

**SALEM HOSPITAL
SALEM, OREGON 97309**

Department: Regional Laboratory	TITLE: SUBMISSION OF TISSUE FOR CYTOGENETICS
Area: Pathology	Effective Date: 05/01/2004
Authored By: Clark E. McDonald, MD	Revised:
Policy #: AP-023	
Attachments:	Date removed from service:

PRINCIPLE or PURPOSE: Cytogenetics can be valuable in assessing genetic defects that can be responsible for repeated fetal miscarriages. Tissue for cytogenetic analysis must be kept as fresh as possible and requires prompt attention and proper handling. (This procedure does not apply to bone marrow specimens)

Note: Cytogenetic analysis cannot be performed on tissues exposed to Formalin fixative solution.

PROCEDURE:

1. Fetal demise specimens should be placed in a specimen container or bag in the fresh state and placed in a sealed *Biohazard* bag. Saline solution does not need to be added to these specimens and should be avoided.
2. A completed requisition form should accompany the specimen. The requisition must clearly state that cytogenetic analysis is requested and all pertinent history should be provided.
3. The tissue should be sent to the Department of Pathology as soon as possible. If there is to be any delay in getting the tissue to the department, the tissue should be refrigerated in a specimen only refrigerator.
4. The pathology department should be notified that a fresh specimen for cytogenetics is being delivered.
Phone number: 503-561-5350 (normal work hours M-F)
503-561-5288 (after hours or weekends)
5. If tissue is obtained after normal work hours or on weekends, the pathologist on-call should be notified with an estimated time of arrival in the pathology department for handling.

DISTRIBUTION OF PROCEDURE:

Salem Hospital Departments
Willamette Valley Medical Center Department of Surgery
Silverton Hospital Department of Surgery
Santiam Hospital Department of Surgery
McMinnville Surgery Clinic
North Bank Surgical
River Road Surgical Center
Willamette Ear, Nose and Throat
Willamette Surgery Center

PROCEDURE ACCEPTANCE AND REVIEW	
SECTION SUPERVISOR:	DATE:
ADMIN. DIRECTOR:	DATE:
PATHOLOGIST:	DATE:
Reviewed Annually By:	DATE:
	DATE:
	DATE: