Standard Operating Procedure

Title:	Anatomic Pathology Specimen Collection, Handling, and Disposition

1. **PURPOSE**

The submission of a high-quality sample is a vital component for a successful pathologic evaluation. In addition to the submission of well-preserved samples of high diagnostic quality, it is equally important to provide a thorough clinical history. This procedure establishes proper guidelines for submitting specimens to the Anatomic Pathology Laboratory for testing and diagnosis.

2. **SCOPE**

2.1. This Standard Operating Procedure outlines extends to laboratory operations in all Beebe Healthcare Laboratory facilities.

2.2. This SOP applies to all Beebe and Non-Beebe Healthcare facilities and departments that submit specimens for examination to Beebe's Anatomic Pathology Laboratory.

3. **DEFINITIONS**

3.1. **Exempt Specimens** – Certain specimens, including non-biological objects and tissue that do not yield useful diagnostic information and are not required to be submitted to pathology.

3.2. **Fetus** – According to Delaware State Law, fetal remains weighing 350 grams or more, or 20 weeks or more in gestation.

3.3. **Fixative** – A solution used to stabilize proteins and cellular components to prevent further change prior to histological examination.

3.4. **Fresh Specimen** – A specimen with no formalin or other fixative added to it.

3.5. **Frozen Sectioning** – A method for processing fresh specimens when a rapid diagnosis is desired, or when the staining technique does not work on routinely processed tissue.

3.6. **Gross Only Specimens** – Specimens that are adequately examined by gross macroscopic examination and do not require microscopic examination.

3.7. **Irretrievable Specimen** – Specimens which are unable to be recollected.

3.8. **Specimen** – Tissues, fluids, cytologic preparations, and any other substance or object removed from a patient's body because of a medical procedure.

4. **GENERAL ANATOMIC PATHOLOGY (AP) SPECIMEN COLLECTION AND HANDLING GUIDELINES**

4.1. The use of surgical instruments driven by heat should be avoided or limited when possible. Thermal injury has been known to interfere with diagnosis. The use of surgical instruments should be avoided or limited as much as possible when handling the specimen to prevent crushing or damaging the tissue.

4.2. All tissue should be placed in fixative as soon as possible after removal from the body, unless special studies are ordered that might be affected by the available fixative.

4.3. If fixative cannot be added in a timely manner, the specimen should be placed in a sterile basin/container and kept moist with sterile saline or wrapped in saline-dampened sponges until the specimen can be properly placed in fixative.

4.4. All unfixed specimens should be transported to the pathology laboratory as soon as possible and refrigerated until placed into appropriate fixative.

4.5. The patient's identity, including name and date of birth, must be verified at the time of specimen collection.

5. EXEMPT SPECIMENS

5.1 Exempt specimens not required to be submitted to AP Laboratory include the following:

Bone donations for tissue banks	Bone fragments from reconstructive procedures
Cataracts	Dental/orthodontic appliances
Foreskin from newborn circumcision	IUD without attached soft tissue
Middle ear ossicles	Clinically normal placenta
Harvested saphenous vein segments	Meniscus
Undersurface acromion	Teeth without attached soft tissue
Therapeutic radioactive sources	Distal end clavicle
Nail plate	Ingrown toenail
Lipoma of cord	Coracoacromial ligament

6. ANATOMIC PATHOLOGY REQUISITION/ORDER FORM REQUIREMENTS

6.1. All specimens submitted for a surgical pathology examination must be submitted with a complete, accurate, and legible Form No. 10017 *"Request for Surgical Pathology and/or Non-Gyn Cytology"*.

6.2. The information on the specimen container must match the specimen requisition form.

6.3. All requisition/order forms MUST contain the following information:

6.3.1. Patient's first and last name

6.3.2. Patient's date of birth

6.3.3. Procedure provider's name and signature

6.3.3.1. Requisition may be signed by a physician's designee or nurse circulator, but ordering provider's name must be included.

