1. The temperature in the cytology and histology laboratory goes up to 77ᵒ F and the humidity increases to 68%. You check the temperatures and humidities of the flammable room, pathology slide storage area, and the slide and block storeroom also and they are all at the same temperature and humidity. What do you do?
2. Since this is an action level occurrence, document the out-of-range temperatures, notify the supervisor, and call Maintenance at x8000 to report the issue.
3. Move all reagents and cell blocks to a lower temperature location if the increased temperature is expected to be for an extended time period that is detrimental to stain quality and/or paraffin stability.
4. Once the temperature is corrected, reprocess and stain 3-5 non-GYN specimens and give them to the supervisor or pathologist to do a stain evaluation to ensure the stain quality remains.
5. Once the temperature is corrected, the functionality of the ThinPrep processor must be verified by performing a validation study on GYN specimens to ensure that the equipment is running properly. If the ThinPrep Processor does not produce adequate slides after validation due to excessive heat and humidity, Biomed must be contacted to request Hologic come onsite to perform PM on the instrument.
6. The temperature fluctuation, time of resolution, and validation of stain quality, cell block stability, and equipment function must all be documented on the Ambient Room Temperature and Humidity Problem Log (CYT03-006 Form E).
7. All the above
8. You are processing specimens and go to place a body fluid container back into the refrigerator when it falls out of your hands and crashes to the floor. It cracks open and spills out 800cc of body fluid. What do you do?
9. Scream
10. Push people out of the way
11. Call Environmental Services to clean it up for you
12. Grab the body fluid spill kit, sprinkle it over the fluid, and dispose in a red bag
13. Grab the universal spill kit, sprinkle it over the fluid, and dispose in a red bag
14. Both d and e
15. True or False. Formalin can be cleaned up with paper towels.
16. TRUE
17. FALSE
18. You need to send out a biliary brush for FISH. There are no Mayo clinic boxes left so you have to send it in a makeshift box. What label is *essential* on the outer container to ship the specimen?
19. Formalin
20. UN3373
21. SDS
22. CytoRich Red
23. Sharps
24. Hematoxylin stains
25. Fresh blood
26. Keratinized cytoplasm
27. Cytoplasm of non-metabolically active cells (superficial cells)
28. Cytoplasm of metabolically active cells (intermediate cells, parabasal cells, metaplastic cells, etc)
29. Nuclei
30. A and C
31. OG stains
32. Fresh blood
33. Keratinized cytoplasm
34. Cytoplasm of non-metabolically active cells (superficial cells)
35. Cytoplasm of metabolically active cells (intermediate cells, parabasal cells, metaplastic cells, etc)
36. Nuclei
37. A and C
38. Light green SF, a dye in the EA stain, stains
39. Fresh blood
40. Keratinized cytoplasm
41. Cytoplasm of non-metabolically active cells (superficial cells)
42. Cytoplasm of metabolically active cells (intermediate cells, parabasal cells, metaplastic cells, etc)
43. Nuclei
44. A and C
45. Eosin, a dye in the EA stain, stains
46. Fresh blood
47. Keratinized cytoplasm
48. Cytoplasm of non-metabolically active cells (superficial cells)
49. Cytoplasm of metabolically active cells (intermediate cells, parabasal cells, metaplastic cells, etc)
50. Nuclei
51. A and C
52. When running specimens through the stainer, the last 100% alcohol should be dumped and rotated about 1 – 2 times per week to ensure
53. No stains are present in the last alcohol before going into Xylene
54. No water is present in the last alcohol before going into Xylene
55. Alcohol is being wasted
56. True or False. Slides must be 100% dry before staining with Diff-Quik stain.
57. True
58. False
59. CLIA regulations are in place to ensure that specimens are handled appropriately in order to reduce specimen errors. One CLIA regulation states that non-gynecologic specimens that have a high potential for cross-contamination must be stained separately from other non-gynecologic specimens. How do we ensure we are following CLIA in this respect?
60. We perform supravital staining using a Diff-Quik stain to evaluate the specimen for cellularity and/or malignant cells before placing on the stainer with other specimens
61. All malignant and benign specimens are stained separately on the stainer (no shared buckets)
62. If an air-dried slide cannot be made, and it is highly probable that the specimen is positive, the slide is stained using the positive run on the stainer
63. The positive stains are filtered after a known positive goes through to eliminate the risk of a floater cross-contaminating another slide
64. Highly cellular fluid specimens are processed on cytospin slides which reduces the surface area of the cells on the slide and reduces the risk of floaters/cross-contamination
65. Charged slides are used which helps cells adhere to the slide and reduces the risk of cells floating off the slide
66. All the above
67. Reason(s) for declaring a specimen deficiency include:
68. Specimen with only 1 patient identifier but requisition has both patient identifiers
69. Slides broken beyond repair
70. Specimen with minimal leakage into the specimen bag
71. Specimen with misidentified labeling
72. A and C
73. B and D
74. Reason(s) for declaring a specimen rejection include:
75. Specimen with only 1 patient identifier but requisition has both patient identifiers
76. Slides broken beyond repair
77. Specimen with minimal leakage into the specimen bag
78. Specimen with misidentified labeling
79. A and C
80. B and D
81. A specimen rejection or deficiency should always try to be resolved with the floor/physician office to allow for processing:
82. Except if the specimen is mislabeled in regard to patient identification
83. The specimen must be returned to the submitting physician with a Specimen Rejection Letter
84. A Specimen Rejection and Deficiency Form must also be filled out
85. If the specimen is corrected and resubmitted, all actions and resolutions must be documented in PathNet under Case Comments
86. All the above
87. Why do we test the biological fume hood daily and document this in the Maintenance Manual?
88. We like to occupy our time with busy work in the prep area
89. We are ensuring all vents are functioning and any biohazards will be vented out of the hood and away from the person who is processing
90. We are ensuring all vents are functioning and any biohazards will be blown into the hood and towards the person who is processing
91. What do the lines mean on each side of the hood?
92. This is where your eyes should be when processing in the hood
93. This is where the top of your head should be when processing in the hood
94. This is where the bottom of the glass partition should be to properly protect the processor from biohazards, fumes, and splashes
95. It’s the Labconco design logo
96. Match the CPT code to the correct processing method.

