="list-style-type: none"> a. Print a copy of the internal inquiry of the first cell count. b. Order a fluid save tube label. (mnemonic: FLD) c. Take all samples and labels to the Charge Tech for processing.
Charge Tech Duty	<ol style="list-style-type: none"> 6. Charge tech needs to make sure all testing is completed. <ul style="list-style-type: none"> • Lymphoma/Flow Cytometry: Make sure that cell counts are performed first. Save 3mL un-spun CSF in a sterile tube. This should come from tube 3 and/or 4. Process all other testing as normal with remaining fluid. • Tumor/Cytopathology: Make sure that cell counts are performed first. Save 5mL un-spun sample in a sterile tube. This should come from tube 3 and/or 4. Process all other testing as normal with remaining fluid. • Other: Contact physician at provided extension to receive a detailed testing priority.

CSF Processing Requirements

Test Name	Mnemonic	Preferred Tube	Centrifuge	Minimum Volume
Cell Count, first tube	CCCSF1	1	No	.5mL
Cell Count, last tube	CCCSF2	4*	No	.5mL
Glucose	GLUCSF	2	Yes	.25mL
Total Protein	CSFTP	2	Yes	.25mL
Cryptococcal Antigen	CPT	3	No	.5mL
Enterovirus PCR	EVPCR	4*	Not preferred	140µL
HSV by PCR	HSVPCR	3 or 4*	No	.5mL
VDRL CSF	VDRL	3 or 4*	Not specified	.2mL
M Tuberculosis, PCR	MYCOB	3 or 4*	Not preferred	1mL
Spinal Fluid Culture	SPINAL	3	No	.5mL
Fungus Culture	FUNGUS	3	No	.5mL
Flow Cytometry	Cytology Test	3 or 4*	Not preferred	5mL
Cytopathology	Cytology Test	3 or 4*	Not preferred	3mL

*In the event that a fourth tube is not received, the last tube received should be utilized.

In the event that you do not have the required volumes, contact the patient care areas to determine a detailed testing priority. This applies to all priorities. See Lab Test Search for criteria of any tests not listed here.