

Document History:

Title: Lymphoma Protocol **Site(s):** Shared Health Diagnostic Services
All Provincial Sites

Document #:	170-10-11	Version #:	07
Section:	Pathology	Subsection:	General

Approved by: <i>(Approval on file)</i>	Dr. G. Fischer	Date:	04-MAY-2026
		Effective Date:	11-JUN-2026

Details of Recent Revision

- 6.1.2 Updated to have lymphoma cases from SBH, WML and GGH grossed on site and cassettes shipped to HSC for processing
- 6.2 Updated to MLA reviewing case to ensure it has been grossed prior to sending from SBH, WML or GGH
- 6.6.1 Time updated to 1700 for after hours tissue handling

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1.0 PURPOSE

- 1.1 This protocol establishes a standardized approach for tissue specimens submitted to pathology for clinical suspicion for lymphoma and covers the processing and handling expectations for the following:
- Accessioning
 - Tissue Handling
 - Tissue Processing
 - Tissue Diagnosis by pathologists
 - Diagnosis reporting by pathologists

2.0 DEFINITIONS

- 2.1 Adequacy of tissue specimens: Adequacy of tissue is defined using “volume of tissue” submitted to anatomic pathology laboratory for clinical diagnosis. The tissue volume definition includes samples received from lymph node biopsies, and from extra nodal sites.
- 2.1.1 Adequate for morphology and immunohistochemistry only: A single lymph node specimen, multiple fragments of lymph node sampling, extra-nodal tissue specimens, less than or equal to 2.0 cm in maximum dimension/ or in aggregate dimensions, and needle core biopsies are categorized as adequate for morphology and immunohistochemistry analysis only. These specimens should not be triaged for additional ancillary studies. (Refer to section 6.0 for accessioning, grossing, and processing guidelines).
- 2.1.2 Adequate for morphology and immunohistochemistry only: Specimens previously documented as predominantly necrotic or demonstrate extensive necrosis on gross examination are categorized as adequate for morphology and immunohistochemistry only. These specimens should not be triaged for additional ancillary studies. (Refer to 6.0 for accessioning, grossing, and processing guidelines).
- 2.1.3 Adequate for morphology and immunohistochemistry only: Specimens from brain, deep seated lesions (mesenteric, retroperitoneal), para-spinal lesions, and tissues from all extra-nodal sites are categorized as adequate for morphology and immunohistochemistry only.
These specimens should not be triaged for additional ancillary studies.
- 2.1.4 Adequate for morphology, immunohistochemistry, and additional ancillary studies: Lymph node biopsies (incision or excision) greater than 2.0 cm **must be** triaged for morphology and immunohistochemistry first, followed by submission of additional ancillary studies, under the supervision of the lymphoma hematopathologist on service.
- 2.2 Adequate fixation time for tissues: the duration of time the tissue is fixed in neutral buffered formalin.
- 2.2.1 Needle core biopsies and tissue fragments less than or equal to 0.5 cm in maximum dimension should be fixed for a minimum of 18 hours.
- 2.2.2 Excision and incision biopsies should be cut to cassette immediately and fixed overnight in neutral buffered formalin.

- 2.3 Adequate for immunohistochemistry: Morphology review of tissue sections from all the paraffin blocks submitted is conducted by lymphoma hematopathologist. Ideal block for immunoperoxidase panel of markers is selected by lymphoma hematopathologist. Occasionally, more than one block is utilized for diagnostic evaluation, as deemed necessary by the lymphoma pathologist.
- 2.4 Adequate for Molecular studies and Fluorescence in situ hybridization (FISH): Formalin fixed paraffin embedded tissue is used for these studies. Paraffin block selection and diagnostic testing is performed under the guidance of lymphoma hematopathologist.
- 2.5 Turnaround time for diagnosis:
- 2.5.1 **Needle core biopsies:**
- 2.5.1.1 Specimens submitted with a minimum of 18 hours fixation will be delivered RUSH- H&E sections for pathologist review the next business day.
- 2.5.1.2 Immunohistochemical stains will be ordered the same day H&E slides are received by the lymphoma hematopathologist.
- 2.5.1.3 Expected turnaround time from specimen receipt to diagnosis is 5 calendar days in 90% of the cases.
- 2.5.2 **Incision/excision biopsies:**
- 2.5.2.1 Incision/excision biopsies will be fixed overnight, and H&E will be submitted to pathology review following processing.
- 2.5.2.2 Immunohistochemical stains will be ordered the same day H&E are received.
- 2.5.2.3 Expected turnaround time from specimen accessioning to final diagnosis is 10 calendar days/ 5 business days, on 90% of the cases.

