

REDDING ANATOMIC PATHOLOGY

SURGICAL PATHOLOGY SPECIMEN COLLECTION

- I. PRINCIPLE: Most, but not all, tissues and foreign objects removed surgically should be examined by a Pathologist, in order to ensure proper patient care.
- II. SPECIMEN LABELING:
 - A. Label all tissue specimen containers with the patient's first and last name, the hospital number (if a hospital patient), the type and/or source of the specimen, and the date.
 - B. Label each specimen container at the place and time that the specimen is removed from the patient.
 - C. Complete a TISSUE REQUISITION form, and submit it with the tissue specimen(s).
 - D. Enter all of the following items on the "TISSUE REQUISITION" form:
 1. The patient's first and last name and middle initial.
 2. The patient's sex.
 3. The patient's date of birth.
 4. The patient's Hospital Identification Number, if it is a hospital patient.
 5. The attending Surgeon's name.
 6. The date the specimen was obtained.
 7. The specific name of the specimen and its source, if it is appropriate.
 - a. Examples: Gallbladder; liver biopsy; excisional skin biopsy, right arm; uterus and right tube and ovary.
 8. A brief clinical history.
 9. Pre- and/or postoperative diagnosis.
 10. Specific instructions to the Pathologist, if unusual handling or examination is requested by the Surgeon.
 - D. Submit specimens removed from different sites in one patient at the same time in separate containers, and identify each specimen as to its location.

III. SPECIAL PATHOLOGIST PROCESSING:

- A. Call the Pathologist, preferably in advance, for special specimen processing, if any of the following are requested by the Surgeon.
 - 1. Skin specimen for margin adequacy.
 - 2. Lymph node for lymphoma processing and/or culture.
 - 3. Any other specimen requiring immediate Pathologist attention.

IV. FROZEN SECTION CONSULTATIONS:

- A. If a frozen section examination or an operating room consultation on a gross specimen is contemplated:
 - 1. Add the notation FS after the name of the procedure on the surgical schedule, for hospital patients.
 - 2. Notify the Redding Anatomic Pathology receptionist for patients undergoing the surgical procedure in the physician's office or an outpatient surgical facility.
- B. Essential information which will aid the Pathologist to make a more rapid and accurate diagnosis includes: Pertinent history, the source of the material, and the tentative clinical diagnosis.
- C. The Pathologist must be informed, if the submitted tissue is known or suspected to be infectious (e.g. Tuberculosis, Hepatitis, HIV).

V. TISSUE FIXATION:

- A. Proper handling of each tissue specimen is necessary to insure optimum preservation of the tissue for diagnostic examination.
- B. Place in a plastic bag, add formalin, and deliver promptly to the Laboratory for refrigeration:
 - 1. Necrotic bowel resection.
- C. Place in a bottle of ALCOHOL:
 - 1. Joint and synovial biopsy for crystal examination.
- D. Place in a bottle or bag of FORMALIN:
 - 1. All tissue and biopsy specimens not listed above.
 - 2. Small foreign bodies.

E. Place in a bottle or bag without fixative:

1. Large foreign bodies.

VI. SURGICAL SPECIMENS THAT DO NOT REQUIRE PATHOLOGIST EXAMINATION:

A. Selected surgical specimens may be adequately examined by gross examination.

1. The operating surgeon may submit any of these specimens for gross and/or microscopic examination.

B. Other selected surgical specimens do not need to be submitted for Pathologist examination, provided that the removal of the specimen and the fact that it was discarded is adequately documented in the Operative Report.

C. NO PATHOLOGIST EXAMINATION SPECIMEN CATEGORIES:

1. **CARDIOVASCULAR SURGERY SPECIMENS:**

Pacemaker and leads.

Stent.

2. **ENT SURGERY SPECIMENS:**

Ear ossicles.

Facial bone, Caldwell-Luc debris.

Nasal cartilage, septoplasty debris.

Salivary gland calculus.

Sheppard drain and other plastic ear hardware.

3. **GENERAL SURGERY SPECIMENS:**

Debridement, post-trauma or plastic procedure: Skin, bone, soft tissue, ligament.

Drain.

Graft.

Hernia sac/properitoneal fat.

Varicose veins.

4. **NEUROLOGIC SURGERY SPECIMENS:**

CSF shunt pump and tubing.

5. OB-GYN SURGERY SPECIMENS:

IUD.

Placenta, from uncomplicated vaginal or C-section delivery.

Vaginal mucosa, cele repair debris.

6. ORTHOPEDIC SURGERY SPECIMENS:

Debridement, post-traumatic or plastic procedure: Skin, bone, soft tissue, ligament.

Digit, traumatic or post-traumatic amputation.

Orthopedic hardware.

Toenail.

7. OPHTHALMIC SURGERY SPECIMENS:

Lens (true and prosthetic).

8. ORAL SURGERY SPECIMENS:

Tooth.

9. UROLOGY SURGERY SPECIMENS:

Stone, bladder or kidney (Indicate on the request slip, if chemical analysis of the stone is desired).

Circumcision, patient less than 18-years-old.

Hydrocele sac.

10. MISCELLANEOUS:

Foreign body.

11. BULLETS:

Give the bullet(s) directly to the Police.

Document in the Medical Record that the bullet(s) was given to the police.

D. SURGICAL SPECIMENS FOR GROSS EXAMINATION ONLY:

1. CARDIOVASCULAR SURGERY SPECIMENS:

Thromboendarterectomy.

Aneurysm and thrombus.

2. ENT SURGERY SPECIMENS:

Tonsils and adenoids, less than 18-years-old.

Nasal cartilage, septoplasty.

Facial bones, Caldwell-Luc.

3. GENERAL SURGERY SPECIMENS:

Amputated lower extremity with ulcer or gangrene secondary to peripheral vascular disease.

Hernia sac and properitoneal fat or incarcerated omentum.

Skin scars.

Colostomy closure, non-malignancy history.

Breast implant.

4. OB-GYN SURGERY SPECIMENS:

Vaginal mucosa, cele repair.

5. ORTHOPEDIC SURGERY SPECIMENS:

Disc material.

Laminectomy bone and tissue.

Bunion and hammertoe.

Femoral head and capsule, joint replacement.

Meniscal cartilages, loose bodies, cartilage shavings.

Knee joint and capsule, joint replacement.

6. UROLOGIC SURGERY SPECIMENS:

Hydrocele sac.

- E. Submit all specimens not included in categories C or D above to the Pathologist for gross and microscopic examination.
- F. At the physician's discretion, specimens may be upgraded to the next examination level. Add the following note on the yellow requisition slip:

"PLEASE DO MICROSCOPIC EXAM".

VIII. REFERENCE:

- A. CAP Checklist Items: ANP.11000; ANP.11050.

IX. AUTHORS:

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- C. Revised and approved by Richard Severance, M.D., 10/24/00.
- D. Revised by Deborah Wilson Ferguson, CLS, 10/10/03.
- E. Revised and approved by Jim Keller, M.D., 10/10/03 and 2/05/04.
([Archive\Surgical Pathology Specimen Collection_020604.doc](#))
- F. Revised by Forest Bowman, MT(ASCP), 9/30/09.
- G. Approved by Mark W. Ramus, M.D.,

X. ANNUAL REVIEW:

2010 _____
2011 _____
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