6.3.4. Procedure performed

6.3.5. All relevant clinical history and/or preoperative diagnosis

6.3.6. Procedure date

6.3.7. Procedure location and contact phone number

6.3.8. Specimen submitted including anatomical site (including laterality)

6.3.9. Postoperative diagnosis (if different from preoperative diagnosis)

6.3.10. Special Instructions (specify any special testing such as microbiology, flow cytometry, frozen section, immunofluorescence, cytogenetics, etc.)

6.3.10.1. If the specimen is not submitted in formalin, you must indicate why. For example, tissue for flow cytometry, frozen section diagnosis, immunofluorescence, cytogenetics

6.3.11. Time of Collection (this is the time the specimen was removed from the patient's body)

6.3.12. Time in Formalin - This is critical for breast specimens because of the effect on breast cancer marker testing.

6.4. If more than one specimen is collected during a single procedure, each specimen should be individually identified by anatomic site and/or specimen type on the form and individual specimen collection time.

6.5. Special instructions for the disposition of specimens must be documented on the form if non-routine disposal is requested. For example, specimens to be returned to the patient and products of conception/fetus or limb for burial.

6.5.1. Form No. 10236 *"Beebe Healthcare Specimen Disposition Form"* is required for any specimen that is to be returned to the patient.

6.5.2. Form No. 10100 "Beebe *Healthcare Fetus Disposition Form"* is required for all fetuses.

7. LABELING SPECIMEN CONTAINERS

7.1. All specimen containers must be labeled with the following information.

7.1.1. Patient's first and last name

7.1.2. Patient's date of birth

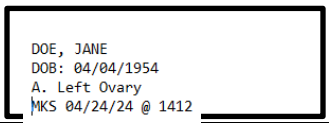
7.1.3. Specimen source

7.1.4. The letter that corresponds with the entry line on the pathology requisition/order form.

7.1.5. Initials of specimen collector

7.1.6. Date and time of collection

7.2. Specimen Label Example



NOTE: Do not attach the label to the container lid. Labels must be attached to the body of the container.

7.3. In accordance with The Joint Commission and College of American Pathologists standards, containers are to be labeled in the presence of the patient.

IMPORTANT - If a surgical/cytology specimen or requisition form is received by the Anatomic Pathology Laboratory that includes a mislabeled or incorrectly labeled specimen, mislabeled or incorrectly filled out requisition form the nurse or provider must correct the error and complete a laboratory *"Anatomic Pathology Inappropriate Specimen and Requisition Release Form"*. If a specimen label or requisition form includes the incorrect patient identification or specimen site laterality/location the provider who performed the procedure must sign the acknowledgement section on the *"Anatomic Pathology Inappropriate Specimen and Requisition Release Form"*.

8. SPECIMEN CONTAINER REQUIREMENTS

8.1. General Container Requirements

8.1.1. All specimens are to be placed in a container that is leakproof, rigid, impermeable, unbreakable, and non-reactive to fixative solutions.

8.1.2. Whenever possible, all routine anatomic pathology specimens submitted for surgical pathology examination will be submitted in containers prefilled with 10% Neutral Buffered Formalin.

8.2. Prefilled Formalin Containers

8.2.1. Containers prefilled with 10% Neutral Buffered Formalin are available to outpatient locations and physician offices by contacting the laboratory's Client Services Department at (302)645-3241 or by submitting a supply order form to the laboratory.

8.2.2. The amount of formalin in the container should be about 15-20 times the volume of the specimen for proper fixation and testing. Insufficient fixation will cause degradation of the tissue. This in turn will lead to poor histologic samples for evaluation of disease states by the pathologist.

8.2.3. The specimen container size must be appropriate for each specimen. Below are examples of appropriate specimen container sizes. These are examples; not all inclusive.