3.0 POLICY

- 3.1 Cases that indicate “*query lymphoma*” (or suspect lymphoma or similar) on the requisition should be assigned directly to the Hematopathologist (HP) on lymphoma service. EXCEPTION: extra-nodal cases like small bowel and thyroid etc. will be assigned to an anatomical pathologist and transferred to an HP if required.
- 3.2 If the node is greater than 2 cm, contact the Hematopathologist on lymphoma service to determine if any additional workup is required, i.e. flow cytometry.
- 3.3 **Operations**: Policies for technical operations for the province.
- 3.3.1 **Accessioning**:
- 3.3.1.1 Clinical requisition entry includes history of lymphoma, clinical suspicion of lymphoma: Small biopsies (nodes and extra-nodal specimens) needle core biopsies, lymph node biopsies (without other additional parts submitted with the surgical sample) should be accessioned to the lymphoma service.
- 3.3.1.2 Clinical requisition entry includes history of lymphoma, clinical suspicion of lymphoma: Single lymph node biopsies (incision/excision) should be accessioned to the lymphoma service.

- 3.3.1.3 Clinical requisition entry includes history of lymphoma, clinical suspicion of lymphoma: resection samples should be accessioned to surgical pathology service and processed as per surgical pathology protocol.
- 3.3.1.4 All skin samples, even if the requisition entry states lymphoma, or hematologic neoplasm, should be accessioned to dermatopathology service, or AP service. Ocular specimens are handled as surgical specimens and accessioned to AP service.
- 3.3.1.5 Time placed in formalin must be indicated on the requisition.

3.4 **Pathologists:**

3.4.1 **Policies for pathologists for the province:**

- 3.4.1.1 Hematopathologists accept and work up the cases accessioned to the lymphoma service.
- 3.4.1.2 Surgical pathologists transfer unexpected lymphoma cases identified during morphology review, or after preliminary immunohistochemistry review to lymphoma service.
- 3.4.1.3 On a multipart case, with 2 concurrent diagnosis, which includes a surgical pathologic process as well as hematopoietic neoplasm, sign out process should be discussed between the surgical pathologist and hematopathologist.
 - Diagnostic hierarchy will follow that the aggressive neoplasm or neoplastic process is reported as main diagnostic category and associated reactive process can be reported as an addendum.
 - For two concurrent neoplastic process, a joint report should be prepared by surgical pathologist and hematopathologist.
 - The clinical team should be notified about the presence of two malignancies, and communication with clinical team should be documented in the pathology report.

4.0 **MATERIALS**

- 4.1 Prefilled tamper evident formalin containers
- 4.2 Normal Saline
- 4.3 RPMI
- 4.4 Surgical Pathology requisition
- 4.5 Telfa pads
- 4.6 Slides (Fisher Superfrost plus or other similar charged glass slide)
- 4.7 CoPath labels

5.0 **SPECIMEN TYPES:**

Needle core biopsies:

Needle Cores that are “query lymphoma” will always be sent in formalin.

- 5.1 Variety of Tissue Types received by pathology gross room for lymphoma diagnosis:
 - 5.1.1 **Lymph nodes-**
 - 5.1.1.1 One intact lymph node with capsule, with/ without attached fat.

- 5.1.1.2 Multiple intact lymph nodes (more than one), with capsule, with/ without attached fat.
- 5.1.1.3 Fragmented lymph nodes, or small pieces of lymph node, with/ without fat.
- 5.1.2 **Extra-nodal tissue** (if query lymphoma)
 - 5.1.2.1 Tonsil biopsy/excision
 - 5.1.2.2 Mediastinum
 - 5.1.2.3 Para-spinal lesion (mass) biopsies (needle or incision) etc.,
 - 5.1.2.4 Brain and associated tissue specimens (neuropathology).
 - 5.1.2.5 Tissue designated as “mass”, lung wedge (or biopsy)
 - 5.1.2.6 Bone with or without soft tissue attached
 - 5.1.2.7 Needle core biopsies from any site
 - 5.1.2.8 Tissue from organs (stomach, pancreas in the form of biopsies or fragments of tissue)
- 5.1.3 **Spleen** – any spleen submitted to pathology if query lymphoma, contact the HP on lymphoma service.

