

<b>Title:</b>	<b>SPECIMEN COLLECTION and HANDLING</b>
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<b>Prepared By</b>	<b>Date Adopted</b>	<b>Supercedes</b>
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October 6, 2003	Karen Riviello

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**POLICY NAME: SPECIMEN COLLECTION AND HANDLING**

**PURPOSE:** The purpose of specimen collection and handling is outlined below.

1. To ensure that hospital departments and outside sources submitting specimens to the surgical pathology department follow the established methods to guard against clerical and/or processing errors.
2. To ensure that collection, handling and transport of all specimens is consistent in maintaining tissue integrity and proper patient identification.
3. To provide the pathologist and pathologist's assistant with pertinent clinical and historical information to aide in the dissection and pathologic diagnosis.

**DIRECTED TO:** All hospital department staff submitting specimen(s) to pathology  
All outside sources submitting specimen(s) to pathology  
All pathology personnel

- POLICY:**
1. All specimens submitted to surgical pathology must have a completed, accurate and legible requisition accompanying the tissue sample. The requisition **MUST** contain the following information:
    - a. Patient's first and last name
    - b. Patient's medical record and hospital number (case number)
    - c. Patient's date of birth
    - d. Date specimen collected
    - e. Physician's name
    - f. Additional physician names to receive copies of pathology report
    - g. Clinical information, including clinical history and pre-/post-operative diagnoses
    - h. Specimen source
    - i. Location where specimen is collected (OR, minor surgery, physician's office, etc.)
    - j. Billing information, including ICD-9 diagnosis code if specimen is being sent from outside source
  2. Specimen containers, including multi-specimen boxes (i.e., prostate biopsy boxes), **MUST** contain the following information:
    - a. Patient's first and last name
    - b. Patient's medical record number and/or hospital number (case number)
    - c. Patient's date of birth

- d. Physician's name and/or location
  - e. Specimen source
  - f. Date specimen collected
3. The pathology staff will pick-up specimens in the surgical unit, special procedures and minor surgical unit at routine intervals throughout the day (9:30 am, 11:00 am, 1:00pm, 3:00 pm and 4:00pm). Any specimen collected after the last pick-up time must be transported to the laboratory.
4. All outpatient specimens are be brought to the laboratory via courier, who will keep a log of the number of specimens received at each office.
  5. At the time of pick-up of inpatient specimens, the pathology technician will be responsible for verifying information on the requisition and specimen containers. If there are no discrepancies, the technician will sign the inpatient logbook, indicating receipt of the specimen(s). If any discrepancies are discovered, the technician will notify someone in the nursing unit and will not transport the specimen to the laboratory until the discrepancy is corrected.
  6. Outpatient requisitions and specimen labels are verified by the pathology technician in the laboratory after the specimen is received.
  7. Specimens received in the laboratory will have the patient and specimen information verified by the pathology staff. Any incomplete requisitions, mislabeled specimens, or other discrepant conditions, will NOT be accepted without attempting to reconcile discrepancies. If these cannot be resolved, specimens may be accepted at the discretion of the attending pathologist. The proper nursing unit and/or physician will be notified and a discrepancy code entered in the computer.
  8. All specimens submitted to surgical pathology for examination will be submitted in 10% neutral buffered formalin (NBF) with a sufficient quantity of formalin to achieve a 20:1 ratio of formalin to specimen. Specimens without sufficient formalin may not be accepted or may require extra time for fixation, causing a delay in processing.  
Exceptions to the 10% NBF requirement are listed below.
    - a. **Amputated limbs:** Amputated limbs are delivered to the morgue by the O.R. personnel. The pathology requisition and limb disposal permit is delivered to surgical pathology to notify the pathology personnel that the limb is in the morgue.
    - b. **Renal biopsies:** Renal biopsies are collected by ultrasound personnel in sterile containers with sterile 0.9% normal physiological saline added. The containers are labeled and sent immediately to surgical pathology, with the accompanying tissue requisition, the patient's insurance information (for billing purposes), and a comprehensive clinical history. The pathologist will then divide the specimen for appropriate studies, including light microscopy (at MMC, specimen transferred to 10% neutral buffered formalin), immunofluorescence studies (at Brigham and Women's Hospital, specimen transferred to Zeus transport media), and electron microscopy (at Brigham and Women's Hospital, specimen transferred to glutaraldehyde). For detailed information, refer to the Renal biopsy procedure.
    - c. **Muscle biopsies:** Muscle biopsy specimens are stat delivered by orderly to surgical pathology. Special handling is required. For detailed information, refer to the Muscle Biopsy Procedure.
    - d. **Nerve biopsies:** Nerve biopsy specimens are stat delivered by orderly to surgical

pathology. Special handling is required. For detailed information, refer to the Nerve

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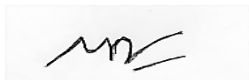
Biopsy Procedure.

- e. **Breast needle localization specimens:** These specimens are sent from the O.R. to the Center for Mammography, for x-ray examination. Fixative may or may not be added to these specimens. The specimens immediately are delivered to surgical pathology by mammography personnel. Mammography personnel **MUST** verbally alert the pathology staff if a frozen section analysis is required.
- f. **Stones for analysis:** Urinary calculi are collected and sent to pathology fresh, without fixative. Specimen(s) should be placed into a collection vehicle dry and transported to surgical pathology. The specimen container **MUST NOT** contain any fixative, saline, or urine.
- g. **Uric acid analysis:** Specimens for histologic evaluation for uric acid crystals should be collected and sent to surgical pathology in 100% ethyl alcohol or, if sent fresh, must be immediately transported to surgical pathology.
- h. **Touch imprints:** Specimens requiring intra-operative consultation via a touch preparation must be sent fresh (or in sterile saline) to the frozen section room, paging the on-call pathologist. Specimens requiring touch imprints for possible special studies (i.e., flow cytometry) can be sent fresh directly to surgical pathology with a request for touch preparation.
- i. **Placenta/products of conception for chromosome analysis:** These specimens are collected, placed in sterile saline, and sent **IMMEDIATELY** to surgical pathology. A tissue requisition, along with a cytogenetics request (specifying chromosome testing) must accompany the specimen. The patient's billing information must be complete on the request form, as the chromosome analysis is performed at a reference laboratory. For detailed information, refer to the US Labs procedure.
- j. **Testicular biopsies:** The preferred fixative for testicular biopsies is Bouin's fixative and can be obtained by calling the histology laboratory at extension 9543.

**EXCEPTIONS:** There are no exceptions to this policy. Any questions regarding specimen collection, handling, fixation and/or transport can be answered by calling the pathology laboratory at extension 9542 (or 9513, main number).

**RELATED PROCEDURES:** Renal Biopsy Procedure, Muscle Biopsy Procedure, Nerve Biopsy Procedure, Stone for Chemical Analysis Procedure and US Labs – Reference Laboratory Testing Procedure.

**Approval:**



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Martin Bur, M.D.  
Medical Director

October 6, 2003

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Date