Container Size	Specimen Recommendation
20mL, 30mL, or 60mL	small biopsies, needle or core biopsies, curettings
120 mL, 180 mL, or 240mL	appendix, gallbladder, large biopsies, skin excision, small breast excision, bones or digits
480mL or 1000mL	femoral head, gastric sleeve, larger soft tissues, transmetatarsal amputations, large breast lumpectomy, breast reduction, small uterus
0.6gal or 1.25gal	breast reduction, colon resection, large uterus, placenta

8.3. **Non-formalin Containers (if required formalin may be added by lab personnel)**

8.3.1. There may be times where due to the specimen size, type, or ancillary testing, a prefilled formalin container is not appropriate.

8.3.2. Below are examples of appropriate specimen container sizes for these situations. These are examples; not all inclusive

NOTE: If a specimen requiring formalin is delivered to the laboratory without formalin - the person delivering the specimen must notify a laboratory staff member when delivering the specimen.

Container Size	Specimen Recommendation
83oz	large uterus, small bowel resections, smaller placenta
160oz	colon resection, breast mastectomy, larger placenta
double red biohazard bag or wrapped basin	limbs, large resections
Wrapped basin, swaddle, or other enclosed container	fetus/stillborn

9. **FORMALIN EXEMPT SPECIMENS**

9.1. The following specimens MUST NOT BE submitted in formalin. See section SPECIAL HANDLING section for details regarding proper submission.

Shared specimens between Microbiology and Pathology	Any tissue for frozen section or intraoperative consultation
Fetus/stillborn	Products of conception for cytogenetics
Renal (kidney) biopsy for renal disease	Nonbiological objects
Any tissue to rule out lymphoma	Joint tissue for diagnosis of gout
Amputated limbs	Muscle biopsy for metabolic disease

NOTE: DO NOT GUESS - ANY QUESTIONS REGARDING SPECIMEN COLLECTION, HANDLING, FIXATION AND/OR TRANSPORT CAN BE ANSWERED BY CALLING THE ANATOMIC PATHOLOGY LABORATORY AT 302-645-3100 ext 5792.

10. **SPECIMEN COLLECTION TIME/DAY RESTRICTIONS**

10.1. Muscle biopsy specimens must be collected prior to 1200 Monday through Thursday.

10.2. Breast specimens or specimens which may have a diagnosis of metastatic breast cancer including fluids must be placed in formalin no later than 1400 for same day processing Monday through Friday.

10.2.1. Specimens placed in formalin after 1400 will be delayed (held overnight) to ensure adequate fixation

10.2.2. Specimens should not be collected the day before a holiday weekend (holiday falling on a Monday or Friday)

10.3. Specimens which require Mayo Clinic Laboratories send out testing such as bone marrow biopsy, any tissue placed in Hank's solution, specimens to rule out lymphoma, specimens for cytogenetics, or renal biopsy kits must be received in the laboratory no later than 1400 for same day processing Monday through Friday.

10.3.1. These specimens should not be collected the day before any holiday, Monday through Friday.

11. SPECIMEN TYPES REQUIRING SPECIAL HANDLING

11.1. *BONE MARROW SPECIMENS*

11.1.1. Place bone marrow cores and aspirates in 10% neutral buffered formalin.

11.1.2. Aspirate smears should be placed in slide holders or trays.

11.1.2.1. bone marrow slides must be labeled with a minimum of two patient identifiers.

11.1.3. Peripheral blood is collected in the **lavender** top tube.

11.1.4. Flow cytometry is collected in the yellow top tube.

11.1.5. Cytogenetic studies are collected in the **green** top tube.

11.1.6. Bone marrow specimens and slides must be submitted in conjunction with Form No. 10017 or Form No. 10340.

11.1.7. Bone marrow specimens and slides must be hand delivered to the laboratory.

11.2. *BREAST SPECIMENS*

11.2.1. All breast specimens have the potential to require predictive marker testing. Rapid immersion of specimens in fixative is critical and must occur within one hour of the biopsy or resection.

11.2.2. Specimens must be fully submerged in the optimal volume of formalin to achieve a formalin to specimen volume of 10:1 or higher, or if not feasible (eg, large specimens) at least 4:1.