6.0 **PROCEDURE:**

6.1 **Tissue Handling for Shared Health Sites (other than Health Sciences Centre)**

NOTE:

- Specimens designated as “lymphoma work up”, “Query lymphoma”, clinical suspicion of lymphoma are shipped to Health Sciences Centre (HSC) **in formalin.**
- **All query lymphoma cases will be shipped STAT to HSC for processing**
- **No tissue should be sent for Flow Cytometry, except if an HP calls or requests ahead of time**

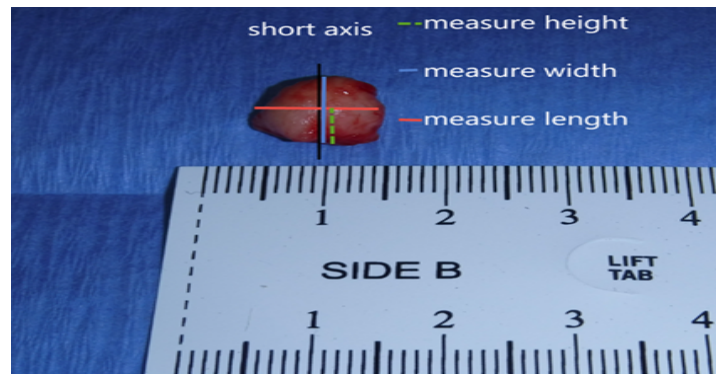
6.1.1 **Accessioning and Shipping to HSC (sites without Pathology laboratory):**

NOTE: ALL “Query lymphoma” samples including cores, will be labeled with a STAT or Urgent sticker in the OR and will be registered into the Delphic LIS and sent to HSC for triage and processing.

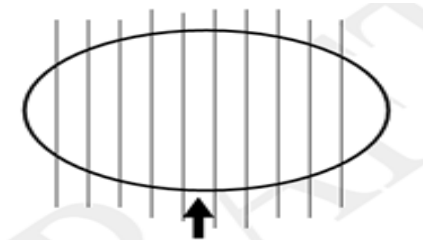
The operating room (OR) will perform fixation cuts to ensure appropriate fixation.

6.1.1.1 **Operating room will:**

- Section the nodal tissue for fixation prior to shipping. These are sent directly to HSC – labeled STAT.
- Take measurements (length X width X height) and indicate on the requisition (including the initials of the nurse taking these measurements).
- Make fixation cuts depending on the size of the node:



- If the node is less than 2 cm, bisect the specimen (see black line above) and place immediately into formalin (10X volume of tissue).
- If the node ≥ 2 cm, perform fixation cuts every 3-4 mm and place immediately into formalin. Document the exact time placed into formalin on the top of the requisition.



- When shipping lymph node tissue in formalin, ensure pieces are cut into no greater than 0.3 cm thick (approximately the size of a nickel).
- Specimen is tracked using batcher and the Fax/fax back form (Appendix 1).



6.1.2 **SBH, Westman and GGH Pathology labs** receiving “Query lymphoma” samples will:

- Register the case in Delphic
- Accession in CoPath under HSC’s numbering wheel and double check the previous specimen type to ensure they are not accessioning similar case types back to back.
- Add the “**CPJ Lymphoma**” retrieval flag in CoPath
- PA to gross the specimen according to 6.4 below.

NOTE: The lab will ensure the formalin volume is 10 X the tissue ratio.

- 6.1.2.1 All specimens received in formalin **must** indicate the time placed in formalin on the requisition.
- 6.1.2.2 PA will indicate on the requisition time and date grossed.
- 6.1.2.3 **Once grossed to ensure optimal fixation**, all remaining tissue and cassettes are shipped immediately to HSC, for further processing and storage.
- 6.1.2.4 Place container in plastic bag, in cooler lined with formalin neutralizing pads for send out as per SOP# 170-10-08.

- 6.1.2.5 Once the specimen is in formalin, Complete Appendix 1 – send fax/fax back to notify HSC that a case is being sent and place a copy in the cooler with the specimen.

