

## WVUH Laboratories Anatomic Pathology Services

### I. Autopsy Service

An autopsy is a surgical procedure and examination performed on a deceased person. An autopsy may be conducted for any or several of the following reasons:

#### *Diagnosis*

- To determine the underlying disease or injury ultimately responsible for death
- To determine the physiological derangement that immediately preceded death
- To confirm a clinical diagnosis or to rule out differential diagnoses

#### *Education*

- To enhance the education of resident physicians and future pathologists' assistants

#### *Research*

- To obtain tissue for basic research. An example would be brain retrieval for research in dementing diseases such as Alzheimer disease.

### **Availability**

Autopsies are available not only for patients who die in Ruby Hospital, but also for any WVUH affiliate patient as well as a former WVU patient who dies anywhere. There is no charge to the family of the patient.

<i>Hours</i>	Autopsies:	Monday-Friday , daytime. Usually the autopsy will be performed on the same day that a valid written consent is received, provided that it is received before 1:00 P.M. During nights and weekends, call 304-598-4000 and ask for the Anatomic pathology resident on call. Stat autopsies can be done by special arrangement by contacting the Anatomic Pathology resident on call.
	Administration:	Monday through Friday, 8:00 AM to 4:00 PM. The telephone number for the autopsy service is (304) 285-7095.

### **Which bodies should be autopsied?**

Permission for autopsy must be sought after every death that occurs in the inpatient wards or emergency room, for which the medical examiner will not perform an autopsy.

### **Benefits of the autopsy**

*Physician:* The benefit deriving to the clinical physician from the autopsy is that clinical diagnostic judgment is honed and improved based on the feedback from the autopsy, whether the autopsy confirms the clinical diagnosis or instead reveals a new diagnosis. Most of the time, the autopsy will confirm the clinical diagnosis. However, one cannot predict in advance which autopsies will be confirmatory and which will reveal an unsuspected diagnosis.

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*Hospital:* The autopsy is useful risk management tool, because it can eliminate speculative scenarios.

*Family:* Families can derive peace of mind from knowing that their loved one's disease was so advanced that further therapy would have been futile. Some families get a sense of satisfaction from providing the benefit to physicians mentioned above, that is, improving the care of patients to come, and helping to maintain the highest clinical standards for WVU. Many families are interested in the resolution of pending clinical questions.

### **How is an autopsy performed?**

An autopsy consists of an external examination, an internal examination, and ancillary studies. The external examination is an inspection of the outside of the body that includes identifying features, signs of death, and signs of disease and injury. The internal examination consists of opening the chest, abdominal, pelvic, and head cavities, to view the organs as they lie in the body; followed by removal and dissection of the organs of the chest, abdomen, pelvis, neck, and head. Ancillary studies always include microscopic study of selected tissues, and may include special laboratory tests.

### **Who performs an autopsy?**

The autopsy is performed by a faculty pathologist, assisted by a resident pathologist, and/or pathologists' assistant. The autopsy service is a division of the Pathology Department, and includes pathologists with special expertise in forensic pathology.

### **Who may provide legal consent for an autopsy?**

An autopsy may be ordered by the Office of the Chief Medical Examiner of West Virginia, pursuant to statute. If the medical examiner does not order an autopsy, the autopsy can only be done with the consent of an authorized person. The persons who are authorized to consent to an autopsy are listed below, in order of priority:

1. Medical power of attorney representative for the deceased person.
2. Surviving spouse of the decedent provided that the spouse is *not* legally separated. Under West Virginia law, a legally separated spouse has no standing to consent to an autopsy, and the right to do so devolves to the next person in the priority rank.
3. Child of the decedent who is 18 years of age or older. Such consent is valid if no other children make a written objection to autopsy known to the physician who is to perform the autopsy.
4. Parent of the decedent.
5. Health care surrogate, if one has been appointed.
6. Duly appointed and acting fiduciary of the estate.
7. The person, firm, corporation, or agency legally responsible for the financial obligation incurred in disposing of the body of the deceased.

Each nursing station at Ruby has a supply of autopsy consent forms.

