

Form IC-001

Instruction for IC Specimen Collection

1. After one drop of topical anesthetics (e.g., Alcaine) to each eye, wipe out excessive tear fluids and apply the filter paper to the desired area as shown below using a pair of smooth and flat-ended forceps. Note that it is important to avoid unwanted tearing which will decrease the yield. The area to be sampled depends on the question in mind. For tear film disorder or ocular surface disorders due to exogenous insults from the tear film or lid margin, please use the diagram depicted in Fig. 1 for OD and OS, respectively. For limbal stem cell deficiency, place the filter paper to the involved limbus so that half of the paper will be on the cornea and the other half on the conjunctiva, i.e., to straddle the limbus as shown in Fig. 2. The orientation of the filter paper is advised as shown below and please draw the exact orientation of the paper to the eye on the Impression Cytology Specimen Information Form.

Figure 1

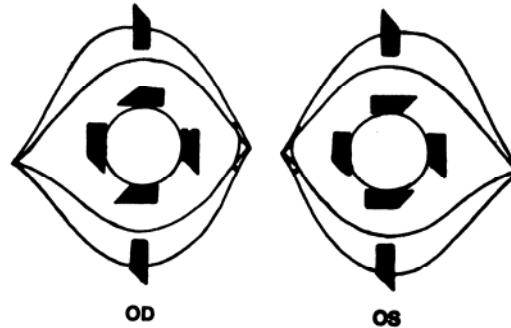
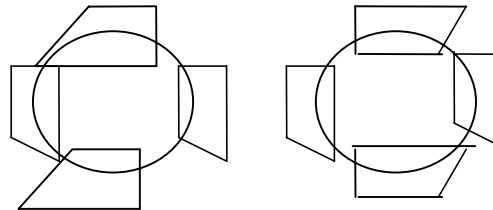


Figure 2



2. Gently smoothen the filter paper onto the ocular surface by touching the forceps tip at each of the four corners of the paper against the ocular surface.
3. Remove the filter paper by picking up the tip of the filter with the same forceps and follow a "peeling" maneuver over the ocular surface.
4. Drop the filter paper into one of the sample bottle (vial), which contains the fixative solution, and seal the bottle by screw. The sample is good for processing so long as the fixative is not dry out. The fixative contains:

Glacial acetic acid	5	ml
37% Formaldehyde	5	ml
70% Ethyl alcohol	100	ml
5. Label the sheet of Impression Cytology Specimen Information accordingly, by entering the date of sample collection, patient's name (last, first, and middle initials), medical record number (if available), which eye, and which area of the conjunctiva or cornea where the sample was removed using abbreviations such as OD (right eye) IB (inferior bulbar conjunctiva), TB (temporal bulbar conjunctiva), and IT (inferior tarsal). For non-routine site, it is advised that the exact location can be drawn on the diagram (see attached Form).