

SPECIAL HANDLING FOR SELECTED TISSUES

1. HIRSCHSPRUNG'S disease suction biopsies are serially sectioned and should be clearly indicated Hirschsprungs for serial sectioning on the worksheet.
2. BONE MARROW BIOPSIES: See page 86 "Bone marrows".
3. KIDNEY BIOPSY HANDLING: During normal working hours, request for pick-up and special handling of kidney biopsies should be directed to the Dillehunt Histochemistry Lab X5755.

After hours:

Allograft kidney biopsies do not, as a rule, require special handling: light microscopy is usually sufficient in these biopsies and the clinician may be instructed to place the biopsy tissue in formalin and have it delivered to the Surgical Pathology refrigerator. If glomerulonephritis is suspected, however, the biopsy should be handled like a native kidney biopsy.

Native kidney biopsy is performed at unusual hours in the patient with acute renal failure. In such a case, the resident on-call should be present at the time of biopsy, if possible. In any case, the biopsy tissue should be divided; 2/3's on chilled glutaraldehyde (for light and electron microscopy); 1/3 in Zeus transport medium (for immunofluorescence). This medium is available in the Surgical Pathology accession room. If there is a question about the adequacy of the specimen, immunofluorescence usually has a greater priority than electron microscopy and it is advisable to divide the tissue: 1/2 in glutaraldehyde and 1/2 in Zeus.

4. LYMPH NODES: Lymph nodes biopsied for diagnosis, staging, or restaging of malignant lymphomas, or for differentiation between malignant lymphomas and other malignancies should be handled in the biohazard hood in Surgical Pathology and should be handled using sterile technique. The following procedures should be used routinely.

Frozen Sections: If a frozen section is to be done, cut the tissue for frozen section off the node using sterile blades and forceps. Handle the remainder of the node as below. The frozen block may be kept frozen for possible future immunoperoxidase studies if desired, and if there are no ice crystals, and transferred on dry ice from the cryostat to the Liquid nitrogen tank under the hood (R2D2) for storage. This procedure may be particularly important with small specimens. Freezing with CO₂ produces better quality frozen sections and preserves T and B cell antigens better. If time permits, freezing with dry ice and isopentane preserves T and B cell antigenicity even better than CO₂ freezing. If there is sufficient tissue, freeze 2 blocks. Current SWOG lymphoma protocols request a frozen block and we would like to be able to participate without depleting our own tissue bank.

Initial Cutting of Node: After placing the lymph node in a sterile Petri dish, add a small amount of pre-warmed tissue culture medium (RPMI-1640 + 10% FCS antibiotics). The node tissue should not be allowed to dry out any time. Using sterile, disposable scalpels or blades and sterile forceps, slice the entire node in thin slices. If you have abundant or excess tissue, please snap-freeze and extra block and send extra tissue for a cell suspension.

Preparation of Touch Preps and Tissue Sections: Select representative pieces of lymph node (including capsule, cortex, and medullary areas) for preparations of touch preps and sections. With small nodes, bisect the node longitudinally and take one half for sections. With larger nodes, cut across the short axis of the node. Remove the representative slices from the sterile Petri dish without contaminating the sterile instruments. This tissue may now be handled in a non-sterile manner, using non-sterile forceps to prepare 3-4 air-dried touch preps. The tissue should then be placed in fixative. If the pieces of tissue are more than 2mm thick, they will have to be cut thinner after several minutes of fixation has made them firm enough to cut. Thicker sections will NOT fix adequately. Most of the tissue should be B-5 fixed. If there is sufficient tissue, formalin-fix one piece. If there is a great deal of tissue, please put it in culture medium and send it to the Immunology Lab for banking. If you have questions, call Drs. Braziel or Suwanjindar for consultation.