11.2.3. If delivery of a resection specimen to the pathology department is delayed (eg, specimens from remote sites), the tumor must be bisected prior to immersion in fixative. In such cases, it is important that the surgeon ensures that the identity of the resection margins is retained in the bisected specimen; alternatively, the margins may be separately submitted.

11.2.4. Both the time of removal of the tissue and the time of immersion of the tissue in fixative must be recorded and communicated via the requisition form.

11.2.5. All breast specimens must have a minimum fixation time of 6 hours and a maximum fixation time of 72 hours.

11.3. *SLIDES FOR SCABIES EXAMINATION*

11.3.1. Utilization of collection kits provided by the laboratory is mandatory for the collection of skin shavings/curettings for scabies; instructions for sample collection and submission accompany the kit.

11.3.2. Complete Form No. 10017 *"Request for Surgical Pathology and/or Non-Gyn Cytology"* and placed in pocket on the side of the biohazard bag.

11.3.3. Slides for scabies examination must be hand delivered to the laboratory.

11.3.4. If clinical care demands urgent diagnosis this must be documented on Form No. 10017 *"Request for Surgical Pathology and/or Non-Gyn Cytology"* and must be communicated to a laboratory team member when delivering the specimen to the laboratory.

11.3.4.1. A laboratory team member will contact the on-call pathologist if urgent diagnosis is required.

11.4 *MUSCLE BIOPSY*

11.4.1 Muscle biopsies are sent to the Mayo Clinic for examination and therefore must be collected prior to 12pm Monday through Thursday.

11.4.2 The operating room must inform the laboratory when a muscle biopsy is scheduled.

11.4.3 Muscle biopsies are collected per the Mayo Clinic instructions which can be provided to the operating room and/or submitting physician by the laboratory or found on the Mayo Clinic website titled *Muscle Biopsy Specimen Preparations Instructions*

11.4.4 Muscle biopsies must be delivered STAT to the laboratory and must be accompanied by the Mayo Clinic Laboratories' "*Muscle Histochemistry Patient Information"* and Form No. 10017 *"Request for Surgical Pathology and/or Non-Gyn Cytology"*.

11.5 *RENAL BIOPSY*

11.5.1 Submit 3 to 4 cores in sterile a container with sterile 0.9% normal physiological saline, delivered STAT, and accompanied by Form No. 10017 *"Request for Surgical Pathology and/or Non-Gyn Cytology"* and Mayo Clinic Laboratories' *"Renal Biopsy Patient Information"*.

11.6 *JOINT TISSUE FOR DIAGNOSIS OF GOUT*

11.6.1 Tissues for the diagnosis of gout must be submitted in a dry sterile container for anhydrous processing.

11.6.1.1 Specimen should be delivered to laboratory as soon as possible after collection

11.6.1.2 DO NOT add saline or formalin

11.6.1.2.1 Specimens received in saline or formalin can be processed; however, the confirmation of gout crystals via polarized light microscopy cannot be performed due to contact with water.

11.7 *JOINT TISSUE for Polymorphonuclear Leukocyte or White Blood Cell Count*

11.7.1 Fresh, dry specimen should be hand delivered to the laboratory STAT and must be marked for FROZEN SECTION with a note to assess for PMN count

11.8 *FROZEN SECTIONS*

11.8.1 At the Margaret H. Rollins Campus, notify the laboratory of procedure 20 minutes prior to delivering specimen at extension 5297 and the specimen must be delivered STAT

11.8.2 Accompanying requisition form should clearly indicate the reason for frozen section request and/or site of requested frozen specimen; orientation from the surgeon must be provided if applicable.

On weekends, holidays, or outside the hours of 0800 – 1630 the on-call pathologist must be notified. Please contact the on-call pathologist 60 minutes prior to the pending procedure.

