

<b>Title: Submission of Tissue for Pathologic Examination General</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:**

Pacific Pathology Associates is committed to providing our patients and clients with the highest quality of care. Our comprehensive Performance Improvement Program focuses on processes that ensure accuracy, completeness and timeliness of all reports generated.

A specimen and patient misrepresentation can have far reaching consequences. The first line of defense to ensure a high level of quality begins with a complete and accurate specimen requisition form and appropriately labeled specimens. Specimen quality also must be maintained and personnel safety is of vital importance.

**Definitions:**

- n/a

**STEPS / KEY POINTS**

**REQUISITION FORMS**

A completed pathology requisition form must accompany all specimens submitted for pathologic evaluation. It is imperative that the requisition form accurately identifies the tissue samples being submitted. The completed pathology requisition form must include the following information:

1. Patient's full name
2. Patient's unique identifying information (date of birth, social security number, etc.)
3. Specimen number with source or name of specimen

**EXAMPLE: #1- LEFT COLON  
#2- RIGHT COLON**

4. Clinical history and preoperative diagnosis
5. Postoperative diagnosis (if different)
6. Ordering physician's first and last name
7. Date of collection (surgery or biopsy date)
8. Patient's billing information
9. Names of other physicians to receive a copy of the report

All specimen containers must be clearly labeled with:

1. Patient's full name
2. Source or name of specimen

**NOTE: Please use labels provided on the requisition forms**

All tissue samples must be properly prepared for transportation to Pacific Pathology Associates using the following guidelines:

1. Tissue samples designated for routine processing should be placed in an appropriately sized container with an adequate amount of formalin fixative solution.
  - a. the tissue should be able to float freely in the container without constriction
  - b. enough formalin fixative solution to completely cover the tissue should be added to the container
  - c. a good rule of thumb is 10X the amount of formalin to specimen size
2. All specimen containers should be sealed properly and checked for leakage.
3. All specimen containers should be placed inside a *Biohazard* bag and sealed completely.
4. The requisition, billing information and any pertinent clinical history information should be placed in the outside pocket of the *Biohazard* bag.
5. Tissue samples requiring special handling or processing should be wrapped in sterile saline soaked gauze in a sterile container and sent immediately to Pacific Pathology Associates via cab or courier. (Please refer to individual procedures for additional details.)

**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:**

Surgpath004.01

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

n/a

<b>PROCEDURE ACCEPTANCE AND REVIEW BY:</b>	
<i>CONTENT OWNER:</i>	<i>Date:</i>
<i>LAB ADMINISTRATIVE DIRECTOR:</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>