NOTE: ALL lymphoma samples are accessioned as per SOP 170-10-01 and the Specimen Acceptance Policy SOP# 50-10-03

HEALTH SCIENCES CENTRE:

6.2 Accessioning:

NOTE: IF receiving cases from GGH, SBH or Westman Lab, these should be grossed at sending site under the HSC numbering wheel. MLAs will check to ensure the CPJ retrieval flag was added and specimen has a status of gross complete.

- 6.2.1 Cases from outside of HSC will be sent in formalin with appropriate fixation cuts.
- 6.2.2 The requisition should indicate a list of known previous specimens (Fine needle aspirates (FNAs), Bone Marrows, other biopsies, flow cytometry, etc.) and diagnosis, previous ancillary study report numbers- if pertinent.
- 6.2.3 If requisition indicates “lymphoma work up, ? lymphoma, clinical suspicion of lymphoma”, the “**CPJ Lymphoma**” retrieval flag must be added into CoPath for the case.
- 6.2.4 If written on the requisition “history of lymphoma” or “query lymphoma”, PA is to ensure clinical history entered in CoPath states “history of lymphoma” or “query lymphoma”

NOTE: All specimens received in formalin **must** indicate the time placed in formalin on the requisition.

NOTE: All cases received at HSC grossed at SBH, GGH or WML must indicate on the requisition time and date grossed so they can be processed following the fixation timelines.

6.3 Tissue Handling

- 6.3.1 HSC tissue specimens are received by pathology (in saline or RPMI) or in formalin (off-site submissions).
- 6.3.1.1 If RPMI is not available on-site, the OR will place the sample in saline.
- 6.3.1.2 **Cores must come in formalin.**
- 6.3.2 If the specimens are received fresh or dry/desiccated:
- 6.3.2.1 If sent fresh from any site other than HSC or if cores are sent in saline or dry, place a “Note” in CoPath in the internal comments and initiate a non-conformance report (NCR)-*Lymphoma cases should never be sent dry.*
- Immediately place cores into formalin and note time in CoPath
 - If ≤ 2 cm- Cut to cassette place into formalin immediately.
 - If ≥ 2 cm- Perform touch preps and place directly into formalin.
 - You **MUST** record in gross dictation if specimen received inappropriately.
- 6.3.3 The tissues triaged prior to sending to HSC will take place in the Operating Rooms at Rural sites where agreed to in advance.
- 6.3.4 All non-HSC samples are submitted in formalin unless there is a previously agreed to exception.

6.4 **Grossing:**

NOTE: Only PA's will contact the **Hematopathologist on Lymphoma service**

6.4.1 **Needle Core Biopsies – Do not page Hematopathologist**

6.4.1.1 Time placed into formalin must be indicated on the requisition.

6.4.1.2 If the specimens are received fresh- see 6.3.2

6.4.1.3 **Place one needle core per cassette in formalin.**

6.4.1.3.1 If six cores-place into six individual cassettes: one core per cassette

6.4.1.4 Needle core biopsies are submitted in formalin for processing.

6.4.1.5 **NO** tissue processing for flow cytometry studies, fresh tissue for cytogenetics, or frozen sections on these samples.

Needle Core Dictation template:**Option #1: Intact cores**

Dictate: Received fresh/formalin, ID matches requisition, all submitted, labelled: [Jar label], # cores, length of each core, by ## cm in diameter. A1 to AX one core each

Option #2: Aggregates

Dictate: Received fresh/formalin, ID matches requisition, all submitted, labelled: [Jar label], [# of fragments or multiple], ranging in size [size range], aggregating [3 dimensions]. A1 to AX-multiple fragments each.

6.4.2 **Lymph Nodes <2cm:** Single lymph nodes should be measured in 3 dimensions.

NOTE: Pathologists' Assistants- **Do NOT contact HP on service unless node is submitted in saline/RPMI and is >2 cm.**

Note:

- If the specimen is received in saline it must be placed immediately into formalin.
- Specimens measuring less than or equal to 2.0 cm (≤ 2.0 cm) are submitted in formalin only (exception- HSC).
- Tissue from these specimens will not be submitted for flow cytometry studies, submitted fresh for cytogenetics, or frozen routinely.
- **Do not page hematopathologists on these cases.**

6.4.3 **Fragmented Lymph Nodes:** Single or multiple lymph nodes, or multiple pieces of lymph nodes should be measured for size dimensions and placed directly into formalin. No touch preps.

6.4.3.1 If multiple pieces of tissue are submitted from a lymph node (fragments of lymph nodes), lay them out flat on cutting board.