Snap-Frozen Blocks: A representative piece or pieces of tissue should be transferred from the sterile Petri dish to a separate container, without contaminating the sterile instruments. These pieces of tissue may now be handled outside the hood and in a non-sterile manner, but with care not to contaminate the area. If there is sufficient tissue, make 2 or more frozen blocks. The chucks should be pre-cooled on dry ice and several pieces of dry ice should be added to the isopentane several minutes prior to freezing. The tissue is placed in OCT on a cooled chuck and then immersed in the cold isopentane for about thirty seconds. The frozen block is then popped off the chuck, back on to dry ice. After all pieces of tissue are frozen, individually wrap the blocks in aluminum foil and place in a labeled cassette. Store in the liquid nitrogen tank freezer (R2D2) in the accession room. Be careful that the frozen block is not allowed to thaw even slightly at any time or ice crystals may form. If stored, log the specimen in the log book in the hood over R2D2.

Tissue for Electron Microscopy: A small piece of representative tissue should be placed in glutaraldehyde for possible EM if a non-hematopoietic malignancy is suspected. This may be done either when preparing touch preps or sections or when preparing frozen blocks.

Preparation of Cell Suspension: This will be done in Immunology. Place the tissue for cell suspension with 15-25 cc culture medium in a sterile 50 cc centrifuge tube and send to lab. Cap and label the tube for distribution to the Clinical Immunology Laboratory. Provide all pertinent patient I.D. and accounting numbers.

TISSUE SPECIMENS OTHER THAN LYMPH NODES OR BONE MARROW BIOPSIES:

If a diagnosis of lymphoma is entertained, the specimen should be handled similarly to the lymph nodes. However, if too much fibrous or other stromal tissue is present, or if the specimen is too small, it may be possible only to make a frozen block and not a cell suspension. Again, it is of paramount importance to be certain that representative tissue is submitted for routine histology.

LYMPH NODE BIOPSIES FOR INFECTIOUS DISEASE:

These specimens should be placed in a sterile Petri dish with saline, sliced, and material removed for appropriate cultures. Tissue culture medium should NOT be added until culture material has been taken, because tissue culture medium

contains antibiotics. Once material has been taken for cultures, the node may be processed routinely with particular care to dispose of contaminated materials and to clean up contaminated areas. Touch preps should be alcohol-fixed in this setting, rather than air dried. Again, these specimens must be handled in a biohazard hood.

DISTRIBUTION: Call the Immunology Laboratory (x2302) to notify them that material is coming. Take frozen blocks and the material for cell suspension to the third floor of Dillehunt Clinical Immunology Lab. Please notify Immunology at that time if additional medica, etc. is needed. If a specimen is processed after hours or when the Clinical Immunology Laboratory is not routinely staffed, please contact Dr. Braziel (pager 2167) or Dr. Suwanjindar (Pager 1799) for distribution instructions. The lab operates from 8am-9pm, M-F, and has shorter hours on Saturday and Sunday. In most cases, tissue which has been thinly sliced using sterile techniques can be held overnight at room temperature and sent to Clinical Immunology the following morning. Important exceptions are pediatric lymphomas, which often have a very high growth rate and poor viability, and which must be studied immediately. The tissue in B5 should be marked with the time and given to Histology.

DISPOSAL OF CONTAMINATED MATERIAL: All contaminated materials should be placed in biohazard bags for appropriate disposal. Instruments should be placed in a disinfectant solution. The working surface of the hood should be wiped with alcohol before and after use. *Note: For new residents on service or for anyone with questions on how to process the specimen, please call Drs. Braziel (pager 2167) and Suwanjindar (pager 1797) for advice or assistance.

