**PRINCIPLE:**

A guideline for usual practices in the Springfield Hospital Pathology Department. As of January 1, 2019 all processing and reporting will be done at Cheshire Medical Center, Keene NH

### 1. HANDLING OF THE SPECIMEN

Complete instructions for Surgical Pathology Specimen Collection are available electronically through the shortcut on the desktop of every computer to "SH Lab Test Catalog" (three red test tubes icon)

A. Under ordinary conditions, all specimens removed at operation should be placed in buffered 10% formalin as soon as is practical. There should be sufficient formalin to adequately cover the specimen and the volume of formalin should, as a rule, be at least five (5) times that of the specimen involved. (See "Specimen collection").

B. Proper containers with formalin for specimens are available from the laboratory.

C. Separate specimens removed during the same operation should be properly identified and placed in separate containers.

D. All specimen jars should be identified with the patient's name, hospital number, age and attending physician. If there is more than one specimen, each specimen jar should be identified with a code letter (A, B, C) and identification of the item contained.

E. Each specimen or group of specimens from the same patient should be accompanied with a properly filled out surgical pathology requisition slip including the patient's name, number, age, doctor, listing of the specimen removed, and pertinent clinical information as well as any special instructions to the pathologist. There is also a spot on the requisition slip for additional copies to other members of the staff or departments. (example: Endoscopy)

F. If a specimen requires some special handling it is the responsibility of the surgeon to make sure that the pathologist is properly informed as to the requirements for special handling.

G. If all else fails, the specimen should be moistened with sterile saline and put into the refrigerator with the pathologist notified. Under no circumstances should a specimen be allowed to remain on a dry piece of gauze for more than a minute or two.

H. In any unusual situation, an ideal way to handle it is to arrange to have the pathologist available at the time the operation is done. If this is not possible or unexpected circumstances arise, please contact the pathologist at that time. In this way, the best interests of the patient can be served.

I. Any specimen that is too large to be properly put in the tissue container and fixed in formalin or for any reason needs to be held over in an unfixed state should be properly wrapped with plastic, sealed and refrigerated. The specimen is to be properly labeled. With large specimens for which the usual containers are not available, the laboratory should be contacted before the operation so that proper arrangements can be made.

J. Fresh placentas from the Childbirth Center should have Formalin added as soon as possible. During the day shift this will be done by the Pathology staff. After hours this will be done by Nursing staff.

### 2. HANDLING OF SUB-OPTIMAL SPECIMENS

1. **Lack of sufficient patient identification or adequate requisition information:** The submitting hospital department will be notified by phone or in person of the problem and requested to come to the pathology department to
correct the information. If the problem originates from a physician's office, they will be notified by phone of the problem and the specimen will be returned to them or in the case of requisition information, the correct information can be faxed to the pathology department.

2. **Unfixed and/or unrefrigerated specimens:** As soon as a specimen is discovered unfixed or unrefrigerated, the submitting hospital department will be contacted by phone to verify that special handling is not required (example: fresh lymph node for flow cytometry) and 10% Formalin will be added or held in the refrigerator as appropriate. The submitting department will be reminded that fresh specimens must be brought to the attention of laboratory personnel.

3. **Specimens with contaminated outside surfaces:** Upon receipt of these specimens, laboratory personnel will clean the outside surfaces with 10% Bleach solution before any further handling. The submitting department will be reminded that these specimens should be cleaned before being sent to the lab or be submitted in a biohazard bag.

3. **SPECIMEN ACCESSIONING, CHARGING, and TRANSPORT**

When surgical specimens arrive at the laboratory they should be properly identified with the following information:

Patient's name, date of birth, hospital number, date of service, physician's name, and source of specimen.* There should also accompany the specimen a surgical pathology requisition with the following information: Patient's name, date of birth, hospital number, date of service, surgeon and physician's names, and source of specimen, pre and post-operative diagnoses, clinical history and adequate billing information.

*Specimens lacking this information will be entered into an Incident Log kept by the pathology secretary. The physician's office or OR will be contacted and expected to come and make the needed identification before the case is processed.

2. Specimens arriving at SH lab will be given an accession number after the requisition has been time stamped with the arrival time. The accession number will include a hospital designation letter "S", the year, and a sequential number starting with 01000. The pathology secretary is responsible for maintaining this log for 2 years.

3. Specimens will be coded as to what level of pathology involvement is needed. The levels are from I (Gross only) to VI (Surgical pathology gross and microscopic examination - complex). The "best estimate" of the charge will be entered in CPSI, but will be subject to change based on the "Daily Springfield Hospital Charge Report". This will be determined by the coders at CMC and DHMC and reviewed daily.

4. Specimens are ordered in CPSI and two or more order labels generated. Place the stickers with the computer order number in the log book next to each patient's accession number. Also place a copy of the name and order stickers on each page of the requisition. Place the case number sticker in the "Referring Identifier" area of the each page of the requisition and also write the account number (Y or Z) in this space. Make 2 copies of the requisition, one to keep in the requisition book, and one for Out-Patient Registration if received from offices.

Print a copy of admission form to go with cases making sure the performing provider and admission date are included.

Package specimens, and the copy of requisition with admission form in a Biohazard bag, make an entry on the Daily Transmission Log and place in the "Room Temp" courier bag going to CMC. Place the bag on the counter in the Grossing Room where Green Mountain Courier picks up (Monday through Saturday about Noon).