Take the aggregate dimensions:

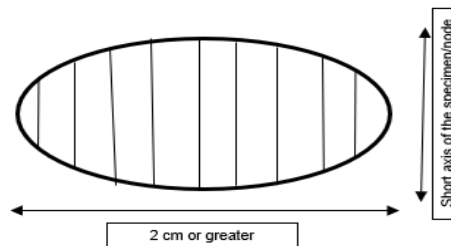
- If the aggregate is greater than 1 cm or approaches 1 cm: **2 cassettes.**

- For aggregates less than 0.5 cm: **1 cassette**
- History of lymphoma” or “query lymphoma” gets dictated into the clinical history section.
- If lymphoma is indicated on the requisition this case is assigned to the Hematopathologist on lymphoma service.

6.4.4 Large Nodes: Lymph nodes >2 cm

Received at HSC in RPMI/saline - Call the Hematopathologist (HP) on lymphoma service to ask if touch prep and/or flow cytometry required.

Note: Lymph node greater than or equal to 2.0cm ($\geq 2.0\text{cm}$) should be sectioned into thin sections along short access.



Process for printing unstained slide labels in CoPath:

1. Switch to Histology E/E tab
2. Under Stain/Process enter "IMUN"
3. Change count to 6
4. Press **Tab** key
5. On "Tool bar" click on "Save Specimen"
6. Click "No Action/Save Yes"
7. Minimize Histology E/E
8. Double click on "Specimen Tracking"
9. Select "FS" on Demand Slide labelling. Click "OK"
10. Scan container
11. Click on "IMUN" – all 6
12. Click on large arrow or "OK"
13. Click on "Save and Label Slides"
14. Labels will print, label slides
15. Close Specimen Tracking
16. On Menu bar click on "Window". Click on your specimen case
17. Histology tab reopens
18. On the Tool bar click on "Save Specimen"
19. Click on "No Action/Save Yes"
20. Label the unstained imprints.

6.4.4.1 **Touch Prep Procedure:** Samples received in saline/RPMI ≥ 2 cm

6.4.4.1.1 Section into thin sections (0.3 cm) along short access.

6.4.4.1.2 Layout 6 (Fisher Superfrost plus charged) glass slides labeled with CoPath number. See instructions above.

- 6.4.4.1.3 Press the slides against the tissue along the entire surface of the slides starting at the top and working your way to the bottom of the glass slides.
- 6.4.4.1.4 Slides are air dried and retained.
- 6.4.4.1.5 These air-dried touch imprints are delivered to the HP on lymphoma service.
- 6.4.4.1.6 If stained in hematology, the hematology tech will write "Giemsa" on the CoPath label.
- 6.4.4.1.7 Place the cut sections into cassettes (one section per cassette) and submit for formalin fixation.
- 6.4.4.1.8 If flow cytometry is required, the HP will ask the PA to secure a small amount to put into RPMI (~0.5 cm).

Exception to this rule applies when a Hematopathologist identifies a specimen ahead of time and instructs the cutting room with special instructions. For this exception, follow pathologist's instructions.

6.4.5 **Extra-nodal tissue:**

Note: Exception to this rule applies when a hematopathologist identifies a specimen ahead of time and instructs the cutting room to provide special instructions. For this exception, follow Hematopathologist's instructions.

All other types of extra-nodal tissue: Never send to Flow Cytometry

- Measure the tissue (or tissue pieces) and submit in formalin.
- Lung, thyroid, salivary gland tissue, segmental resection of bowel or other large specimens, should be handled as per Pathology Grossing manual #170-80-11 (with measuring and inking as required) and assigned to a surgical pathologist (even if the requisition states lymphoma).
- For questions on these specimens, consult surgical pathologist on service during grossing.

6.4.5.1 Spleen for Lymphoma or other Hematologic process:

Call the Hematopathologist on Lymphoma Service

6.4.6 **Timestamp when placed into formalin:**

- 6.4.6.1 Sections (cut to 0.3 cm) are placed into green cassettes and placed directly into formalin-to be "RUSH" processed.
- 6.4.6.2 Ensure the time and date the specimen is placed into formalin is dictated into the gross description.
- 6.4.6.3 Samples are fixed for overnight hours and processed as RUSH cases. Slides should arrive for Hematopathologist by 11 AM the day after they are grossed, **if fixation requirements are met.**

6.5 **Processing timelines:**

- If a needle core or small biopsy has appropriate fixation (minimum 18 hrs as per the requisition time stamp), it will be processed on the next short program run at HSC (if fixation criteria met).