CHECKLIST OF MATERIALS NEEDED FOR PROCESSING OF LYMPH NODE BIOPSIES:

IN BIOHAZARD HOOD:

- Gloves
- Sterile Petri dish – in frozen section room drawers
- Sterile forceps – in frozen section room drawers
- Sterile scalpels or blades – in frozen section room drawers
- Sterile tissue culture medium – in hall refrigerator
- Four glass slides for touch preps – in frozen section room
- Formalin fixatives – gross room
- Glutaraldehyde (in selected cases) – in hall refrigerator
- Non-sterile forceps – gross room/frozen section room

OUTSIDE BIOHAZARD HOOD:

- Dry ice – cooler, third floor Dillehunt
- Isopentane - histology
- Specimen container for transport – under biohazard hood
- OCT – frozen section room

** Please make sure the above materials are one hand before beginning to process a node. If the node is not in any liquid when receive, add some sterile tissue culture medium to it and hold it until you can assemble the equipment needed. Martin should be contacted if there is no dry ice available. If any of the sterile equipment or supplies are lacking, notify Martin or the Immunology Laboratory (8446) prior to processing the specimen.

5. **ENDOMYOCARDIAL BIOPSIES:** These biopsies are always quite small (less than 3mm. in greatest dimensions). Also they sometimes get torn or otherwise distorted during the biopsy procedure. Blood clots may be mistaken for cardiac tissue. Tissue should arrive from Cardiac Cath Lab in formalin. Occasionally a small amount of tissue will also be received in glutaraldehyde.

PROCEDURE:

- 1) Submit the tissue for paraffin embedding.
 - 2) Ask the histologist for two levels.
 - 3) Request hematoxylin and eosin, and trichrome stains.
 - 4) Retain glutaraldehyde fixed tissue in the refrigerator for future electron microscopy.
 - 5) If a biopsy is received fresh for immunofluorescence, select one fragment, place in OCT in cryomold, snap freeze, wrap in foil, place in small plastic ziplock bag, label with patients name and accession number and transport on dry ice to immunohistochemistry lab. Process remaining tissue as outlined above.
6. **PEDIATRIC SOLID TUMORS:** Any suspected or known pediatric small blue cell tumor should be handled in the described fashion. This would include, in particular, suspected neuroblastoma, Ewing's sarcoma, lymphoma, Wilm's tumor or small cell osteosarcoma. Any unusual pediatric neoplasm could also be appropriately handled according to this protocol. Rhabdomyosarcoma and undifferentiated sarcoma should be handled differently. See page 49.

SUMMARY OF TISSUE DISPOSITION:

FORMALIN-FIXATION (at least one section if sufficient tissue)
IMPRINTS
ELECTRON MICROSCOPY (1 vial, multiple sites sampled)
QUICK FROZEN TISSUE BLOCKS (at least 2, especially important for neuroblastoma, snap freeze in OCT)
CELL SUSPENSION
TISSUE CULTURE

PROCEDURE:

The allocation of the tissue should be as listed below, more or less in order of priority. Any amount of tissue received fresh should be sufficient for the first three items listed. The remaining procedures will be carried out on any tumor which is received fresh is significant quantity. The surgeon should be encouraged to provide adequate material for all procedures, if possible. The tissue should be received and handled in a sterile fashion so that the tissue culture and cell suspension preparations will be sterile. Portions of tissue can be transferred to a Petri dish for parts 1 through 4 at which point non-sterile instruments can be used. All materials and supplies are in the frozen section room, either in the drawer with the lymphoma work-up materials, on the third floor (dry ice), or in the refrigerators in the hall (RPMI and glutaraldehyde) and histology refrigerator (isopentane).

