

 <p>central peninsula hospital 250 Hospital Place Soldotna, AK 99669</p>	POLICY TITLE: Pathology Specimens – Care, Handling and Submission	DEPARTMENT: CPGH – Facility Wide CATEGORY: Laboratory Services SECTION: General Laboratory SUB-SECTION: Pathology
	POLICY NUMBER: CPGH.700.040	EFFECTIVE DATE: November 2023 Original Date of Policy: GL-124 - Unknown
	AUTHORIZED BY: Laboratory, Medical Director	Revised: CPGH.700.040 – 8/15; (GL-124 - 4/95, 4/97, 2/01, 10/07), 11/19, 7/20, 9/20, 2/21, 11/23 Reviewed: 12/97;4/95, 4/97, 7/99; 12/02, 10/07, 10/09, 12/10, 8/11, 8/13,1/15, 11/16, 12/17, 1/19, 12/22

APPLIES TO: Specimens (surgical and cytology) submitted for pathology review, including both outpatient clinics and hospital cases (radiology, endoscopy, labor and delivery, emergency department and operating room).

RESPONSIBILITY: Laboratory and Surgical Services

DEFINITIONS: OI - Operating Instructions
AP - Anatomic Pathology

- A. Surgical Specimens: Any visible piece of the body that is held together in an aggregate or any specimen removed with a scalpel (biopsies including an incisional, excisional, punch, or needle biopsy [For example: skin biopsy, bone marrow biopsy, liver biopsy, endoscopic biopsy, and cervical biopsy]).
- B. Cytology Specimen: A specimen with very few cells submitted are usually cytology specimens (urine, sputum, FNA, bronchial washings or brushings, pericardial fluid, peritoneal fluid, pleural fluid, etc.).

- POLICY:**
1. Surgical specimens requiring pathology examination (including submitted placentas) collected within Central Peninsula Hospital and from outpatient clinics will be submitted to the histopathology laboratory at CPH. **For specimens sent to another pathology lab, see number 2 below.**
 - a. OR specimens will be delivered to the pathology processing room located in PACU with a complete requisition and documented in the log book.
 - b. Endoscopy specimens will be retrieved from the endoscopy suite by pathology personnel daily.
 - c. Hospital clinics will notify pathology personnel of any specimens and these will be retrieved by pathology personnel.
 - d. Radiology specimens will be hand delivered to the histopathology laboratory or will be retrieved by pathology personnel upon notification of a specimen.
 - e. Inpatient cytology specimens will be delivered to the main hospital laboratory or directly to the histopathology laboratory depending on the testing requested.
 - f. Outpatient clinic specimens will be delivered to the main hospital laboratory by courier and delivered to histopathology laboratory.
 - g. Specimens hand delivered to the histopathology laboratory by non-pathology personnel must be documented in the specimen log book.
 - h. Prior to processing, all specimens will be inspected by pathology personnel for a properly completed requisition, a properly labeled specimen, and proper fixation.

- i. Specimens which have not been fixed and need fixation will be done by pathology personnel. They will document the type of fixative, date, time, and initials.
2. **For specimens sent to another outside pathology lab:**
 - a. The requesting physician is responsible for all aspects of the specimen.
 - i. Calling the outside pathology lab.
 - ii. Obtaining the courier to the outside pathology lab.
 - iii. Putting the specimen in the appropriate fixative.
 - iv. Filling out the appropriate requisitions.
 - v. Storing the specimen until it can be picked up.
 - b. No CPH employee should be processing the specimen sent to an alternative pathology lab.
 - c. Specimens brought to CPH pathology department will be processed by CPH pathology.

MATERIALS:

- 10% neutral buffered formalin
- Specimen containers which will allow a free floating specimen to be completely submerged in formalin.
- Appropriate labeling mechanism, i.e., preprinted labels, manually written identifiers
- Surgical Tissue Examination Requisition

PROCEDURE:

SURGICAL AND CYTOLOGY SPECIMEN REQUIREMENTS FOR SUBMISSION

- A. Request for Examination (Requisition):
 1. All specimens submitted to the histopathology laboratory must be accompanied by a properly completed requisition and order (where applicable), either an outpatient requisition or EPIC generated requisition.
 2. All requisitions (hospital and outpatient) must contain the following information:
 - a. Patient's full name, date of birth and sex.
 - b. Medical record number (hospital patients).
 - c. Name of physician performing the procedure.
 - d. Date of procedure.
 - e. Time of collection, including time placed in formalin for ALL specimens.
 - f. Specimen(s) source.
 - g. Clinical history including the pre-operative diagnosis and any additional clinical information deemed relevant by the submitting physician.
 - h. For hospital cases the person completing the requisition is accessible in the EPIC system.
 3. Requisitions should be placed in the outside pocket of the biohazard bag to avoid potential contamination with formalin or biological fluids.