- If fixation timing does not meet guidelines for same day processing, it will be processed the following day at 5 PM.
- All query lymphoma cases are considered rush and H&E slides will be available to the Hematopathologist on lymphoma service by 11 am.

EXCEPTIONS: In cases with exceptions, the Chief HP on Lymphoma service must be contacted to approve rushing cases with minimal fixation. These cases MUST be placed into Gray cassettes and should not be used for IHC. Contact the Chief HP on Lymphoma service to discuss handling. This deviation must be dictated into CoPath.

6.6 **After Hours Tissue Handling:**

- 6.6.1 From 1700 – 0630, follow the after-hours protocol.
- 6.6.2 In these cases, the volume and size are irrelevant.
- 6.6.3 The OR will contact the “pathology resident on call” by calling 204-787-2071.
- 6.6.4 Resident on call will be paged and will discuss the case with the Surgeon.
- 6.6.5 Resident will contact the Hematopathologist on Lymphoma Service to discuss the case.
- 6.6.6 Sample is handled based on discussions with HP on lymphoma service and the surgeon/clinician.
- 6.6.7 The resident will indicate how the specimen should be handled and may recommend putting directly into formalin and shipping to HSC STAT on the next run.
- 6.6.8 OR will Time stamp when placed into formalin.
- 6.6.9 When the lab ships to HSC, the following day (if in formalin) they will track using the fax/fax back sheet (Appendix1).

7.0 **QUALITY ASSURANCE:**

7.1 **Centers outside HSC, receiving and accessioning tissue specimens designated for lymphoma service:**

- 7.1.1 Tissue specimens annotated as “query lymphoma” should be attended to immediately in the cutting room. All requisitions should be marked “STAT”.
- 7.1.2 Check the container to evaluate if the specimen is received in formalin, saline, RPMI, on a dry gauze, or fresh.
- 7.1.3 Specimens received in formalin: retain in formalin, and make sure that the specimen is fixed in at least 10X the volume of tissue.
- 7.1.4 Specimens received in RPMI, fresh, saline: small specimens, less than 2 cm in maximum dimension, nodes (fragmented, incision, excision), extra-nodal tissue designated lymphoma (not a part of multi-part specimens) should be transferred immediately to formalin.
 - 7.1.4.1 Do not dilute the formalin from RPMI, saline carry over.
 - 7.1.4.2 The formalin in the container should be at least 10X the volume of tissue.
 - 7.1.4.3 If the size of the specimen is close to 2cm, and a single piece, the specimen should be first bisected and placed in the formalin jar.
- 7.1.5 Specimens equal to or greater than 2 cm: if received in formalin, make sure that the volume of formalin is at least 10X volume of tissue submitted.
 - 7.1.5.1 Cut the specimen into thin slices (0.3 cm) along short axis.

APPENDIX 3 (EXAMPLE: HSC Operating Room Quick Reference)**HSC Lymphoma Protocol – Quick Reference Guideline**

Please refer to the Lymphoma Protocol, Lymph Node or Tissue found here:

<https://apps.sbggh.mb.ca/labmanual/test/view?seedId=4603>

Important Reminders:

- Lymph nodes (incision or excision)-Do NOT put tissue into formalin.

Exceptions:

- Sentinel Lymph Nodes
 - Needle Core Biopsies which need to go directly into formalin.
- Tissue must not dry out.
 - Deliver to pathology ASAP.
 - Fill out pathology services laboratory requisitions completely.
 - See template attached.

Step by Step:

- Lymph Node Protocol samples must go on a Telfa, soaked/submerged in normal saline.
- Place specimen into a sterile specimen jar (no formalin).
- Fill out Pathology Requisition as per usual and identify the following:
 - ?Query Lymphoma from _____ (identify the site).
 - Note the time the specimen was placed into normal saline under “*collection date and time*”.
 - This is important to note for the pathology and must be filled out!
 - Physician’s signature is required
 - Check off the Saline box under “*specimen submitted in*”.
 - Identify all relevant clinical data.
 - Place an URGENT STICKER.
 - Write down callback number (OR theatre).
 - **** Check off LYMPHOMA PROTOCOL **** found at the bottom of the pathology requisition.
- Perioperative Aid needs to walk specimen over to pathology ASAP.
- Document in ClinDOC under specimens as per usual charting and indicate what time the specimen left the operating room.
- Call pathology at 7-4611 to let them know that there is a specimen on its way for LYMPHOMA PROTOCOL.
- Afterhours*: OR team to contact the Pathology Resident on call if after 1715 and on weekends and Holidays. Call HSC paging (204)-787- 2071.

