



PURPOSE: To define a standard method for the requirements of surgical specimens and how to receive them.

PRINCIPLE

In order for the Histology Department to adequately process a specimen, the tissue must be received in the proper state or fixative, and labeled in an appropriate manner. The accompanying requisition must also have the correct and necessary information. This will produce a record of the specimen for any future reference.

PROCEDURE:

SURGICAL SPECIMEN REQUIREMENTS:

1. Labeling Requirements for Histology Specimens and Requisitions:

- Patient's name
- Patient MRN number or DOB
- Time and Date of collection
- Initials of the person collecting the specimen
- Specimen identity (type) or source
- Surgeon, last **and** first name or 6-digit ID (on requisition only)
- Relevant clinical information (on requisition only)

NOTE: If any of the above information is missing, contact the ordering department to obtain all correct information before proceeding with processing of the specimen. Also, make sure an RL Event report is written on all occurrences. Unacceptable specimens may be processed at the discretion of a pathologist, especially if the specimen cannot be easily recollected.

2. Special Requests:

- Specimen retention (at the request of patient, doctor, or manufacturer) includes an orange sticker stating "DO NOT THROW AWAY-HOLD SPECIMEN" (return to manufacturer, save for patient/doctor.)
- Other special requests, for example Microbiology (should have separate Microbiology form)
- 24 hour read or STAT.

3. Specimen Storage Requirements. Tissues noted in Table 1, as well as tissue requiring special studies, should be fresh or placed on a saline moistened Telfa Pad (not gauze). Fresh tissues are delivered to the histology laboratory immediately, or refrigerated until delivered. With few exceptions, the remaining tissues should be placed in formalin* and sent to the laboratory for evaluation.



**HISTOLOGY SPECIMEN
REQUIREMENTS AND RECEIVING**

Table 1.

Specimen	Storage requirements *
Appendix	Formalin
Auditory canal cysts and tumors	Formalin
Axillary dissection (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Bladder cystectomy	Fresh
Bladder calculi	No preservative
Bowel resection (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Breasts ** (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Bronchial biopsy	Formalin
Calculus analysis	No preservative
Cervical cone biopsy	Formalin
Colectomy for Tumor (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Colon polyps and resection	Formalin
Digit (fingers and toes) amputations	Formalin
Endarterectomy	Formalin
Enterostomy and Colostomy	Formalin
Esophageal resections	Fresh
Fallopian tubes	Formalin
Gallbladder	Formalin
Gastrectomy (NEEDS TO BE SENT IMMEDIATELY)	Fresh
GI biopsies	Formalin
Heart valves	Formalin
Intestinal resection	Fresh
Kidney	Fresh
Kidney calculi	No preservative
Larynx and Hypopharynx resection	Fresh
Limb amputations except fingers and toes (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Lip wedge	Formalin
Liver biopsy	Formalin
Liver biopsy for Iron studies	Fresh
Lung (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Lymph nodes (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Nasal cartilage, mucosa and bone	Formalin
Neck dissection	Fresh
Oral mucosa	Formalin
Ovarian tumors or cysts	Fresh
Pancreatectomy	Fresh
Parathyroid	Fresh
Placenta	Fresh
Products of conception (NEEDS TO BE SENT IMMEDIATELY)	Fresh
Prostatectomy specimen	Fresh



Radical neck dissections	Fresh
Rectal biopsy	Formalin
Salivary gland (i.e. parotid/submandibular/submaxillary glands)	Fresh
Soft tissue, benign	Formalin
Spleen	Fresh
Sputa	Fresh
Stomach resections	Fresh
Testis-Orchiechomy	Fresh
Tongue, jaw and pharynx	Fresh
Tonsils and adenoids	Formalin
Thyroid	Fresh
Urethral calculi	No preservative
Uterus	Fresh

****NOTE: If a Breast case is received fresh, consult with pathologist assigned to Gross immediately. It is imperative that these specimens be evaluated and placed into formalin within 60 minutes. This is to assure that the tissue will have the optimum reaction in the immunostaining process.**