12. **GROSS EXAMINATION ONLY SPECIMENS**

12.1. Form No. 10017 "*Request for Surgical Pathology and/or Non-Gyn Cytology*" form is required to be submitted with Gross Examination Only specimens.

12.2. When submitted to the Anatomic Pathology Laboratory these specimens will be accessioned and a gross exam will be performed.

12.3. Examples of gross only examination specimens include the following:

12.3.1. Hardware such as metal screws, pins, plates, etc.

12.3.2. Implants

12.3.3. Devices

12.3.4. Foreign bodies

12.4. For specimens that are typically adequately assessed by gross examination only, the pathologist will make the final determination whether microscopic examinations are necessary after gross evaluation, including teeth and tonsils/adenoids from patients under the age 13.

13. **DEFECTIVE MEDICAL DEVICE SPECIMENS**

13.1. The defective medical device should be reported to the manufacturer according to the policies and procedures of the US Food and Drug Administration and Risk Management.

13.2. Upon removal of the medical device, it should be placed in an impervious bag or appropriate size container and all parts of the medical device should be kept together in the bag or container. The medical device must not be decontaminated or sterilized prior to transport from the surgery department. The medical device should be transported to the pathology department.

14. **SPECIMEN TRANSPORTATION**

14.1. All specimens must be placed in a secondary, leak proof container or biohazard bag for transport. Verify lid is tightly sealed to prevent leakage.

14.2. If possible, the requisition and any accompanying forms or labels are to be placed in the pocket of the specimen bag.

14.3. For larger specimens without a side pocket, the container will be placed in a larger red biohazard bag. The requisition should be placed in a smaller bag which is then securely attached to the outside of the large bag.

14.4. Glass microscope slides will be treated as “sharps” and placed in an appropriate slide transport holder.

14.5. When transporting specimens to the laboratory they must be transported in a rigid transport bin or container while maintaining patient confidentiality. For example, in a closed secondary container, cooler, or other transport container.

14.6. Care must be taken to ensure the specimens are transported as quickly and safely as possible, utilizing universal precautions.

14.7. Irretrievable specimens should **NOT** be submitted via the pneumatic tube. Specimens should be physically picked up or delivered to the Anatomic Pathology Department.

14.8. An Anatomic Pathology Department staff member will pick up specimens from the Margaret H. Rollins Campus Operating Room (OR) during normal hours of operations at 0830, 1030, 1230, 1430, and 1630.

14.8.1. If there is an urgent need for pick up for a specimen such as a body fluid with a history of breast cancer or a send out requirement the Ultrasound Department may contact the AP Laboratory directly to ask for a STAT pickup.

14.8.2. Anatomic pathology staff will verify the specimen container is properly labeled and visually confirm that there is a specimen in the container, and that the information on the container matches the specimen requisition.

14.8.3. If there are no discrepancies, the staff member will sign the OR Specimen Logbook indicating receipt of the specimen(s), but if any discrepancy is noted, the specimen and

requisition will be taken to the OR main desk for corrective action. The specimen will NOT be transported to the laboratory until the issue is resolved.

14.9. All specimens delivered by a non-laboratory staff member 0730 – 1630, Monday – Friday, except for Beebe recognized holidays, will be taken to the Anatomic Pathology Laboratory Accessioning Desk.

14.10. Outside of normal hours of operations specimens will be delivered to the Clinical Laboratory Specimen Processing Department.

14.11. Laboratory personnel must immediately be notified if a fresh specimen is being delivered. Do NOT leave fresh specimens without notifying a laboratory staff member. This includes specimens for frozen section and fetuses.

14.12. All anatomic pathology specimens delivered to the laboratory by non-laboratory personnel must be logged into the Pathology Specimen Receipt/Release Log by the person delivering the specimen.

15. SPECIMEN REJECTION

15.1. The responsibility for the correct patient identification, labeling, and collection of a specimen resides with the healthcare professional collecting/submitting the specimen.

15.2. The responsibility for assuring that the specimen is properly identified and labeled resides with the technical staff receiving the specimen for analysis.

15.3. Pathology team members will verify correct labeling of the requisition and specimen containers during the accessioning process. Any incomplete requisitions, mislabeled specimens, unlabeled specimens, or other discrepant conditions will NOT be accepted without reconciling the discrepancies via the *"Anatomic Pathology Inappropriate Specimen & Requisition Release Form"*. If these errors cannot be resolved, specimens may be accepted at the discretion of the pathologist. The submitting physician will be notified and a discrepancy notation shall be entered as part of the patient record.

16. SPECIMEN DISPOSITION (EXCLUDING FETUS)

16.1. Specimens that are to be released to the patient or specimens (not including fetuses) that the patient wishes to be buried by a funeral home must be submitted with a completed Form No. 10236 "*Specimen Disposition Form*".

16.2. The attending physician must discuss the request with the patient and/or family representatives. The attending physician must provide education including risks of hazards (i.e., formalin, biohazard, etc.).

16.3. The patient should be given a copy of Form No. 10236 "*Specimen Disposition Form*".

16.4. The appropriate forms must be signed by the patient and a physician or nurse.

16.5. A copy of the form will be uploaded into the patient's electronic medical record. This form will also accompany the specimen and Form No. 10017 "*Request for Surgical Pathology and/or Non-Gyn Cytology*" when the specimen is submitted to the Anatomic Pathology Laboratory.

16.6. The patient will be instructed to keep a copy of Form No. 10236 "*Specimen Disposition Form*" and to call the laboratory at (302)645-3240 within 2 days of discharge for instructions on when and where to pick up the specimen.

16.7. The specimen will be handled by the department of pathology per department standard operating procedures for that specimen type.

16.8. Specimens are held in the Anatomic Pathology Laboratory for 14 days after a final report is issued, unless it is a fresh specimen or otherwise agreed upon by the pathologist, surgeon, and Risk Management (if applicable).

16.9. At the time of release, a specimen in formalin will be drained and washed well under running tap water to remove as much formalin residue as possible. It is not possible to remove all formalin residue. The patient should have been advised regarding any risks due to formalin or infectious agents by the physician at the time the request was made, and the Form No. 10236 "*Specimen Disposition Form*" was signed, but the patient should be reminded when they are given the specimen.

16.10. Hardware or device type specimens will be disinfected through Sterile Processing before release. This will reduce the bioburden and infectious material but will not be considered sterile.

16.11. When the patient and/or patient representative comes to pick the specimen up, they must go directly to the Laboratory Client Services Department.

16.12. Client Services personnel will alert the Anatomic Pathology Laboratory that the patient has arrived for a specimen pickup.

16.13. Pathology personnel will bring the specimen, packaged without formalin, in a biohazard or marked autoclave bag inside a plain white bag or other approved outer bag/box to the Client Services Department.

16.14. The patient/representative must have legal identification. A representative must have a signed and dated letter from the patient giving them permission to obtain the specimen on their behalf.

16.15. An anatomic pathology staff member will complete the necessary information on the "Beebe Healthcare Authorization for Disclosure of Health Information" form. The patient/representative will complete the remaining required information. The patient will be given a copy of the completed and signed form.

16.16. The Anatomic Pathology staff member will forward the original form to the HIM Department and will keep a copy of the completed form for Anatomic Pathology's records. The Anatomic Pathology staff member will complete the Specimen Release Log.

17. **SPECIMEN AND FETUS RELEASE TO FUNERAL HOMES**

17.1. According to Delaware State Law, fetal remains weighing 350 grams or more, or in the absence of weight, 20 weeks or more in gestation, must be released to a funeral home. A fetus will not be released within the first 24 hours to allow time for family bereavement, which may or may not be followed by autopsy.

17.1.1. For more information on the management of remains from fetal or neonatal death refer to Beebe Healthcare Policy *"Management of Remains from Fetal or Neonatal Death"*, which can be found on https://www.beebenet.org/.

