

Contacts

8366 2000 All Hours

Test Selection Guide

Laboratory Diagnosis of Common Conditions

CHIEF EXECUTIVE OFFICER	
Dr Nicholas Wickham	8366 2020
PATHOLOGISTS	
CLINICAL CHEMISTRY	
Dr Michael Metz	8366 2000
Dr Clive Beng (External Consultant)	8366 2000
HAEMATOLOGY & TRANSFUSION MEDICINE	
Dr Lakshmi Nath	8366 2057
Dr Shriram Nath	8366 2057
Dr Nicholas Wickham	8366 2020
Dr Craig Wallington-Beddoe	8366 2031
HISTOPATHOLOGY / CYTOPATHOLOGY	
Dr Jonathan Allin	8366 2036
Dr David Ellis	8366 2058
Dr Sabine Ernsting	8366 2016
Dr Suchitra Somers	8366 2030
Dr John Miliauskas	8366 2034
DERMATOPATHOLOGY	
Dr Jan Ibbetson	8366 2034
ORAL PATHOLOGY	
Dr Richard Logan	8366 2034
INFECTIOUS DISEASES (Microbiology, Serology, Molecular Biology)	
Dr Jhumur Roy	8366 2014
Dr Ann Koehler (External Consultant)	8366 2000
COLLECTION SERVICES	
AUTOLOGOUS BLOOD & VENESECTION SERVICE	
Dr Michael Speedy	8366 2087
CARDIOLOGY SERVICES by Appointment	
24Hr Ambulatory Blood Pressure Monitoring, Holter Monitoring, ECG	8366 2088



Chemical Pathology

Dr Michael Metz – 8366 2000
Supervisor, Shaw Callen – 8366 2000

ACCEPTABLE GROUP TESTS

Tests other than “Acceptable Group Tests” must be ordered specifically and individually.

UREA, ELECTROLYTES and CREATININE

Sodium, potassium, chloride, bicarbonate, urea, creatinine, eGFR

LIVER FUNCTION TESTS

Total bilirubin, total protein, albumin, alkaline phosphatase, gamma glutamyl transferase, alanine transaminase, aspartate transaminase

IRON STUDIES

Iron, transferrin, transferrin saturation, ferritin

THYROID FUNCTION TESTS (TFT)

“TSH”– only TSH performed.
“TFT” – TSH/FT4/FT3 if:
TSH abnormal or history of thyroid disease, dementia, psychiatric disorder, amenorrhoea, infertility, pituitary disease, on amiodarone, lithium, hospital patient, sick euthyroid

LIPID STUDIES

Cholesterol & triglycerides
HDL (*must be specifically requested*)

BLOOD GASES

pH, pO₂, pCO₂, bicarbonate, base excess

CARDIAC TESTS

Troponin T
NT-proBNP

ADRENAL

CUSHING’S

Salivary cortisol
Dexamethasone suppression test
Urinary free cortisol, AM & PM cortisol

ADDISON’S

Synacthen stimulation test
(*appointment required*)

CONGENITAL ADRENAL HYPERPLASIA ACTH

17-OH-progesterone (random)

PHAECHROMOCYTOMA

24-hour urine for catecholamines and metanephrines
Plasma metanephrines, serum chromogranin A

CARCINOID

24-hour urine for 5-HIAA and serotonin
Serum chromogranin A

CALCIUM AND BONE

Calcium studies (calcium, phosphate, albumin, corrected calcium)
Ionised calcium, EUC, LFTs, PTH, magnesium, serum 25-OH-vitamin D

BONE TURNOVER MARKER

Serum P1NP, serum CTX

IF HYPERCALCAEMIA

Spot urine Ca/Cr ratio, PTH, 25-OH-vitamin D, ionised calcium
angiotensin converting enzyme (ACE)

DIABETES MELLITUS

Fasting glucose, HbA1c,
Standard glucose tolerance test (75g load, 2 hours)
If considering DM in child,
PoC glucose management and urgent referral

MONITORING

Glycated haemoglobin (HbA1C), fructosamine
Urinary albumin (spot urine for ACR)

GESTATIONAL DIABETES SCREENING

1-hour screening GCT (50g load)
2-hour GTT (75g load)

TRACE ELEMENTS

Magnesium, iron studies, copper, zinc, selenium, manganese, chromium

GASTROINTESTINAL

Lipase, amylase
Vitamin A and serum carotene
25-OH vit D, vitamin E, serum folate, red cell folate, B12, iron studies
Fasting gastrin, VIP, glucagon, pancreatic polypeptide
24-hour urinary 5-HIAA
Urea breath test for *Helicobacter pylori*
Disaccharidases on jejunal biopsy

REPRODUCTIVE HORMONES

LH, FSH, prolactin, oestradiol, progesterone, testosterone
Sex hormone binding globulin
Calculated free androgen index (FAI)
Androstenedione
Dehydroepiandrosterone sulphate DHEAS
Calculated free testosterone (cFT)
Anti-mullerian hormone (AMH)

HEAVY METALS SCREEN

Serum – arsenic, cadmium, palladium, mercury
Urine – random or 24-hour, arsenic, cadmium, palladium, mercury

HIRSUTISM AND PCOS ASSESSMENT

LH, FSH, testosterone sex hormone binding globulin (SHBG)
cFT, 17-OH-progesterone
Synacthen stimulation test with 17-OH-progesterone (*appointment required*)

HYPOGLYCAEMIA

GH, cortisol and insulin at time of hypoglycaemia
Synacthen stimulation test (*appointment required*)

INBORN ERRORS OF METABOLISM

Urine metabolic screen (amino acid chromatography, ketones, glucose, mucopolysaccharides)
Serum amino acid chromatography
EUC, LFTs, blood ammonia, betahydroxybutyrate, lactate, urine organic acids

LIPIDS

Cholesterol, triglycerides, HDL cholesterol, LDL cholesterol (calculated)
Lp(a), Apo A1, Apo B, plasma homocysteine

CHRONIC LIVER DISEASE

LFTs, iron studies and HFE genotype, alpha-1-antitrypsin, serum copper, 24-hour urinary free copper, caeruloplasmin
See also IMMUNOSEROLOGY Section.

MISCELLANEOUS

Succinylcholine apnoea – serum cholinesterase
Lactate
Betahydroxybutyrate
Porphyrins – urine, faeces, red cell, plasma
Acute porphyria – urinary PBG

NUTRITION

B12, folate, iron studies, FBC (for anaemia)
Vitamin C (increased bleeding tendency, e.g. for gum bleeding)
B1 (thiamin), B2 (riboflavin), B6 (pyridoxine)
Urinary iodine
Also see TRACE ELEMENTS

FOR PROTEIN MALNUTRITION

Total protein, albumin

PITUITARY

FIRST LINE TESTS

Prolactin, FSH, LH, TFT, IGF-1

SECOND LINE TESTS

Synacthen stimulation test (*appointment required*)
a) Cushing’s – salivary cortisol, dexamethasone suppression test, urinary free cortisol, AM & PM cortisol
b) Prolactinoma – prolactin, macroprolactin
c) Diabetes Insipidus – first morning urine osmolality, overnight water deprivation with synchronous serum and urine osmolality

PREGNANCY

Serum pregnancy test (detects pregnancy 10 days post fertilisation), 25-OH-vitamin D in high risk pregnancies
Gestational GTT
Down syndrome risk screen
For pregnancies at risk - quantitative hCG

RENAL AND HYPERTENSION STUDIES

EUC, albumin, eGFR, Urinary albumin/creatinine ratio (spot urine for ACR)
calcium, urate, phosphate, urinary electrolytes
Calculi analysis
Renin, aldosterone
Urine and serum osmolalities