- 1) Light Microscopy - One or two good sections (minimum) should be placed in adequate fixative, more if extra tissue is available.
- 2) Imprints - About 5 imprints (touch preps) should be prepared by gently touching a freshly cut surface of tumor to the slides several times in a central area of the slide. Slightly moist imprints are better than wet ones. Gently touch the tissue to the slide; don't smear it. Fix two imprints in alcohol (Pap fixative) or formalin for hematoxylin and eosin staining; fix two in absolute alcohol for PAS stain; air-dry the remainder and stain one with the Diff-Quick stain.
- 3) Electron Microscopy - Small portions of tumor should be submitted in glutaraldehyde for electron microscopy. Multiple small sections of tumor (1mm. in greatest thickness) from several different areas of the tumor are preferred to one large section of tumor from a single area.
- 4) Frozen Section Blocks - Flash freeze at least 2 blocks of tumor tissue (depending on quantity of tissue available), each about 1 x 1 x 0.2 cm. in OCT using an isopentane/dry ice mixture. These may be stored in tank in surgical pathology temporarily, but should be moved to Don Anderson's freezer in Room 5049 as soon as possible.
- 5) Cytogenetic Evaluation - is desirable on many pediatric tumors. If cytogenetics is desired, place one sterile tissue fragment (0.5cm²;) in RPMI, appropriately label the tube and contact cytogenetics at X8346. They will pick up the specimen.

When a blue cell tumor is received fresh, please notify the staff on-call at the time the tissue is received, particularly if there are questions about processing.

- 6) **SPECIAL HANDLING** for rhabdomyosarcoma and undifferentiated sarcoma: Handle all rhabdomyosarcoma and undifferentiated sarcoma tissue from pediatric patients in the following manner:

When the surgeon supplies the fresh tumor tissue (if there is no prior diagnosis), frozen section should be done. If rhabdomyosarcoma or undifferentiated sarcoma is suspected follow the steps listed below:

- 1) Snap freeze two separate blocks of tissue in OCT (one of these may be the frozen section block) and store in the liquid nitrogen tank in Surgical Pathology. Claudia Rosemont will contact you at some later time regarding frozen tissue. When she is ready to send it, she may have one of the frozen blocks.
 - 2) Place a small (0.5 to 1 cm cubed) unminced fragment in RPMI at room temperature and call cytogenetics to pick it up. Tell them it is for the “rhabdoid study”. This should be done sterilely so you must ask the surgeon for a sterile piece and it should be handled in the Surgical Pathology hood.
 - 3) Put a piece of tissue in the vial of formalin supplied by IRS (I will let you know when we have received these).
 - 4) Be sure you have sufficient tissue for histological diagnosis. If you question whether you have enough tissue for all these things, ask the surgeon for more. If he can’t supply sufficient tissue then diagnosis comes first, cytogenetics second, and frozen blocks third.
9. **NERVE AND MUSCLE BIOPSIES:** All muscle and nerve biopsies are handled by George Cole, Basic Science Bldg., BSc1364. This includes material for enzyme histochemistry, light microscopy, and electron microscopy. Specimens submitted for enzyme testing and light microscopy, should be place on a saline moistened sponge. Material for electron microscopy should be placed in glutaraldehyde (EM fixative). All material must be promptly hand delivered to the Laboratory. Please telephone the laboratory at X6781 to alert the technologists of the planned biopsy and again when the specimen leaves your department. If there are any questions regarding this procedure, please call George Cole at X6781.

9. OTHER NEUROPATH SPECIMENS

PROCEDURES FOR HANDLING NEUROPATH SURGICAL SPECIMENS

<u>SPECIMEN</u>	<u>FIXATIVE</u>	<u>EMBEDDING MEDIUM</u>	<u>STAINS</u>	<u>COMMENTS</u>
Pituitary	Formalin	Paraffin	H&E + Orange-G-PAS on all blocks	Embed all tissue
Brain	Formalin	Paraffin	H&E	Generally H&E is sufficient
Muscle Bx	*****	Saline moistened sponge	ATPase, NADH, Acid Phosphatase, Phosphorylase, Gomori Trichrome, PAS, Oil Red O, H&E	Tissue must be fresh See preceding pg.
	Formalin	Paraffin	H&E, Masson Trichrome, Reticulin	Tissue for paraffin is dissected in the Lab
	Glutaraldehyde			Tissue for EM is dissected in Lab
Nerve Bx	*****	Saline moistened sponge	H&E, Oil Red O, Acid Phosphatase, LFB-PAS	Tissue must be fresh See preceding pg.
	Formalin	Paraffin	H&E, Masson Trichrome, cut for possible Congo Red	Embed on end as much as possible. Some may be embedded lengthwise
	Formalin	Plastic	H&E + Allochrome	Embed on end. Tissue for Plastic is dissected in the Lab
	Glutaraldehyde			Tissue for EM is dissected in the Lab

