

### **General Instructions For All Anatomic Pathology Laboratories**

1. **Hours of operation: 8:00am-5:00pm Monday – Friday.**
2. **Clinical History is required** for all patient samples. For neuropathology specimens, bone tumors, or consults, the radiology report and films are also requested.
3. Consult material should be accompanied by any associated pathology report(s), including any preliminary report(s), H&E slides and paraffin blocks where possible.

### **Special Specimen Instructions**

#### **Cytology** (use separate Cytology forms)

1. For NON-GYN specimens, collect fresh, unfixed. Add Plasma-lyte or balanced electrolyte solution if necessary. Refrigerate specimen within one hour of collection and keep refrigerated until delivered.
2. The **MAXIMUM** amount of NON-GYN specimen fluids accepted is 100ml. Specimen in excess of 100 ml **WILL NOT** be accepted.

#### **Special Studies/Flow Cytometry**

1. Peripheral Blood/Bone Marrow:
  - a. Collect one green-top tube (heparin) and one purple-top tube (EDTA).
  - b. Store at room temperature until delivered (within less than 24 hours of collection).
2. Fine Needle Aspiration Fluids/Body Fluid:
  - a. Collect in Plasma-lyte or balanced electrolyte solution (e.g., RPMI).
  - b. Store in refrigerator or on ice until delivered (within less than 24 hours of collection).
3. Biopsies for Immunofluorescence:
  - a. Place biopsy in Zeus Fixative (IF transport media) for transport.
4. Fresh/Frozen Tissue Biopsies:
  - a. Fresh tissue wrapped in saline-soaked gauze, stored on ice.
  - b. Alternatively, send frozen tissue, fixed in liquid nitrogen, on dry ice.
  - c. Deliver as soon as possible.

#### **Neuropathology**

1. All specimens are to be sent in 10% Formalin **EXCEPT** muscle for frozen section and nerve biopsies.
2. Muscle biopsies must be scheduled at least 24-36 hours in advance.
3. Muscle and nerve biopsies are to be delivered wrapped in saline-moistened gauze. If possible, they are **NOT** to be clamped.
4. Must be delivered as soon as possible.

#### **Electron Microscopy**

1. Specimens are to be cut into 1 mm cubed pieces and immediately placed in glutaraldehyde. Keep refrigerated until delivered as soon as possible.

#### **Molecular Diagnostics**

1. Activated Protein C Resistance by PCR Assay: 10 ml citrate or EDTA whole blood.
2. t(9;22) Chronic Myelogenous Leukemia by RT-PCR: 10 ml citrate or EDTA blood, 1 ml citrate or EDTA bone marrow.
3. Hepatitis C Virus Assay: 1 ml serum separated from cells within 30 minutes and frozen within 4 hours.
4. T & B Cell Gene Rearrangement: 10 ml citrate or EDTA blood, 1 ml citrate or EDTA bone marrow, tissue sample (5 mm<sup>3</sup>).
5. B Cell Rearrangement by PCR: 1 ml CSF, no anticoagulant; paraffin-embedded tissue: 10+ frozen sections - 5µ thick each, 0.5 ml blood, 0.25 ml bone marrow.



**VCU Health System/MCV Hospitals & Physicians**  
 Richmond, VA 23298  
 Phone 804-828-7284 (828-PATH); 1-800-363-9234  
**ANATOMIC PATHOLOGY**

PLACE STAMP OR LABEL HERE				ACCESSION #					
				REFERRING PHYSICIAN					
				INSURANCE PRE-AUTHORIZATION #					
MEDICAL RECORD NUMBER		SSN		PATIENT LOCATION		LOCATION PHONE #			
PATIENT NAME LAST			FIRST MI		DOB		GENDER		
<input type="checkbox"/> <b>INPATIENT</b> <input type="checkbox"/> <b>OUTPATIENT</b>									
ADDRESS				CITY		STATE	ZIP	PHONE	
INSURANCE COMPANY NAME				SUBSCRIBER #		GROUP #			
INSURER ADDRESS				SUBSCRIBER <input type="checkbox"/> <b>SELF</b> <input type="checkbox"/> <b>SPOUSE</b> <input type="checkbox"/> <b>OTHER</b> PROVIDE NAME _____					
MEDICARE NUMBER		<input type="checkbox"/> <b>PRIMARY</b> <input type="checkbox"/> <b>SECONDARY*</b>		*Have you completed the Medicare secondary payor (MSP) questionnaire? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		MEDICAID #			
<b>For outpatients only:</b> is there a planned hospital admission within the next three days? <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> , if yes provide name of hospital									
Report should be sent to (please enter MCV delivery location, fax #, telephone #, or mailing address): 1. _____ 2. _____ 3. _____									
<b>LIST SOURCES OF SPECIMENS BELOW</b>									
DATE/TIME COLLECTED: _____									
1. _____				6. _____					
2. _____				7. _____					
3. _____				8. _____					
4. _____				9. _____					
5. _____				10. _____					
<b>SIGNIFICANT CLINICAL DATA REQUIRED</b>									
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