SERUM PROTEINS

Total protein, albumin, total globulins, protein electrophoresis, immunofixation, immunoglobulin quantitation
24-hour urinary protein
Urine – protein EPG
Serum – free light chains, cryoglobulins, cryofibrinogens, alpha-1-antitrypsin, transferrin, aeruloplasmin, haptoglobin, C-reactive protein, C3, C4

SHORT STATURE

Thyroid function tests, GH and IGF-1, LH, FSH, oestradiol, progesterone, testosterone, SHBG, serum cortisol, prolactin

THERAPEUTIC DRUG MONITORING

ANALGESIC

Salicylate, paracetamol

ANTIBIOTIC

Gentamicin, tobramycin, vancomycin, amikacin

ANTI-EPILEPTIC

Carbamazepine, clonazepam, ethosuximide, lamotrigine, phenobarbitone, phenytoin, primidone, sulthiame, valproate, vigabatrinn

BRONCHODILATORY

Theophylline

CARDIAC

Amiodarone, digoxin, disopyramide, flecainide, lignocaine
Mexiletine, procainamide, quinidine

PSYCHOACTIVE

Specific tricyclics, lithium

THYROID

Thyroid antibodies
Thyroiditis – anti microsomal antibodies and thyroid peroxidase antibodies
Grave’s monitoring
Thyroid cancer monitoring – thyroglobulin and Tg antibodies
Medullary carcinoma of thyroid - calcitonin

TOXICOLOGY

For screening and confirmation of drugs of abuse in human body fluids
Douglass Hanly Moir Pathology is accredited by the National Association of Testing Authorities under the Australian standard for drug testing – AS/NZS 4308:2008

- Opiates (e.g. heroin, morphine); amphetamines (e.g. speed, ecstasy); cannabis metabolites; cocaine metabolites; benzodiazepines (e.g. tranquillisers, sedatives)
- Urine drug screen – includes drugs of abuse (*Please note on the request form if the patient is on a drug dependence programme.*)
- Serum levels – in particular paracetamol, alcohol (*and drugs listed under THERAPEUTIC DRUG MONITORING*)
- Serum cholinesterase and red cell cholinesterase for organophosphate exposure
See also HEAVY METAL SCREEN.

TUMOUR MARKERS

TESTIS

AFP, beta-hCG

PROSTATE

PSA,free PSA

COLON

CEA, CA 19.9, faecal occult blood

STOMACH, PANCREAS, BILE DUCT

CA 19.9, CEA

OVARY

CA 125, CEA, AFP

BREAST

CA 15.3, CEA

LUNG

CEA

LIVER

AFP

MYELOMA, CLL

Beta-2-microglobulin, protein electrophoresis, serum free light chains, urine protein EPG, immunofixation

For a more complete list of appropriate testing for clinical problems, please refer to the Manual of the Royal College of Pathologists of Australasia. The Manual can be accessed on the College website at www.rcpa.edu.au under the Publications menu.

Haematology & Transfusion Medicine

Dr Lakshmi Nath – 8366 2057
Supervisor, Tracey Henry – 8366 2056
Transfusion Supervisor, Laura Shandra – 8418 3507

Testing is determined in conjunction with the history, clinical findings and preliminary results.

ACCEPTABLE GROUP TESTS

Tests other than “Acceptable Group Tests” must be ordered specifically and individually .

FULL BLOOD COUNT (FBC)

Haemoglobin
Haematocrit
Red cell parameters (RCC, MCV, MCH, MCHC, RDW)
Leucocyte count and differential
Platelet count
Film, only if indicated
Immature platelet fraction on request

COAGULATION STUDIES

APTT, PT, fibrinogen and platelet count

HAEMOCHROMATOSIS

Gene mutation screening C282Y, H63D, S65C

HAEMOSTASIS TESTING

ABNORMAL BLEEDING / BRUISING

Initially FBC and coagulation studies
PFA-100 (*special collection required*),
Further testing in consultation with a haematologist.
Factor assays and Von Willebrand studies (*special collection requirement*)