17.2. The funeral home is responsible for coordinating with Beebe Healthcare staff for retrieval of the fetus or specimen. The funeral home representative will report to the Security Department upon arrival and may be required to communicate with the Nursing Supervisor to ensure the required paperwork is completed.

17.3. The funeral home representative and the Beebe Security Team Member will present to the Anatomic Pathology Department with a copy of completed Form No. 10236 "*Specimen Disposition Form*", Form No. 10100 "*Fetal Disposition Form*", or the order for pickup received by the funeral home.

17.4. A Laboratory staff member will obtain the specimen or fetus from storage. Patient identification will be confirmed on the specimen or fetus and paperwork will be verified. The laboratory staff member will verify that a "Ready for Release" label has been attached to the specimen or fetus. If there is no label, the staff member must verify with an Anatomic Pathology staff member or the on-call Pathologist that all testing has been completed and the specimen is permitted to be released.

17.5. If an autopsy was ordered for a fetus the Anatomic Pathology staff member or pathologist would also need to verify that it has been completed. Security personnel will escort the funeral director out of the Anatomic Pathology Department. The laboratory staff member is responsible for completing the Anatomic Pathology Specimen Release Log.

18. **SPECIMEN DISPOSAL BY ANATOMIC PATHOLOGY LABORATORY**

18.1. Anatomic Pathology Laboratory specimens are held for 14 days after the final report is issued.

18.2. Products of conception may only be disposed of by the Anatomic Pathology Laboratory if the fetal tissue weighs less than 350 grams, or in the absence of weight, less than 20 weeks gestation, unless otherwise specified.

19. **REFERENCES**

19.1. Association of Surgical Technologists (2023). AST Standards of Practice for Handling and Care of Surgical Specimens. Www.ast.org. Retrieved December 21, 2023, from

https://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Standard_Handling_Care_Surgical_Specimens.pdf

19.2. "Chapter - Delaware General Assembly." Legis.delaware.gov, https://legis.delaware.gov/SessionLaws/Chapter?id=15213. Accessed 21 Dec. 2023.

19.3. College of American Pathologists (2023, August). Anatomic Pathology Checklist, Histology.

19.4. College of American Pathologists (2023, August). Anatomic Pathology Checklist, All Common.

19.5. Lott, R., Tunnicliffe, J., Sheppard, E., Santiago, J., Hladik, C., Nasim, M., Zeitner, K., Haas, T., Kohl, S., & Movahedi-Lankarani, S. (2023). Practical Guide to Specimen Handling in Surgical Pathology. College of American Pathologists.

20. **ATTACHMENTS**

20.1. *"Anatomic Pathology Inappropriate Specimen & Requisition Release Form"*

20.2. Mayo Clinic Laboratories *"Renal Biopsy Patient Information"*

20.3. Mayo Clinic Laboratories "*Muscle Histochemistry Patient Information"*

Beebe Healthcare Laboratory Services
424 Savannah Road, Lewes, DE, 19958

ANATOMIC PATHOLOGY INAPPROPRIATE

SPECIMEN AND REQUISITION RELEASE FORM

It is the policy of Beebe Healthcare's Anatomic Pathology Laboratories to reject specimens not meeting standards for positive patient and specimen identification. Any incomplete requisitions, mislabeled specimens, unlabeled specimens, or other discrepant conditions will NOT be accepted. After a provider has been notified of a rejected specimen a pathology staff member will provide this form to the provider to complete. If the specimens are needed to make any corrections and the patient is an inpatient a provider or nurse must come to the pathology laboratory to make the corrections, and if outpatient this will be coordinated through the Laboratory Outreach Liaison. All corrections must be approved by the laboratory's Medical Director or two separate pathologists before the specimen is accepted. The ordering provider must complete and sign the acknowledgement section of this form.

