

<b>Title: Submission of Tissue for Intraoperative Consultation</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"/>
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**Describe briefly the most recent revision made to this policy, procedure or protocol & why:**  
new format

**Purpose/Policy Statement:**

Tissue submitted for frozen section analysis or intraoperative evaluation requires special handling and prompt delivery to Pacific Pathology Associates. Deviation from proper handling can potentially affect a surgical procedure.

**Note: Frozen sections cannot be performed on tissue exposed to formalin fixative solution.**

**Definitions:**

- n/a

## STEPS / KEY POINTS

**INTRAOPERATIVE CONSULTATION**

An intraoperative consultation includes:

1. Frozen section examination
2. Cytological examination of a fine needle aspirate or touch preparation of a lesion obtained during an operative procedure
3. The gross examination of a specimen without a frozen section examination
4. A pathologist going into the operating room, at the request of the operating surgeon, to view a specimen in situ or an excised specimen for an opinion and/or orientation

A frozen section examination of tissue may be requested for one of the following reasons:

1. Establish a diagnosis that may alter the planned operative procedure
2. Determine that sufficient or appropriate tissue has been sampled in order to make a diagnosis
3. Confirm the adequacy of resection margins
4. Obtain additional unfixed tissue for special studies (i.e., culture, electron microscopy, biochemical analysis, immunophenotyping, flow cytometric studies)
5. Facilitate patient or family communication
6. Promote research or cancer protocol programs

**REQUISITION FORMS**

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

1. Clinical history including any prior malignancies
2. Operating Room call back number
3. "Frozen Section" or "Gross Exam" clearly marked on the requisition

**SPECIMEN PREPARATION**

Proper handling is extremely important.

1. Tissues designated for frozen section analysis or intraoperative evaluation must be submitted in the fresh state in a properly labeled sterile container. Small specimens should be submitted on gauze or telfa pads that have been lightly moistened with sterile saline solution.

2. The specimen container should be placed in a specimen biohazard bag for transport.
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 that a tissue sample for consultation is being obtained.

**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:**

Surgpath006.01

**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>