DIC SCREEN

APTT, PT, fibrinogen, D-dimer, platelet count

ANTICOAGULANT CONTROL

ORAL (WARFARIN)

Current INR recommendations:
2.0 - 3.0 for atrial fibrillation,
venous thrombosis, tissue heart valves
2.5 - 3.5 for mechanical heart valves

LMW HEPARIN - ANTI FACTOR Xa ASSAY

Monitoring is usually not required except in certain conditions e.g. pregnancy, renal impairment, extremes of weight range (<50kg, >100kg), clinical bleeding or clinical failure of therapy. *Specific therapy must be stated on the request form. Sample must be collected 4 hours after the LMWH dose.*

ABNORMAL CLOTTING

THROMBOPHILIA - screening

FBC, coagulation studies

INHERITED

Antithrombin, protein C and S, to be performed before initiation or after cessation of anticoagulant therapy, Factor V Leiden, prothrombin gene mutation, fasting homocysteine

ACQUIRED

Lupus inhibitor, anticardiolipin antibody
N.B.: “Thrombophilia screen”,
“Hypercoagulable screen”, etc are NOT accepted group tests. Each item must be individually requested. *Medicare Benefit Schedule rules apply to receive rebate.*

ANAEMIA

MACROCYTIC ANAEMIA

FBC, film, ESR, reticulocyte count, direct antiglobulin test, B12, red cell folate, EUC, LFTs, LDH
Further testing may be necessary in consultation with a haematologist.

MICROCYTIC ANAEMIA

FBC, film, ESR, CRP, reticulocyte count, EUC, LFTs, iron studies, thalassaemia studies (HPLC quantitation of HbA2, HbF, variant haemoglobins)

NORMOCYTIC ANAEMIA

FBC, film, reticulocyte count, ESR, EUC, LFTs, LDH, CRP, red cell folate, iron studies, direct antiglobulin test, TFTs
Further testing may be necessary in consultation with a haematologist.

HAEMOLYSIS INVESTIGATIONS

FBC, film, reticulocyte count, direct antiglobulin test, LFTs, haptoglobins, LDH. PNH screen
Further testing may be necessary in consultation with a haematologist.

NEUTROPENIA +/- THROMBOCYTOPENIA

FBC, film, LFTs, ANA, rheumatoid factor
Viral serology, LSM may be indicated.
Further testing may be necessary in consultation with a haematologist.

PANCYTOPENIA

FBC, film, retic count, ESR, EUC, LFTs, B12, red cell folate, LDH, PNH screen, LSM
Further testing may be necessary in consultation with a haematologist.

POLYCYTHAEMIA

FBC, film, LFTs, LDH, blood gases, iron studies, serum erythropoietin
Molecular studies for JAK2 mutation
Further testing may be necessary in consultation with a haematologist.

NEUTROPHILIA/ THROMBOCYTOSIS

(Persistent findings in the absence of hyposplenism)
FBC, film, ESR, CRP, iron studies, LDH
Molecular studies for BCR/ABL and JAK2 mutations
Further testing may be necessary in consultation with a haematologist.

PERSISTENT LYMPHOCYTOSIS

(In the absence of hyposplenism)
FBC, film, EUC, LFTs, LDH, CRP
Viral serology
Flow cytometry - lymphocyte surface marker studies

IF LYMPHOMA SUSPECTED

Calcium, protein EPG and immunoelectrophoresis, immunoglobulins, beta-2-microglobulin, LSM (Lymphocyte surface markers)
Further testing may be necessary in consultation with a haematologist.

MYELOMA

FBC, film, ESR, LFTs, renal function test, LDH, calcium
Serum and urine protein EPG and immunoelectrophoresis
Beta-2-microglobulin, light chain analysis in some circumstances
Further testing may be necessary in consultation with a haematologist.

