


Cerebrospinal Fluid – CSF

CSF samples should be delivered to the lab promptly following collection and handed directly to laboratory staff as testing must be done immediately. Samples must not be sent internally to the testing lab via the pneumatic tube system. The requesting physician must indicate priority of testing if there is insufficient sample volume to complete all tests requested.

Include any additional requisitions as required for specialized testing. Complete patient history on any BCCDC requisitions.

CSF Collection Container Assignment:

- Separate tubes are necessary for individual tests as shown below.
- Each tube must be separately labelled with required patient information.
- Indicate collection tube number on sample label.

Test	Container	Sample Volume
Cell Count (WBC, RBC) and diff	Tube #1* and 4 *Cell count performed on Tube #4. In bloody samples, cell count will also be done on Tube #1.	Minimum 0.5mL, 1 mL preferred
Microbiology Culture: includes aerobic, anaerobic cultures and Gram stain		Minimum 1.0 mL
Other tests: Mycobacteriology (TB) Culture BCCDC TB Requisition required Mycology (Fungal) Culture BCCDC Fungus Requisition required Viral culture Prion (CJD/14-3-3) BCCDC Virology Requisition required Testing for Prion (CJD/ 14-3-3)* *Must contact Neurologist/ Microbiologist prior to collection Refer to Appendix B of IS0900 for Collection Procedure	Tube # 2 if Lumbar Puncture (LP) tube kit collected OR Sterile Container for shunt/drain or catheter collection 	Minimum 1 mL
Chemistry and Serology	Tube # 3	Minimum 2 mL
Cytology	Cytology requests require an IH Cytology Consultation Request Form . Cytology testing is not orderable through the hospital computer system. Refer to above requisition for instructions or the Cytology Home Page for additional information.	

