

SURGICAL SPECIMENS

SPECIMEN LABELING

NOTE: All primary specimen containers **MUST** be labeled with 2 identifiers at the time of collection. Submitted slides may be labeled with a single identifier, but two identifiers are preferred. Examples of acceptable identifiers include but are not limited to: patient name, date of birth, hospital number, requisition number, accession number, or unique random number. A location (e.g. hospital room number) is **NOT** an acceptable identifier.

INTRODUCTION

Surgical pathology involves the study of tissues removed from the body surgically by knife, biopsy forceps, or tru-cut needle biopsy devices. Specimens are routinely fixed in 10% neutral buffered formalin, although some special studies require fresh tissue, frozen tissue, or tissue submitted in other fixatives. The tissue is processed by a tissue processor and is embedded in paraffin wax. A thin section of the paraffin block is then cut, placed on a slide, stained with dyes and examined under the microscope for diagnosis.

PROCEDURE FOR SUBMITTING TISSUE SPECIMENS

1. All tissue specimens submitted to the laboratory must be accompanied by a properly completed tissue specimen requisition. Please include:
 - Patient's first and last name
 - Patient's date of birth
 - Patient's medical record number
 - Specimen collection date
 - Ordering physician
 - Billing information
 - Time the specimen is removed from the body and time the specimen is placed in formalin

Identification of the tissue specimen, procedure done to obtain the specimen, and clinical history should be placed in the appropriate spaces on the requisition.

2. The container should be (legibly) labeled with the patient's first and last name, medical record number, collection date and source of the specimen. Ink is preferred, but non-erasable pencil may be used as ink may run when wet. An Addressograph label would be the most preferred method. Adhesive tape may be used as an alternative. Unlabeled specimens are unacceptable. If the specimen is not already in formalin, please put 10% formalin on it. Prefilled formalin containers are supplied upon request. Specimens must be placed in formalin as soon as possible to avoid compromising histopathologic evaluation.
3. Place the specimen container in a biohazard plastic bag utilizing the separate pouch of the bag for the requisition.

Special Circumstances

1. Breast Biopsy - Place the entire specimen in formalin and submit as you would any other specimen. **Please indicate on the requisition whether the physician desires estrogen/progesterone receptor analysis and/or her2/neu analysis (these can be done on the formalin-fixed tissue).**
2. Lymph Nodes - If there is concern that the lesion may represent malignant lymphoma, it may be beneficial to contact a pathologist prior to biopsy (1-2 days) in case special processing (e.g. flow cytometry, gene rearrangement studies) is needed. If the node is greater than 1 cm in greatest dimension, please section the node into thin slices (roughly 3-4 mm in thickness). The specimen must be placed in fixative as soon as possible.
3. Muscle Biopsy - Call laboratory for specific instructions
4. Nerve Biopsy - Call laboratory for specific instructions
5. Renal Biopsy - Call laboratory for specific instructions
6. Skin Biopsy For Immunofluorescence – Please notify Histology at Sanford Medical Center (605-333-7106) at least 3 days prior to biopsy so that immunofluorescent transport media may be sent to your institution. The ideal submission would be one specimen sent in formalin for routine processing and one specimen sent in cutaneous direct immunofluorescent transport media.

Please indicate on the front of the requisition if the specimen is to be sent for cutaneous direct immunofluorescence. **(PLEASE highlight this on the requisition).** Please DO NOT ADHERE A PATIENT LABEL to the cutaneous direct immunofluorescent transport media container.

Please indicate on the requisition whether the specimen for cutaneous direct immunofluorescence is from:

1. Sun-exposed or unexposed skin
2. Peri-lesional involved or uninvolved skin