PREGNANCY

PREGNANCY AND THALASSAEMIA

FBC, film, iron studies, thalassaemia studies (HPLC quantitation of HbA2, HbF and variant haemoglobins)
FBC and thalassaemia studies on the patient's partner, if indicated

PREGNANCY & TRANSFUSION FIRST TRIMESTER & 28 WEEKS - (irrespective of Rh Antigen status)

Blood group & Antibody Screen

PREGNANT WOMEN WITH POSITIVE Ab SCREEN

Partner blood group phenotype
Antibody titre if indicated (after consultation with a haematologist)

FETOMATERNAL HAEMORRHAGE

Maternal blood group & antibody screen
Kleihauer (or FMH assessment by flow cytometry)
If at delivery: cord blood for baby's group and FBC

NEONATAL JAUNDICE

Baby's blood group and direct antiglobulin test, maternal blood group and antibody screen, neonatal bilirubin, baby's FBC, film and G6PD screen

THROMBOPHILIA – genetic testing

Factor V Leiden gene analysis
Prothrombin gene mutation
MTHFR gene analysis

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Infectious Diseases – Microbiology & Serology

Dr Jhumur Roy – 0423 821 299
Infectious Diseases Supervisor, Karen Griffiths – 8366 2086

ARTHRITIS

FBC, ESR, CRP, urate, ANA, rheumatoid factor (RF), anti-CCP
Synovial fluid m/c/s (cells & crystals)
Serology for Ross River virus, Barmah Forest virus, rubella, hepatitis B, yersinia, HLA-B27, rickettsia

CNS INFECTION

CSF – m/c/s, protein & glucose, cryptococcal antigen
Blood cultures
Viral cultures – throat swab, faeces (enteroviruses)
CSF PCR – herpes simplex, enterovirus, *Neisseria meningitidis*
Serology – syphilis, arboviruses, mumps, herpes simplex, toxoplasma, HIV

DIARRHOEA (ACUTE)

Faeces PCR and m/c/s Ova, cysts and parasites
Clostridium difficile toxin detection
Rotavirus, adenovirus
Outbreaks – norovirus
Traveller - Ova, cysts and parasites

DIARRHOEA (CHRONIC)

Faeces PCR and m/c/s Ova, cysts and parasites
Microsporidia stains (HIV patients)
Clostridium difficile toxin

EYE

CONJUNCTIVITIS

Eye swab m/c/s
Adenovirus PCR, Enterovirus PCR
Herpes simplex PCR, chlamydia PCR

CHOROIDITIS / RETINITIS

Serology – toxoplasma, toxocara, syphilis

FEVER IN RETURNED TRAVELLER

FBC, blood cultures, LFTs
Blood films (malaria),
Faeces PCR, m/c/s and ova, cysts and parasites
Serology – arbovirus including dengue, hepatitis A and E

FEVER OF UNKNOWN ORIGIN

Blood cultures x 3
FBC, ESR, LFTs
Urine m/c/s
Faeces PCR and m/c/s
CXR
Malaria films (if indicated)
Mycobacterial cultures
Serology - HIV, EBV, CMV, ANA, Q Fever, leptospira, salmonella, typhoid, brucella, ANA

GENITAL DISCHARGE

Chlamydia and Gonococcal PCR (urine, urethral or cervical dry swabs)
Vaginitis – high vaginal swab m/c/s
PID – cervical swab m/c/s
Herpes simplex PCR
Cervical cytology
Ureaplasma / mycoplasma
trichomonas PCR

GENITAL LESION

Swab m/c/s
PCR – herpes simplex, varicella zoster
Serology – HIV, syphilis, herpes simplex

HEPATITIS

Hepatitis A, B, C (consider D if BsAg positive), hepatitis E (if traveller), EBV, CMV, toxoplasma, Q fever, leptospira

HIV / AIDS

HIV antibodies, lymphocyte subpopulations (CD4 & CD8), HIV viral load, CMV, toxoplasma, syphilis

