

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

Cytogenetic analysis can be valuable in assessing genetic defects responsible for repeated miscarriages. Tissue for cytogenetic analysis must be kept as fresh as possible and requires prompt attention and proper handling

NOTE: Cytogenetic analysis cannot be performed on tissues exposed to formalin fixative solution.

Definitions:

- n/a

STEPS / KEY POINTS
REQUISITION

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

1. Clinical history including any history of prior miscarriages
2. Type of procedure performed
3. "Cytogenetics Requested" should be written on requisition

SPECIMEN PREPARATION

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.
3. Send specimen **IMMEDIATELY** to Pacific Pathology Associates via cab or courier if during normal working hours (M-F, 8:00 AM - 5:00 PM).
4. For procedures performed after normal working hours, the surgical pathologist on call should be notified at the time of the procedure that a specimen for cytogenetics will be sent for processing.
5. If there is to be any delay in getting the tissue to Pacific Pathology Associates, the tissue should be refrigerated in a specimen-only refrigerator.

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:
Surgpath005.01

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:</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>