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| 1. 88104
2. 88108
3. 88112
4. 88305
5. 88333
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Immediate evaluation on a core biopsy touch prepNon-GYN liquid-based prep (Thin Prep)Smears made /Smears received Cytospin madeCell block  |

1. If you screen a Pap Test and then decide to reprocess the specimen due to too much blood, mucous, or low cellularity, why do you need to update the slide count in PTOE to reflect the additional reprocessed slide and document on the requisition that the slide was reprocessed?
2. Because the only way to track additional slides in the computer is to add a slide in PTOE
3. Because any manipulation to the original specimen must be documented
4. Because the Cytotechnologist needs to know the specimen was reprocessed so it can be reported under “Comments” in the final report
5. All the above
6. What happens to cells cytologically, when frozen? In other words, what happens when they are left in the freezer too long? (Note: this is for a standard freezer, like ours… not a -20ᵒC used for genetics testing)
7. The cell membrane ruptures
8. The nucleus loses its crispness and becomes a vague blue blob
9. The cells become fragmented and degenerated
10. All the above
11. If extra CSF was frozen by the main lab and the cytology was not processed, can we use the frozen specimen?
12. Yes, the specimen will be fine because it was frozen
13. No, the cells will be degenerated so the specimen is only usable for clinical lab testing
14. Why do we re-organize PTOE to have the GMS slide on the cytology cytospin slide and the GMS(+) slide on the cell block?
15. Because the fungal/PCP control is placed on the cell block slide
16. The control must go on the cell block slide because both the control and cell block are in paraffin and so the slides must be baked (paraffin melted)
17. It’s good for the control to be on a slide with specimen (the cell block slide) because there is a possibility of the machine shooting a blank, and causing a false negative result… this would not be known if a control is on a separate slide from the actual specimen
18. Because PathNet likes to make things complicated
19. A, B, and C only (but we do question the possibility of D)
20. You go on an EBUS case. While holding the needle, the respiratory tech blows air through the tubing and it sprays blood and specimen into your face, eyes, and mouth. What went wrong?
21. Proper PPE was not worn (no eye shield or face mask)
22. The needle hub opening was facing up instead of down toward the slide
23. The respiratory tech blew the specimen through the needle aggressively hard
24. All the above
25. What three documents must go out with an Afirma specimen?
26. Top sheet of Veracyte form
27. Verified final report
28. Facesheet
29. All the above
30. True or False. 30mL of urine is the minimum amount required for UroVysion (FISH) testing and the ratio of urine to PreservCyt is a 1:1 solution.
31. True
32. False
33. Why must we do equipment maintenance every week?
34. To keep busy
35. To ensure equipment is clean and working properly
36. To add to our list of things to do
37. All the above
38. When CSF specimens are received before noon, when should we sign them out by?
39. The end of the day
40. The next day
41. The next week
42. The next month
43. A Pap Test is considered STAT and should be signed out within 48-hours for:
44. Clinic patients
45. Office patients
46. In-patients/OR/SPUS (transplant patients, patients with PMP bleeding, patients with a pelvic/cervical/endometrial mass)
47. SPUS (routine for intellectual disability or gender dysphoria)
48. Match the phone extensions to the person/department.

