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Document History:

Title:	**Receiving Pathology Specimens in the Lab**	**Site(s):**	**HSC, SBH, WL, GGH, VGH, CGH, MGH, SOGH**
Document #:	**170-10-18**	**Version #:**	**04**
Section:	**Pathology**	**Subsection:**	**General**

Approved by: **Signature:**	Lisa Manning *(signature on file)*	**Date:**	1-FEB-2021
		Effective Date:	18-MAR-2021

Details of Recent Revision

- Update title to better define procedure.
- Revisions to section 3.
- Accessioning details removed and references to appropriate SOPS for accessioning added to section 6.

1.0 PURPOSE

1.1 To outline the procedure for receiving specimens in the lab and preparing them to be accessioned.

NOTE: Anatomic pathology specimens are considered unique and irreplaceable. See Shared Health's Specimen Acceptance Policy #10-50-03.

2.0 RESPONSIBILITY

2.1 It is the responsibility of the charge technologist (or designate) to ensure staff are properly trained in this procedure.

3.0 POLICY

Proper specimen handling requires that specimen integrity be maintained using the appropriate preservative [where required], and that the sample identification and patient identification is clearly labeled on the specimen container and the requisition.

3.1 All specimens removed from patients must be labeled appropriately to ensure the pathology report is accurate. Any missing or inconsistent information will cause delays.

3.2 All histology and cytology specimens received in the laboratory should must be accompanied by a completed requisition. (See Appendix for requisition requirements).

3.3 The requisition must be complete and include all patient identifiers, collection date and time, fixation time, specimen source and description, PHIN and medical record number and clinically relevant information. It must also contain doctor's name and signature as well as any addition physician information if a copy of the report is required to be sent to a physician other than the primary care physician

3.4 If a specimen presents a known or suspected Biohazard, this information should be included on the requisition form (suggested for CJD, Covid or TB).

3.5 When applicable, fixed tissue specimens received in the laboratory will be evaluated by laboratory staff to ensure that they are properly preserved (formalin ratio is at least 10:1-see 6.11) to prevent cellular degeneration. If received after hours, testing will not be completed until the next routine processing day.

3.6 ORs should maintain a log of any specimens not submitted for pathology evaluation, with information about final disposition as outlined in WRHA policy 110.220.070. link: Pathology Specimens (Management of) Acute Care Setting

3.7 Staff accessioning specimens will not accept specimens that are improperly or incompletely labeled. Therefore, if the correct information is not present, refer to the Specimen Acceptance Policy for the process of rejecting specimens. SOP#10-50-03.

3.8 The identity of every specimen is maintained at all times during the processing and examination steps. This begins with specimen receipting where a unique surgical case # is assigned which follows the case through all procedural steps to final reporting and is retained as per the pathology retention policy 170-10-04.

3.9 The lab will make every effort to separate 'like' specimens so they are not handled back to back.

4.0 SAFETY

4.1 Routine practices are mandatory for all lab staff and must be used for all contact with any patient samples. (100-10-28, section 8.4)
4.2 Use caution and wear impermeable (nitrile or similar) gloves when handling specimens in formalin.
4.3 Wear nitrile gloves (or similar), lab coat and chemical safety goggles and/or a full-face shield where splashing is possible when handling formalin.

5.0 MATERIAL AND EQUIPMENT

5.1 Date/time stamp
5.2 Computer
5.3 LIS labels
5.4 QC sheet (if applicable)
5.5 Scanner

6.0 PROCEDURE

6.1 Handle only one patient's specimen at a time.
6.2 Date and time stamp the requisition upon receipt. All specimens submitted to Histology should be receipted and accessioned as soon as they arrive in the lab. (Batching may be necessary at some sites).
6.3 Separate the requisition from the specimen container. At the point of accessioning, match the patient's first name, last name and PHIN number on the specimen requisition to all specimen containers.
6.4 Check to ensure that the number of specimens indicated on the requisition is the same as the number of specimen containers received.
6.5 Check to ensure that the specimen type and location stated on the requisition exactly matches the specimen type and locations listed on specimen containers.
6.6 Check to ensure the physician's name is on the requisition and the signature is complete on the line indicated for physician signature.
6.7 The sending facility's Operating Room will fill out the time placed into formalin on all pathology requisitions. For breast cases, the ischemic time should be included.
6.8 Check the specimen to ensure it has been transported appropriately (not frozen in transit or stored inappropriately).
6.9 Check the container to ensure there is tissue present and the container is the appropriate type. Also check to see if it is dry or submitted in saline.
6.10 For specimens received in fixative, check the volume- formalin fixed Pathology specimens should be checked to ensure the ratio of formalin to tissue is at least 10:1 (ideally 20:1). The container should have a tamper evident seal.

6.10.1 Add 10% neutral buffered formalin when required. Pathology assistants should dictate a comment in LIS if the specimen is received in a minimal volume of formalin.

6.10.2 Formalin should be dispensed wearing PPE in a fume hood or in a well-ventilated area with bench sweeps/ fume canopies (or similar fume extraction system).