INTRA-UTERINE NEONATAL INFECTIONS

Amniotic fluid, cervical swab m/c/s
Products of conception – m/c/s including ureaplasma / mycoplasma
Herpes simplex, enterovirus PCR
Serology - CMV, toxoplasma, parvovirus B19, herpes simplex, rubella, syphilis

LYMPHADENOPATHY AND MONONUCLEOSIS

FBC, ESR
Serology - EBV, CMV, toxoplasma, HIV, rubella, hepatitis A, syphilis, chlamydia, mumps
Cat-scratch disease

RENAL DISEASE

Urine m/c/s – examination for crystals, casts and dysmorphic RBCs
Streptococcal serology, ANA

LOWER RESPIRATORY TRACT INFECTION

Sputum m/c/s
Blood cultures
Legionella swab culture / urine antigen
Nasopharyngeal dry swab for respiratory virus PCR
If chronic, consider mycobacteria microscopy and culture.
Serology – *Chlamydomphila pneumoniae*, legionella, *Mycoplasma pneumoniae*, influenza, pertussis
Mycoplasma PCR

UPPER RESPIRATORY TRACT INFECTION

Throat swab – m/c/s
Throat swab (dry) – respiratory virus PCR, pertussis PCR
Serology – influenza A & B, pertussis

TONSILLITIS

Throat swab – m/c/s
Serology – infectious mononucleosis screen, EBV

TUBERCULOSIS

CXR, sputum mycobacteria microscopy and culture, Quantiferon assay

ULCER (CHRONIC)

Swab m/c/s – from base of ulcer
Biopsy if mycobacterial or deep fungal infection suspected
ANA, FBC, ESR, glucose

RASH (VESICULAR)

PCR – herpes simplex, varicella zoster
Swab m/c/s – impetigo
Viral PCR – throat swab if enterovirus suspected
Serology – varicella zoster, herpes simplex, rickettsia (rickettsial pox), Ross River virus, Barmah Forest virus

RASH (NON-VESICULAR)

Skin scraping m/c – dermatophyte fungi
Biopsy – histopathology
Serology – EBV, rubella, syphilis, streptococcal, rickettsia, measles, Parvovirus B19, HIV, HHV6, CMV, Ross River virus, Barmah Forest virus, dengue, enteroviruses

ZOONOSES

Serology - Q fever (antibodies may take weeks to become positive), leptospira, brucella, hydatid
Blood cultures x 3

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Immunology/Allergy

Chemical Pathology Supervisor, Shaw Callen – 8366 2760
Senior Scientist, Ricc Cardone – 8366 2769

ACUTE ARTHRITIS

FBE, ESR, CRP, urate
ANA, RF, CCP Ab
Synovial fluid m/c/s (cells & crystals)
Consider, ENA, dsDNA Ab
Consider infectious arthritis serology (see Microbiology)
HLA-B27

AUTOIMMUNE DISORDERS

CONNECTIVE TISSUE DISEASE

ANA, ENA, dsDNA, RF, CCP Ab

ADDISON'S DISEASE

Adrenal cortex Ab

ANTI-PHOSPHOLIPID SYNDROME

Cardiolipin IgG, IgM &
beta-2-glycoprotein 1 Ab, lupus anticoagulant

AUTOIMMUNE THYROIDITIS

Thyroid microsomal (peroxidise)
Ab & Thyroglobulin Ab

BLISTERING SKIN DISORDERS

ICCS and skin BM Ab

TYPE 1 DIABTETES

GAD Ab

MYASTHENIA GRAVIS

Acetylcholine receptor Ab

PERNICIOUS ANAEMIA

Intrinsic factor & gastric parietal Ab

PRIMARY BILIARY CIRRHOSIS

Mitochondrial Ab

CHRONIC AUTOIMMUNE

Hepatitis
Smooth muscle Ab
Liver, kidney Thyroid microsomal
(peroxidise) Ab & Thyroglobulin Ab
ANA