APPENDIX 4 (EXAMPLE: Operating Room Quick Reference)

Lymphoma Protocol (All sites except HSC)- Quick Reference Guideline

Please refer to the Lymphoma Protocol, Lymph Node or Tissue found here:

<https://apps.sbgh.mb.ca/labmanual/test/view?seedId=4603>

Important Reminders:

- All query lymphoma cases are shipped STAT to HSC in formalin.
- Cores must be placed directly into formalin: Tissue must not dry out.
- Fill out the “pathology services” laboratory requisition:

LABORATORY TEST REQUISITION

NAME OF PHYSICIAN ORDERING TEST: *Buy NICE* LOCATION/WARD: *LAB ANYWHERE*

PATIENT NAME: *Apple Betty*

DATE OF BIRTH: *01/01/1955* SEX: *M* AGE: *54*

PHYSICIAN'S SIGNATURE: *Buy NICE* FACILITY HEALTH RECORDS NO. *111222333*

COLLECTION DATE AND TIME: *Sept 27 2009*

SPECIMEN SUBMITTED IN: FORMALIN SALINE TRANSPORT MEDIA OTHER

TYPE OF SPECIMENS: *L. Coon, rt. Cheek*

CLINICAL DATA: *need to indicate query Lymphoma and provide all clinical details*

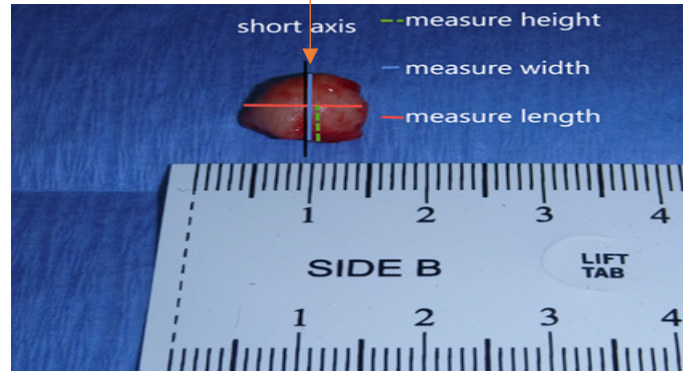
STAT or Urgent Sticker

- Deliver to laboratory to ship ASAP.

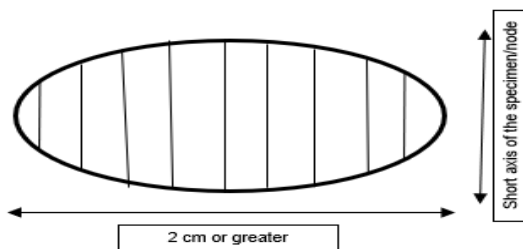
Step by Step:

- Lymph Node samples must be measured length X width X height (and initialed)
- Indicate these measurements the pathology requisition.

- ❑ If the node is less than 2 cm, bisect the specimen (see black line below) and place immediately into formalin (10X volume of tissue).



- ❑ If the node ≥ 2 cm, perform fixation cuts every 3-4 mm and place immediately into formalin. Document the exact time placed into formalin on the top of the requisition,



- ❑ Fill out Pathology Requisition as per usual and identify the following:
 - ?Query Lymphoma from _____ (identify the site).
 - Information on the specimen type from requisition must be identical to the jar
 - Physician's signature is required
 - Note the time the specimen was placed into formalin under "*collection date and time*".
 - This is important to note for the pathology and must be filled out!
 - Check off "formalin" under "*specimen submitted in*".
 - Identify all relevant clinical data.
 - Place an URGENT STICKER on the requisition.
 - **Ensure the requisition clearly indicates** LYMPHOMA PROTOCOL or QUERY LYMPHOMA**.**
 - Send to the laboratory to have this shipped directly to HSC.

After hours: OR team to contact the Pathology Resident on call by calling HSC paging at **204-787-2071**