6.11 If any of the information is incomplete or there are any discrepancies-immediately call the originating site (Operating Room, Radiology, CT, Day Surgery, etc) as per SOP#10-50-03.

6.12 Sending facilities are responsible for ensuring all information is accurate prior to shipping pathology samples to referral sites.

6.13 For any discrepancies, notify the collection site of the rejected specimen, immediately.

6.14 It is recommended that pathology specimens are retained in the lab until the discrepancy is taken care of.

6.15 Individual events resulting in a delay in diagnosis or compromise in specimen integrity should be documented in exception logs as per the Specimen Error Report and Waiver #F10-50-03A.

6.16 A staff member from the collection site, who is capable of identifying the specimen and can personally accept responsibility for correction of the discrepancy should come to the laboratory, identify the specimen and make any corrections, and complete the specimen in error form, F10-50-03. This can be done also via fax.

6.17 If there is any concern regarding the specimen or delay in the correction process inform the receiving (referral) site medical manager as soon as possible.

NOTE: •To avoid possible confusion, care should be taken NOT to consecutively register specimens of the same type or origin if at all possible (for example: do not accession 3 products of conception (POCs) in numerical order).
• In addition, patients with identical or similar last names should not be registered consecutively. CoPath will prompt the person accessioning if a previous sample on the same patient was already registered in the system that day. Staff should double check to see if both specimens should be given the same case #.

6.18 Sending facilities place the pre-numbered LIS label in the upper left-hand corner of the
requisition. (Site specific-depends if sending or receiving).

6.19 If there are no discrepancies and everything correlates, the specimen can be accessioned as per 170-10-01 for histology; 170-110-115 for cytology.

7.0 SPECIAL HANDLING

Note: Not all pathology specimens are submitted in formalin. Always check the requisition and the specimen container to ensure the specimen has not been inadvertently submitted in an inappropriate fixative.

7.1 Designated specimens do not require microscopic examination. Not for submission list:

7.1.1 Abdominal pannus

7.1.2 Amputation stumps, 2◦

7.1.3 Bone fragments and ligaments
7.1.4 Bone femoral head—hip arthroplasty
7.1.5 Bone-hormal
7.1.6 Bone-knee joint arthroplasty
7.1.7 Bony ossicles (ears)
7.1.8 Foreign bodies (bones, plates, nails, screws, mesh, catheters, clips, pacemakers)
7.1.9 Fingers
7.1.10 Foreskin Prepuce) < 25 years
7.1.11 Hernia Sac
7.1.12 Hydrocele Sac
7.1.13 Intervertebral Discs
7.1.14 Meningocele Sac
7.1.15 Medical Devices
7.1.16 Nasal Septa when removed for obstruction only
7.1.17 Optic Lens
7.1.18 Placentas
7.1.19 Ribs removed incidental to chest surgery
7.1.20 Scar tissue
7.1.21 Semilunar/knee cartilage
7.1.22 Teeth
7.1.23 Tendon Segments removed incidental to orthopedic procedures
7.1.24 Tonsils and Adenoids < 25 years
7.1.25 Toes
7.1.26 Vaginal wall fragments (plastic repair)
7.1.27 Varicocele
7.1.28 Vein Strippings

7.2 Some tissues do not require microscopic study if the gross examination does not show unexpected findings. These will be submitted for gross diagnosis only:

7.2.1 Aortic thrombus material
7.2.2 Bunion
7.2.3 Bone-amputated digit (deformity)
7.2.4 Breast implants (no capsule)
7.2.5 Calculi
7.2.6 Endarterectomy specimens
7.2.7 Gyne vag mucosa incidental to cystocele
7.2.8 IUCD
7.2.9 Lower limb amputations for vascular disease
7.2.10 Skin-Abdominoplasty tissue
7.2.11 Skin-bedridement of tissue from trauma
7.2.12 Skin-Grossly normal removed for cosmetic procedure
7.2.13 Liposuction material
7.2.14 Artery/aorta wall
7.2.15 Redundant tissue for bypass
7.2.16 Arherosclerotic plaque
7.2.17 Mechanie valves
7.2.18 native heart valves
7.2.19 Toe nails, finger nails (unless soft tissue is present with nail matrix)
Note: These will be signed out with a GDO comment: No microscopic examination has been performed. If for clinical reasons microscopic

examination is required, please contact the Pathology Department within 2 weeks of the date of this report.

7.3 Separate procedures exist for non-routine specimens, including:

- Lymphoma Protocol
- Electron Microscopy
- Hormone Receptors
- Immunofluorescence
- Large Surgical Specimens (Fresh)

Refer to https://sharedhealthmb.ca/health-providers/diagnostic-services/and then select Lab Information Manual (LIM) Click on Pathology or Cytology on left hand side and search according to the appropriate letter.

8.0 REFERENCES

8.1 Nakhleh, R and Fitzgibbons,P. Quality Management in Anatomic Pathology, *Promoting Patient Safety through Systems Improvement and Error Reduction*. CAP College of American Pathologists. 2005.