Specimens Exempt from Pathology Exam

The following specimens **DO NOT** require pathology examination unless the physician requests it:

1. Cataracts
2. Orthopedic appliances
3. Foreign Bodies including stents, ear tubes, shunt tubing, shunt valves, tissue expanders, breast implants and surgical mesh
4. Portions of bone removed only to enhance operative exposure (i.e. Ribs)
5. Birth control devices
6. Traumatically injured members that have been amputated and for which examinations for either medical or legal reasons is not deemed necessary
7. Placentas (grossly normal appearing, does not meet criteria for review)
8. Radioactive materials
9. Teeth, provided the number, including fragments, is recorded in the medical record
10. Bullets that are given directly to law enforcement
11. Scar tissue, except from a previous neoplasm
12. Skin/fat removed with plastic procedure/extraneous tissue except from a previous neoplasm.
13. Foreskins removed from circumcision of newborn
14. Kidney, urethral or bladder stones. **Note:** If physician requests "stone analysis", handle specimen as a surgical tissue and label the tissue slip "For Stone Analysis." No preservative is needed
15. Fetal Remains



***Formaldehyde/Formalin - Suspected Carcinogen:** Formaldehyde is a suspected carcinogen; extreme caution must be exercised in handling specimens preserved in Formaldehyde. Barrier coats, gloves, and eye protection must be worn at all times. Avoid skin, eye or clothing contact. In case of eye or skin exposure, flush with copious amounts of water for at least 15 minutes. **DO NOT** store Formaldehyde or Formaldehyde-preserved specimens near combustible materials. If an accident should occur, transport the exposed individual, accompanied by appropriate SDS, to the Emergency Department.

RECEIVING SURGICAL SPECIMENS:

1. Routine histology specimens
 - a. A volunteer runner will pick up specimens from OR and Digestive Health to deliver them to Histology hourly, from 0815 to 1615 Monday through Friday. Weekend specimens will be delivered to the lab by OR personnel, as collected. The requisition must be initialed by the lab staff and the person that delivered it, than stamped with the time and date received in the lab, and taken to Histology. Fresh specimens must be placed in the refrigerator. Place the accompanying requisition in the basket on the side of the refrigerator.
 - b. Routine specimens (exceptions listed in Table 1) are delivered in formalin (10-20 times the volume of the specimen).
 - c. Extremely large specimens may be submitted fresh. If the Histology department is closed, keep all fresh specimens refrigerated until they can be delivered to the lab. If the specimen is too large for the refrigerator (i.e. above the knee leg amputations) then they can be placed in the walk-in fridge in Micro, and a note should be placed in Histology to alert staff of its location.
 - d. The person receiving the specimens in the lab will verify that the specimen(s) match the paperwork received, and review labels/requisitions for completeness, using two forms of identification to assure correct patient ID.
 - e. If the requisition has an orange **HOLD SPECIMEN** label, Histology personnel will then attach a like label to the specimen container to assure that the specimen is retained as long as necessary or returned to the manufacturer if requested.
 - f. Specimens that need both Histology and Microbiology cultures need to go to Histology first as a fresh specimen. This is to make sure that there aren't any special circumstances that would require histology take a certain portion of



the tissue. The specimen will then be sent to Microbiology and they will take a sterile portion of the specimen. Once Micro is finished with the specimen the rest will come to histology to be grossed.

2. Surgeons should consult with the Pathologist regarding other tissues that may require special handling (such as lymph nodes and muscle biopsies).
3. Frozen Sections
 1. Pathologists are available 24 hours for frozen section examination of specimens.
 2. Laboratory staff will contact the pathologist on-call if there is a need for a frozen section after office hours

References

1. College of American Pathologists; CAP Anatomic Pathology Checklist. August 17, 2017.

Related Documents

- Accessioning in PowerPath
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