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### **Who meets with or telephones family members to request an autopsy?**

The attending physician or a resident physician acting on behalf of the attending physician is the party who asks the family for consent, and fills out the consent form. If the written consent is defective or incomplete, a representative of the autopsy service will notify the physician so that a valid consent can be obtained. An autopsy consent whether obtained in person or by telephone must be witnessed.

### **Medical Examiner Jurisdiction**

The Monongalia County Medical Examiner must be notified of any death that occurs:

- by violence
- by apparent suicide
- by drug overdose
- suddenly when in apparent good health
- unattended by a physician
- when an inmate of a public institution
- from a disease constituting a threat to the public health
- in a suspicious, unusual, or unnatural manner

The medical examiner statute does not have a 24 hour rule, and does not mention death from therapeutic complication.

The county medical examiner may do one of the following when notified of a death:

1. Decline jurisdiction. This means that the medical examiner has no interest in the death, will not issue the death certificate, and does not take custody of the body.
2. Accept jurisdiction, provide a death certificate, and order an autopsy.
3. Accept jurisdiction, provide a death certificate, but not order an autopsy.

Do not assume that because the medical examiner has accepted jurisdiction that the medical examiner will order an autopsy. In fact, the county medical examiner rarely orders an autopsy when disease and trauma have been documented in a hospital record, or when the decedent has hypertension, diabetes, or heart disease, and has experienced a sudden death with pronouncement in the emergency room. Therefore, when notifying the county medical examiner of a death, ask for a return call to learn whether the medical examiner will order an autopsy. If the medical examiner does not return the call promptly, and the family is about to leave the hospital, go ahead and obtain a written consent, but tell the family that the medical examiner may still order an autopsy.

WVU has a contract with the state medical examiner to perform medical examiner autopsies at WVU.

### **Death certificates**

Death certificates are completed by the licensed physician who is taking care of the patient at the time of death, unless the medical examiner takes jurisdiction, in which case the medical examiner certifies the death.

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### II. Surgical Pathology/Neuropathology/Histology Laboratory

Hours: Monday-Friday 8:00am to 5:00 pm

Note: During nights and weekends, call 304-598-4000 and ask for the Anatomic pathology resident on call.

The Division of Surgical Pathology of WVU Hospitals offers a complete range of surgical pathology services. The department also offers examinations of relevant tissues from the central and peripheral nervous system as well as from the skeletal muscular system. The surgical pathology grossing room is located within the Operating Room suite, 5th floor of Ruby Hospital. Processing of the specimens then takes place in the Histology Laboratory, located on the second floor of the Health Science Center.

Specimen(s) submitted must be accompanied by a completed and printed Surgical Requisition and should be delivered to the Surgical Pathology Grossing Room, outside the Operating Room. Normal turn-around time will be 1 to 2 working days from time of accessioning of the specimen on routine specimens. Specimens that require routine special staining and or immunohistochemistry techniques will normally be finished in 2 to 4 working days.

Special studies such as histochemical, immunofluorescence and immunoperoxidase can be performed, but need to be arranged with Staff Pathologist or resident on the service. Additional information may be required as indicated in the individual test listings (See Test Index).

### III. Cytopathology, Scope of Practice

Hours Monday – Friday, 8:00am to 5:00pm

The Division of Cytopathology, located in the Health Sciences Center North, performs morphologic studies on a variety of specimens including gynecologic smears, body fluids, and fine needle aspirates. A completed Cytology order requisition (appropriate for the specimen type) must be entered electronically into-Epic and a printed copy must accompany all specimens submitted. Specimens must be delivered to the specimen processing area of the Clinical Laboratories, 3rd floor, Ruby Hospital. Details concerning acceptable specimen types and information needed on the requisition are available from the test index.

For Thin Prep pap smears, the clinician must indicate whether high-risk HPV testing is to be performed a) per ASCCP guidelines, b) regardless of diagnosis, or c) not at all. Testing algorithm may vary depending on other patient factors such as prior diagnoses or menopausal status. More information is available at: [www.asccp.org](http://www.asccp.org).

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Assistance with fine needle aspirations with on-site adequacy assessment by a cytotechnologist is available during normal operational hours. This requires special arrangements with the Cytopathology staff, as described below in the following policy and procedure.

### **ASSISTED FINE NEEDLE ASPIRATION POLICY:**

This policy is intended to provide guidelines for the cytotechnologists that assist with fine needle aspirations for on-site adequacy assessment, and encompasses the interactions with the clinical staff and the Pathologist responsibilities.

### **ASSISTED FINE NEEDLE ASPIRATION PROCEDURE:**

Fine needle aspirations are obtained for microscopic evaluation of a palpable or radiologically identifiable mass to aid in establishing the patient's diagnosis. Cytotechnologists go on-site to prepare smears and provide immediate adequacy assessment. Please note the following:

1. Fine needle aspirations should be schedule in advance, if possible. In general, notification as soon as the test is scheduled (at least the morning of a potential aspirate) is appreciated. Please call the Cytopathology Laboratory at 293-2095, with the patient's name, medical record number or birth date, and body site to be aspirated. This allows the department to plan accordingly. Please be aware that this does not reserve a cytotechnologist to be available for you at a given time.
2. Once you are ready and expect to need assistance within 10 minutes, please call the Cytopathology Laboratory. A Cytotechnologist will leave the lab and come to the site as soon as possible. However, there may be delays if cytotechnologists are assisting elsewhere. Please do not call more than 10 minutes in advance; the cytotechnologists have many duties, and cannot wait for long periods of time without impacting patient care elsewhere.
3. Before the procedure is started, please complete a Cytology order in Epic ("CYTOPATHOLOGY-FINE NEEDLE ASPIRATE"). This must be completed, printed and given to the cytotechnologist prior to starting the procedure. Without the appropriately filled out order, the cytotechnologist cannot accept the specimen.
4. Once the order is completed, the cytotechnologist will confirm the patient identification (with name and either medical record number or date of birth) as well as the body site to be aspirated. The body site needs to be clearly communicated for proper assessment of adequacy.
5. The cytotechnologist will prepare smears and record the adequacy assessment on a carbon paper form.
6. The adequacy assessment from the cytotechnologist will be categorized as "Adequate," "Inadequate," or "Indeterminate." "Adequate" means that there are a sufficient number of diagnostic cells present such that the pathologist will most likely be able to render a diagnosis. In these cases, the cytotechnologist may request additional material for ancillary studies such as a cell block with immunohistochemical stains, or flow cytometry. "Inadequate" means that there are an insufficient number of diagnostic cells present, and the cytotechnologist may request additional material if possible for further evaluation. "Indeterminate" essentially means that there may or may not be enough material. The cytotechnologist may include additional descriptive information after the adequacy statement.

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7. A pathologist is available to come on-site if requested for Rapid On Site Evaluation (ROSE) for a preliminary diagnosis.
8. Aspirations from multiple body sites must be processed separately. Each site will receive its own assessment. Therefore, if a new site is aspirated, it is important to notify the cytotechnologist so that they label it appropriately. Aspirations from separate sites will not be combined.
9. Cytotechnologists will stay on-site for the length of the procedure. Once their services are no longer needed, please let them know. They have numerous other jobs to do and this will impact our turnaround time for other cases.
10. The cytotechnologist will take the specimen back ONLY to the Cytopathology Laboratory for processing and not to other locations such as Microbiology.
11. The aspiration specimen will be processed in the Cytopathology Laboratory and reviewed by a pathologist. Diagnoses are generally rendered within 1 to 2 days. Please note that if ancillary studies must be performed, the turn -around time may be longer.

### **After Hours Cases**

If a case occurs after 5:00PM, it may be submitted in CytoLyt.

If an on-site adequacy assessment is critical, please contact the pathology resident on call by 4:30pm. The resident in conjunction with the pathologist on call will assess the need for an immediate assessment and the availability of a cytotechnologist.

A resident and staff anatomic pathologist is always available to answer questions or assist.