NOTE: Due to federal requirements, effective January 2015, the pathology requisition must have pre-operative and clinical information on all requisitions submitted to pathology.

B. Specimen Containers/Fixative:

1. All specimens will be submitted in a leak proof, wide-necked container large enough to prevent distortion of the specimen.

2. Be sure lid is secure to prevent leakage of fixative and/or body fluids during transport.
3. Specimen containers will be submitted in a secondary leak proof biohazard bag.
4. Specimen containers too large for a biohazard bag will be transported to the histopathology laboratory in a secondary leak-proof container (such as a cooler) designated biohazard.
5. The proper volume of the fixative is at least 10 times the volume of the specimen. The recommended fixative for most surgical specimens is 10% neutral buffered formalin (see below for exceptions). DO NOT USE ALCOHOL.
6. In accordance with OSHA standards on formaldehyde, formalin warning label must be placed on specimen containers that contain formalin.
7. Specimen containers, specimen labels, and fixatives are available from the pathology department upon request.

C. Specimen Container Labels:

- a. All specimens must have a patient label affixed to the side of the container.
- b. Specimen labels are not to be placed on the container lid.
- c. Specimen labels must not be obscured by the formalin warning label.
- d. Hospital EPIC generated patient labels must contain the following information:
 - i. Patient's full name, date of birth and sex.
 - ii. Medical record number.
 - iii. Date of procedure.
 - iv. Specimen source and container number if more than one specimen is received.
- e. Outpatient clinic patient labels must contain at least two patient identifiers including:
 - i. Patient's full name and date of birth.
 - ii. Specimen source if more than one specimen is submitted.
- f. All specimens should be labeled prior to leaving the OR suite or patient's room.

D. Routine Surgical Specimens:

1. All Hospital excised tissue and biopsy specimens germane to the procedure must be submitted to the pathology laboratory for examination by a pathologist.
2. Small surgical specimens and biopsies: Specimens no thicker or wider than 3 cm (1 inch) or longer than 10 cm (4 inches) should be placed directly in a wide mouthed container with the proper volume of 10% neutral buffered formalin.
3. Large surgical specimens should be placed in a container of sufficient size and with a sufficient amount of added 10% neutral buffered formalin. The goal is to have 10:1 formalin to tissue volume, or as much as the container can hold.

SPECIAL TISSUE HANDLING:

The histopathology department must be notified immediately of any cases that require special handling, especially with outpatient clinics which will require a special courier for immediate delivery to the histopathology lab.

