



Specimens from the operating rooms are sent to Surgical Pathology, 6th floor, Gateway Building, fresh (unfixed) and properly labeled and packaged during working hours from 8 AM to 5:00PM, Monday through Friday. Specimens are otherwise refrigerated (not frozen) and retained in the operating rooms until the laboratory is open for delivery. Small biopsy specimens should not be allowed to dry out; they should be placed on muslin sheet squares, not gauze and moistened with balanced salt solution before packaging. Alternatively, small biopsies may be placed in tubes (ones that can be tightly capped) with a small amount of balanced salt solution or 10% neutral buffered formalin. These specimens should be refrigerated if it is not possible to deliver them to Surgical Pathology promptly.

Small biopsies and other tissue specimens of small size from clinics and ambulatory surgery must be placed immediately in adequate, 10% neutral buffered formalin (available from Surgical Pathology), 10-20 times the volume of the specimen. These specimen containers must be labeled with the patient's full name, medical record number, date, and name of the surgeon. Call the Surgical Pathology Laboratory if there are questions about fixation of specimens, use of fixatives, or special fixatives. Fixative fluids are available from Surgical Pathology and should be picked up prior to the biopsy. Neutral buffered formalin and special fixatives (eg, B5) may be used where appropriate. Prior arrangements should be made with the Surgical Pathology Laboratory to prevent over-fixation.

Cultures from tissue samples should be taken in the operating room where a sterile field already exists. A piece of tissue (eg, curetting of a fistulous tract) should be placed in an anaerobic tube with a request for a smear, culture, anaerobic culture, acid-fast, and fungus culture as clinically indicated and sent to Microbiology (628-4000). Bullets, shotgun pellets, and other metallic objects in medicolegal cases require special handling, with care being taken to maintain an unbroken chain of evidence. Forensics (628-0623) should be contacted first if these entities are not embedded in tissue. If any of these items are embedded in tissue, Surgical Pathology will contact Forensics. Such specimens must be accurately labeled, and transfer and receipt must be documented. Such specimens must also be kept under locked safekeeping in the laboratory until turned over to law enforcement officials. No fixative is needed.

### **Rush Processing**

The laboratory attempts to honor requests for rush reports by 11 AM on the day after biopsy. Rush handling of specimens should only be requested when an emergency therapeutic decision is needed and not merely for convenience of the physician or patient. In general, no request for rush processing will be considered for tissues obtained in the clinic or ambulatory surgery

center. Requests for a “Rush” report should be written on the requisition and the specimen should be delivered immediately to Surgical Pathology via a courier during the hours of 8:00 am to 5:00 pm.

### **Large Specimens**

Definitive large resection specimens (eg, colectomy, mastectomy, hysterectomy) do best after excision if they are opened properly in the Surgical Pathology Laboratory, then allowed to fix overnight. In such cases, reports are not available for at least an additional 48 hours beyond the normal 3-day turnaround time for biopsy specimens. No specimens should be sectioned by surgeons in the operative room. This destroys the integrity of margins which are of importance in cancer cases. Section of thyroid nodules may destroy critical evidence of the capsule for evaluation of capsule or vascular invasion.

### **Work-up of Cases**

Pathology faculty reserves the right to work up cases according to their best medical judgment. This sometimes requires not only special stains, but also other special studies. Final reports will be delayed for 1-3 days beyond the normal turnaround time in these cases.

### **Clinical Correlations**

Physicians and surgeons are always welcome in the Surgical Pathology Laboratory, and are always invited to review gross and/or microscopic slides on their cases. Additional blocks, etc, can be processed upon request with the approval of the attending pathologist or fellow handling the case. Please contact the Surgical Pathology Laboratory.

### **Causes for Specimen Rejection**

- Lack of medical history
- Mislabeled specimen container
- No requisition
- Unlabeled specimen container
- Improper and/or delayed fixation
- Prolonged refrigeration (freezing of the specimen)