

<b>Title: Lymph Node Protocol Surgical services</b>	
<b>Applicable Campus:</b> Salem Hospital	<b>Department Name:</b> Laboratory
<b>Final Approval:</b> April 2005 <b>Effective:</b> April 2005	<b>Next Review Date:</b> July 2009
<b>List all stakeholder(s) and dates of approval:</b>	
<b>Stakeholder Position(s)/Committee:</b>	Date: Reviewed <input type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder Position(s)/Committee:</b>	Date: Reviewed <input type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder Position(s)/Committee:</b>	Date: Reviewed <input type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder Position(s)/Committee:</b>	Date: Reviewed <input type="checkbox"/> Revised <input type="checkbox"/>
<b>Stakeholder Position(s)/Committee:</b>	Date: Reviewed <input type="checkbox"/> Revised <input type="checkbox"/>

**Describe briefly the most recent revision made to this policy, procedure or protocol & why:**

New format.

**Purpose/Policy Statement:**

Some lymph nodes require special processing beyond standard fixation for diagnostic purposes. These lymph nodes usually require expedited delivery to Pacific Pathology Associates for processing.

**Definitions:**

- n/a

## STEPS / KEY POINTS

**Criteria for implementation of the Lymph Node Protocol:**

1. Lymph nodes where lymphoma is suspected
2. Lymph nodes where an infectious process is suspected
3. Unexplained lymphadenopathy
4. Sentinel Lymph Nodes

**REQUISITION**

A Pathology Requisition form is filled out as usual with the following special instructions:

1. Clinical history including any history of prior malignancies or infections and duration of lymph node enlargement
2. Lymph node biopsy site
3. **"LYMPH NODE PROTOCOL"** written on requisition or check the appropriate box at bottom of the requisition form

**SPECIMEN PREPARATION**

Proper lymph node handling is extremely important.

1. The lymph node(s) should be wrapped in a sterile gauze pad moistened well with sterile saline solution.

**\*Important:** The lymph node should **not** be floating in the saline solution.

2. The specimen container is placed in a specimen biohazard bag with a small amount of wet ice, enough ice to keep the specimen cool during transport but **not** packed around the specimen.
3. Send specimen **IMMEDIATELY** to Pacific Pathology Associates via cab or courier during normal working hours (M-F, 8:00 AM - 5:00PM).
4. For biopsies performed after normal working hours, the surgical pathologist on call should be notified at the time of the procedure that a lymph node biopsy for lymph node protocol is being performed and will be sent for processing.

**Equipment/Supplies** (If Applicable):

n/a

**Form Name & Number or Attachment Name** (If Applicable):

n/a

**Author Position:**

Pathologist

**Review/Revision Authority** (Position Not Individual Name):

Pathology Services Manager

**Expert Consultant Position/s** (Not Individual Name/s):

n/a

**References** (Required for Clinical Documents):

n/a

**Is there a Regulatory Requirement?** Yes  No

If yes, insert requirement information here:

**Review History** (No Changes):

n/a

**Revision History** (Note changes in area under header):

06.26.09

**Computer Search Words:**

Surgpath002.01

**Policy, Procedure or Protocol Cross Reference Information:**

n/a

---

**PROCEDURE ACCEPTANCE AND REVIEW BY:**

<i>CONTENT OWNER:</i>	<i>Date:</i>
<i>LAB ADMINISTRATIVE DIRECTOR: n/a</i>	<i>Date:</i>
<i>VALIDATED BY: Michelle Cheney</i>	<i>Date: 06.30.08</i>
<i>PATHOLOGIST: Clark E. McDonald, MD</i>	<i>Date: 06.30.08</i>
<i>Reviewed Annually By:</i>	<i>Date:</i>
<i>Reviewed Annually By:</i>	<i>Date:</i>
<i>Reviewed Annually By:</i>	<i>Date:</i>
	<i>Date:</i>