TYPE OF ERROR (check all that apply)

☐ **Unlabeled Specimen** ☐ **Specimen Container Labeling Error** ☐ **Requisition Errors**

☐ **Patient Identification Errors**

☐ **Other** _____

✓if Error	Information	Original	Correction
☐	Patient Name		
☐	Patient DOB		
☐	Sex		
☐	Collection Date		
☐	Procedure		
☐	Clinical History		
☐	Specimen Type/Site		
☐	Collection Time		
☐	Other		

Acknowledgement

I, _____ (print name), assume full responsibility for all corrections made to the specimen container and/or requisition form.

Printed Name: _____

Signature: _____ Date: _____

Notification Information for Inappropriate Sample Identification

Person Notified/Date:	
Notification Completed By:	
Resolution Completed By:	☐ **Specimen Label Corrected** ☐ **Requestion Corrected** ☐ **Rejected & Discarded**
Resolution Approved By	
Date Resolved:	

PLACE FINAL SPECIMEN LABEL HERE

Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Renal Biopsy Patient Information

The accurate interpretation and reporting of biopsy results is contingent upon the reason for testing, ancestry, clinical information, and family history. To help provide the best possible service, **supply the information requested below either on this form or copies of their health record that include this information.**

Patient Information

Patient Name *(Last, First, Middle)*		Birth Date *(mm-dd-yyyy)*
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	

Referring Provider Information

Referring Nephrologist Name *(Last, First)*	Phone	Fax*
Referring Pathologist Name *(Last, First)*	Phone	Fax*
MCL Account Number (required)		

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Reason for Testing

Ancestry

☐ European ☐ African/African American ☐ Latinx/Latine ☐ Asian ☐ Other, specify:

Clinical Information

☐ Native biopsy ☐ Allograft biopsy: Transplant date *(mm-dd-yyyy)*: Original disease:
☐ Time Zero/Zero-hour

Indications

☐ Hematuria ☐ Acute kidney failure ☐ Hypertension ☐ Systemic lupus
☐ Proteinuria ☐ Family history ☐ Diabetes ☐ Other, specify:

Laboratory Data Provide most recent results.

Creatinine (mg/dL)	Serum albumin	Urine sediment:
	ANA	Dysmorphic RBC's
	Anti-dsDNA	RBC casts
24-hour urine protein	ANCA	WBC's
	Anti-GBM	Bacteria
	Hepatitis B	
	Hepatitis C	
	C3	
	C4	

Other Pertinent Clinical and Laboratory Information

Print

Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Muscle Histochemistry Patient Information

Patient Information (required)

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	

Referring Provider Information

Referring Neurologist or Rheumatologist Name (Last, First)	Phone	Fax*

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Reason for Testing

Clinical Information To prevent delays and enhance accuracy of the interpretation, all information below must be provided.

Biopsied Muscle Name (be specific)	Surgery Date (mm-dd-yyyy)
Is Tissue Infectious ☐ Yes ☐ No	Freezing Method ☐ Isopentane chilled by liquid nitrogen (preferred) ☐ Dry ice/acetone slurry ☐ Dry ice/alcohol slurry
Clinical Diagnosis	
Symptoms Duration (days/weeks/months/years)	
Weakness Distribution	
Relevant Family History	
Other Associated Symptoms	

Note: Include a Neurology Initial Evaluation (or Rheumatology Evaluation if Neurology is not available.) Include electromyogram (EMG) report if available. **Surgical notes are not acceptable.**

EMG Results Performed: ☐ Yes ☐ No Date Performed (mm-dd-yyyy): Results:	Current Medications: Exposure to corticosteroids in the past 3 months (list dose and dates):	Laboratory Findings (*required information) Creatine kinase: Aspartate aminotransferase: Lactate dehydrogenase: Erythrocyte sedimentation rate: Antinuclear antibodies: Rheumatoid factor: Other Relevant Laboratory Findings:

Additional Reports Complete information below for an additional report.

Facility or Person Name (Last, First) To Receive Report	Phone	Fax*
Referring Neurologist or Rheumatologist Address (Street, City, State, ZIP Code)		

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

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