4. **REPORTS**
It is part of the CAP accreditation standards that all tissues removed in the Hospital will be examined by a qualified pathologist with an appropriate report sent to the attending doctor and the original report made part of the Medical Record.

A. At the time a proper specimen is received in the laboratory, it is given an accession number and entered into the accession book which is by the surgical path bench. Both the specimen and the appropriately filled out surgical requisition slip are given the surgical path number.

B. Reports are generated through Cheshire Medical Center, Keene NH and electronically signed by the pathologist. Reports are faxed to the Pathology Secretary's office. Enter date of the reports received in Logbook as well as the CMC accession number. This checking mechanism is to ensure that all pathology reports have been received and distributed.

**DISTRIBUTION SCHEDULE:** Electronically signed reports are faxed or sent in an inter-department yellow envelope to the following:

- Original copy to Health Information Management (previously Medical Records)
- Copy to all providers/departments listed
- Copy for black Pathology Book
- Copy to Registrar (if malignant or suspicious or abnormal)
- Copy of all Breast cases to Mammography/ Lenore, Breast Care Coordinator

C. The slides and the paraffin blocks will be filed at Cheshire Medical Center, Keene NH

D. Archival slides sent out for review by outside physicians or organizations will be accessioned in a send-out book giving the place where they are sent as well as the time that they are sent. On return of the slides, any reports returned with the slides will be duplicated and distributed as the original pathology reports were. Current cases will be handled by CMC.

E. Certain tissues may be exempted from examination if they have been identified and specially acted on by the Executive Committee of the Medical Staff. The following is the current list approved by the Medical Staff.
Specimens Not Necessary to Forward to Pathology

<table>
<thead>
<tr>
<th>General Surgery</th>
<th>Ophthalmology</th>
<th>Orthopaedics</th>
<th>Urology</th>
<th>Obstetrics</th>
<th>Plastic surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacemakers and leads</td>
<td>Intraocular lens</td>
<td>Arthroscopic specimens in suction containers</td>
<td>Ureteral Stents</td>
<td>Normal delivery placentas</td>
<td>Liposuction fluid</td>
</tr>
<tr>
<td></td>
<td>Iris from iridectomy</td>
<td>Bone and tissue removed on necessary surgical exposure</td>
<td></td>
<td></td>
<td>Skin from blepharoplasty</td>
</tr>
<tr>
<td></td>
<td>Phacoemulsification fluid (cataract)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Old scars from old incisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopaedic hardware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joints for osteoarthritis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Pathology reports entered into the patients' charts shall only be those signed by a pathologist who has appropriate credentials as approved by the Credentials Committee on file in the hospital or those referring agencies approved by a pathologist who is an accredited member of the Medical Staff.

G. The pathology report shall contain adequate information and description as identified in the procedure listed as elements of a pathology report.

MISCELLANEOUS SPECIMENS PREVIOUSLY SENT TO PATHOLOGY – TEST CODES & WHERE TO SEND:

<table>
<thead>
<tr>
<th>SPECIFIC SPECIMEN</th>
<th>SEND TO:</th>
<th>NAME IN CPSI</th>
<th>CPSI ITEM NUMBER</th>
<th>CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tick for ID</td>
<td>UVMC</td>
<td>ARTHROPOD ID UVMC</td>
<td>4016197</td>
<td>87168</td>
</tr>
<tr>
<td>Worm ID (Ascaris type)</td>
<td>UVMC</td>
<td>WORM ID UVMC</td>
<td>4010532</td>
<td>87169</td>
</tr>
<tr>
<td>Pinworm ID</td>
<td>UVMC</td>
<td>PIN WORM TEST UVMC</td>
<td>401532</td>
<td>87172</td>
</tr>
<tr>
<td>Stones removed in OR</td>
<td>MAYO</td>
<td>STONE ANALYSIS MAYO</td>
<td>4015554</td>
<td>82365</td>
</tr>
<tr>
<td>(also used for passed stones)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATTACHMENTS:
2019 Gross only list
CMC Surgical Pathology/Dermatopathology requisition
DHMC Courier/Specimen Transmittal form
REFERENCES:
Surgical Pathology Manual Procedures:
SURGICAL PATHOLOGY SPECIMEN COLLECTION
RETENTION OF PATHOLOGY MATERIALS
ANATOMIC PATHOLOGY & CYTOLOGY RETENTION TIMES

METHOD CHANGE DOCUMENTATION LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHANGES (What &amp; why?)</th>
<th>BY</th>
<th>DIR APP</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/05/2009</td>
<td>Minor changes to reflect current practice / consolidate several smaller addendums into policy.</td>
<td>J Benzaia</td>
<td>T Masuck, MD</td>
</tr>
<tr>
<td>07/26/2010</td>
<td>No changes – added to SH P&amp;P format</td>
<td>J Benzaia</td>
<td>T Masuck, MD</td>
</tr>
<tr>
<td>10/02/2014</td>
<td>Reformatted. Added attachment of specimens approved for Gross Only examination.</td>
<td>J Benzaia</td>
<td>T Masuck, MD</td>
</tr>
<tr>
<td>03/16/2017</td>
<td>Addition of Breast implant devices to Gross Only list</td>
<td>J Benzaia</td>
<td>T Masuck, MD</td>
</tr>
<tr>
<td>01/01/2019</td>
<td>Changes to reflect sending surgicals to CMC. Change of Laboratory Directorship</td>
<td>J Benzaia</td>
<td>C Cocklin, MD</td>
</tr>
</tbody>
</table>