- A. Frozen Section:
 - 1. For scheduled frozen sections, an advance notice (10-15 minutes) will result in more efficient service when the tissue is ready and placed in the Frozen section room in PACU.
 - 2. The pathologist should be notified as soon as possible in non-scheduled frozen sections.
 - 3. Tissue for frozen section should be submitted as rapidly as possible in a properly labeled container; the specimen may be placed on a damp gauze with a small amount of normal saline (NOT FORMALIN) to prevent drying.
 - 4. A complete printed order form should be submitted which includes the time of collection.
 - 5. The decision to perform a frozen is made by the pathologist in consultation with the attending physician.
- B. Lymph Nodes:
 - 1. Lymph node dissection performed for solid tumor cancer staging can be submitted in 10% neutral buffered formalin, unless a frozen section is requesting.
 - 2. Frozen sections should be coordinated with the pathologist prior to the case.
 - 3. If the lymph nodes are to be worked up for a clinical suspicion of lymphoma, the pathologist should be notified, preferably before tissue is sent to the gross exam room so he is available to process the specimen.
 - 4. The lymph nodes are brought directly to histopathology laboratory or frozen section room in a sterile container with gauze dampened with sterile saline; do not submerge the specimen in saline. The specimens should not be incised or dissected prior to submission.
- C. Tissue for Microbiology Culture:
 - 1. Tissue submitted for bacteriological culture should be delivered directly to the clinical lab in a sterile container with sterile saline.
 - 2. Tissue for culture should be submitted separately from the pathology specimen in accordance with the specific microbiology policy.
 - 3. If AFB and Fungal Cultures are desired, this should be specified on a separate microbiology request sheet.
- D. Bone Marrow:
 - 1. Hospital laboratory personnel are available for assistance in the performance of bone marrow smears and sections. See policy LAB.704.506
 - 2. All requests for bone marrow procedures must be accompanied by a completed surgical tissue examination form.
- E. Specimens requiring special handling not available locally:
 - 1. Some tissue examination procedures are not available locally (renal biopsies, immunofluorescent examinations, diagnostic muscle biopsies, etc.).
 - 2. These specimens will be accessioned into EPIC and may receive a gross description, at the discretion of the pathologist.
 - 3. The specimen will be handled and shipped per the protocol of the reference laboratory.
 - a. The protocols will be readily accessible by the histopathology staff.
 - 4. These procedures must be arranged with a pathologist at least a day in advance to ensure the specimens are properly handled and generally should be done Monday through Wednesday.
- F. Fetal Remains:
 - 1. The LMP and other pertinent obstetrical history must be recorded on the surgical requisition.

2. Release of fetal remains (See policy LAB.700.270 Cytogenetics of Fetal or Placental Tissue) must accompany the specimen.
3. Less than 20 weeks is a tissue exam; greater than 20 weeks is considered an autopsy. Basic gross and microscopic exam can be performed, but full fetal autopsy are not performed at CPH.

CRITERIA FOR REJECTION OF SURGICAL SPECIMENS

- A. Specimens will be considered unacceptable if the requisition or order is not complete; if the specimen container is not labeled properly; if the specimen was collected improperly; if the specimen was not properly preserved; or in the case of legal specimens, if the chain of custody was improperly completed or is absent.
- B. Specimens will be held in pathology and will not be processed until the errors or omissions can be completed, ideally by the submitting staff.
- C. All specimens submitted to pathology (surgical pathology and cytopathology) will be considered NOT RECOLLECTABLE and every effort will be made to correct specimen submission errors.
- D. If possible, the specimen will be returned to the person responsible for submission for correction.
- E. In order to not delay cases, some corrections can be made by telephone and will be documented on the requisition, including the person responsible for the correction (hospital or clinical personnel), the pathology personnel correcting the error and the date and time of the correction.
- F. If slides are received broken, every effort will be made to repair the broken slides. If the slides are damaged beyond repair, the submitting physician will be notified and the notification documented on the requisition.
- G. If a specimen is received without fixative, the submitting staff member will be contacted to ensure that no special studies are requested. If no special studies are requested, formalin or the appropriate fixative will be added and the time fixative was added will be documented on the requisition.
- H. If a specimen is received with an insufficient volume of the proper fixative, note this on the requisition and add the appropriate amount of the proper fixative.
- I. Upon acceptance, all specimen request forms must have the date when the specimen was received in pathology documented.
- J. If a significant delay in the case is anticipated or if the integrity of the specimen is compromised, the submitting physician will be notified.

RECEIPT OF SPECIMENS IN THE HISTOPATHOLOGY LAB

- A. Upon receipt in the histopathology lab, all specimens will be evaluated for completeness.
- B. The date the specimen is received in the histopathology lab will be documented on the requisition form.
 - a. The date and time the specimen is entered into EPIC is documented electronically.
- C. Once deemed complete, the specimens will be accessioned into the EPIC system (once activated) and on the appropriate daily accession log (surgical versus cytology) and given a unique accession number.
- D. The generated accession number will be placed on the following:
 - a. Specimen requisition.
 - b. Specimen container.
 - c. Tissue cassettes.
 - d. Glass slides.

- e. Final diagnostic report.
- E. The accession number shall remain exclusively for that specimen throughout the processing, reporting, filing and storage process.

LIMITATIONS: Any unusual requests for pathology will be directed to the laboratory for further information

REVISION RESPONSIBILITY: Administrative Director of Laboratory, Pathology and/or designee(s)