CROHN'S DISEASE

ASCA IgG and IgA Abs

WEGENER'S GRANULOMATOSIS

ANCA

CHRONIC INFLAMMATORY DISEASE

FBE, ESR, CRP, iron studies, IgG, IgA, IgM
C3, C4, alpha-1-antitrypsin, haptoglobin

COELIAC DISEASE

tTG IgA Ab, dGliadin IgG Ab

HYPERSENSITIVITY PNEUMONITIS

Farmer's lung
Fungal precipitans
Avian precipitans

INFECTIONS (RECURRENT)

FBE, ESR, CRP, IgA, IgG, IgM levels
IgG subclasses, pneumococcus IgG
Tetanus IgG,
Consider serum & urine EPG-IFE
Lymphocyte subpopulations (CD4 & CD8).

HIV/AIDS

HIV Ab-Ag
Lymphocyte subpopulations (CD4 & CD8)
HIV viral load

ALLERGY

Total IgE, tryptase,
eosinophilic cationic protein (ECP),
Type 1, 11 (C1 Esterase Inhibitor), and 111
(Factor X11) hereditary angioedema.

Initial Investigation Panels

A1 – child 6 years or less
A2 – adult or child over 6 years
A3 – child allergy (also request IgE)
A4 – animal inhalants
A5 – rural Inhalants
A6 – pets
A7 – moulds
A8 – native trees
A9 – food screen
A10 – nuts
A11 – seafood
A12 – cereals
A13 – staple foods
A14 – insects
A15 – latex & foods
A16 – food & inhalants
Bee venom IgG

*Specific allergens can be requested
– see our Allergy brochure or consult
with the Immunology department*

ISAC® Immuno CAP

Profiles specific IgE to individual allergen
molecules from different allergens.

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Cytology

Supervising Cytopathologist, Dr Suchitra Somers – 8366 2030
Cytology Supervisor, Jenny Strath – 8366 2067

GYNAECOLOGICAL CYTOLOGY

Conventional Pap test and ThinPrep
liquid-based sample for neoplasia
The ThinPrep sample can also be used for
PCR testing for some genital infections,
including chlamydia, human papillomavirus
(HPV), gonorrhoea and trichomonas.

FINE NEEDLE ASPIRATION CYTOLOGY

Neoplasia and some benign disease
processes in breast, thyroid, lymph nodes
and other palpable lesions. Image guided
aspirates from deep or impalpable lesions.
To arrange booking phone 8366 2040

GENERAL CYTOLOGY

Neoplasia and some benign disease
processes in respiratory system, urinary tract,
CSF, effusions, gastrointestinal tract, skin
scrapings, nipple secretions, synovial fluid.

Histopathology

Supervising Histopathologist, Dr Suchitra Somers – 8366 2030
Histology Supervisor, Peter Holt – 8366 2040

**All shared histopathology, microbiology, cytogenetics or
flow cytometry specimens must be sent fresh.**

DIRECT IMMUNOFLUORESCENCE (DIF)

Send in Mitchells transport media or send specimens on
saline-soaked gauze – keep cool with an ice pillow.

POSSIBLE LYMPHOMA

Send specimens fresh on saline-soaked gauze. Keep cool with an ice
pillow. MARK SPECIMEN URGENT - please ring to notify laboratory.

ROUTINE HISTOPATHOLOGY SPECIMENS

Place directly into formalin.

FROZEN SECTIONS

Contact Histopathology office & arrange booking 8366 2040.

NON-ROUTINE SPECIMENS

Contact the Histopathology Department on 8366 2040 to
confirm specimen collection and transport arrangements.
If unable to confirm, send it in as a fresh specimen (not in formalin).

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Contact Details

General Enquiries	8366 2000
Patient Bookings	8366 2088
Result Enquiries	8366 2022
Couriers (Pick-Ups & Enquiries)	8366 2081
Client IT (Electronic Access, Electronic Result Downloads)	8366 2013