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| --- | --- | --- |
| 1. x0705/x0706
2. x0840/x0841
3. x1330
4. x1331
5. x1366
6. x1380
7. x1427
8. x1428
9. x1429
10. x1432
11. x1442
12. x1443
13. x1452
14. x1458
15. x1475
16. x1477
17. x1483
18. x1799
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dr. BelserDr. HeaynDr. QualtieriClinical Lab: Central ProcessingClinical Lab: General line (will ring in all clinical lab departments)Clinical Lab: HematologyClinical Lab: MicrobiologyPathology lab: Cytoprep areaPathology Lab: HistologyPathology Office: Lydia Pathology Office: fax numberIR control roomIR physician room (physician line)IR physician room (PA line – Jillian or Pam)OR control deskCAT Scan control roomSecurity OfficeVocera |

1. Why do we check patient history in AECIS and PowerChart before going on an FNA and/or biopsy?
2. To be prepared for the biopsy with the appropriate reagents and/or containers
3. To make the pathologist aware of the history [helpful when a frozen section comes while we are on a biopsy and the pathologist doesn’t have time to look up the history]
4. To be well-prepared for the biopsy and interventional radiologist in case they missed microbiology or molecular orders in the system
5. To make sure the patient does not have to return for a repeat biopsy due to our negligence of not being prepared, as every biopsy carries an inherent risk of infection or other complication
6. All the above
7. Match the dotting pen mark to the cells being identified by that mark (Pap Test slides).

|  |  |  |
| --- | --- | --- |
| 1. ● (dot)
2. ͡ (character tie)
3. **:** (Semi-colon)
4. Ϲ (semi-circle)
5. ⃝ (circle)
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Most abnormal cells/cells of concernReactive or abnormal cellsEndocervical cells/T-zoneInfection/Viral agentsEndometrial cells  |

1. True or False. On thyroid FNA specimens, a dot should be placed over a minimum of 10 groups of follicular cells to show the pathologist that the specimen is adequate.
2. True or False. On an EBUS specimen, if you have obvious malignant cells on the first pass or two, no more slides are needed and all residual specimen should be added to formalin for a cell block to ensure adequate material is present for IHC and molecular testing.
3. After screening FNA CAP Survey slides, you should select Cytology Daily Slide Counts (the calculator icon) from the Appbar, select your name from the drop-down, and add the number of slides to:
4. *Inside* tab, slides Non-Gyn screened
5. *Inside* tab, slides Non-Gyn rescreened
6. *Outside* tab, slides non-Gyn screened
7. *Outside* tab, slides non-Gyn rescreened
8. True or False. The maximum daily slide count for a cytotechnologist at EMCM is 70 slides per day due to other activities performed throughout the day.
9. True or False. Slides screened when performing ROSE must be counted in our daily slide count.