10. PRODUCTS OF CONCEPTION:

- 1) WHEN REQUESTED BY THE PHYSICIAN, therapeutic abortions in which the products of conception contain grossly identifiable fetal tissue may be processed GROSS ONLY if the following are written on the requisition slip:
 - A) Elective abortion
 - B) Gross fetal tissue
 - C) Request “gross only”

IF GROSS ONLY IS NOT REQUESTED BY THE PHYSICIAN, therapeutic abortions will be processed for histologic examination.

- 2) All spontaneous abortions will be subjected to thorough gross and histologic examination.

11. TUBERCULOSIS: Processing of fresh specimens with suspected AFB should be handled under the hood. Handling while in the frozen section rooms should be done while wearing a mask. Frozen section on specimens with suspected AFB should be avoided since the bacillus is readily aerosolized while freezing resulting in contamination of the cryostat and possible infection of the operator. If a request is made for frozen section on possible infectious tissue check with staff before freezing.

Notify front office to contact Providence Courier Service who will transport material to the Microbiology Laboratory, Providence Hospital and Medical Center.

Serum antibody titers are done Monday, Wednesday, and Friday. 1ml. of serum is needed, and the report will be called back the same day.

When requesting staining for Legionnaire's disease, it is necessary to give the patient's name, unit number, surgical number, and label “LEGIONNAIRE'S” and put in main office here so the patient is properly billed.

12. **BULLETS:** Bullets removed from patients should not be placed in liquid-filled containers as this washes off surface material. Furthermore, bouncing against the sides of the container alters surface characteristics sufficiently to make ballistics matching difficult or impossible.

The proper procedure for disposing of gunshot projectiles is to place them on a cotton wad and place in a sealed container with the time and doctor's initials on the container. The State Police Crime Detection Laboratory should then be notified and an individual from the agency will come to pick up the bullet. Bullets should not be sent to surgical pathology. Apparently failure to notify the appropriate law enforcement agency concerning a gunshot would be a felony whether the gunshot is accidental or otherwise.

13. **BREAST TISSUE:**

When we are called for frozen section of a breast biopsy for which we receive the entire, undivided tissue specimen, please handle as follows:

- 1) Determine whether biopsy is intended to be excisional (these require margins).
- 2) Ink the specimen and serially section it, keeping it in sequential order.
- 3) Measure tumor size in three dimensions and record with the frozen section diagnosis.
- 4) Select a piece for frozen section.

14. **OSTEOSARCOMA:**

Pathology Guidelines

Goals: One of the principal goals of this study is to develop a uniform histologic grading system based on the system described by Huvos, et al, Archives of Pathology 1977, to determine the histologic response of the primary tumor to preoperative chemotherapy, and to evaluate the efficiency of this system in determining optimal postoperative treatment.

Pathology Criteria for Inclusion in the Study

Patients with biopsy-proven, newly diagnosed non-metastatic osteogenic sarcoma of the extremity are eligible for inclusion in this study. Patients with parosteal, periosteal, multicentric, and post-radiation osteogenic sarcoma are ineligible for this study.

The institutions are directed to use the histologic classification system by Dahlin and Unni (Am J of Surg Path, 1977) for the biopsy specimen.

Suggestions for Handling Materials

Diagnostic-material: Diagnosis will be made from biopsy specimens, no special handling is required.

Definitive surgical specimen: Since the effect of the preoperative chemotherapy may not be uniform throughout the tumor, adequate sampling is required to accurately grade the histologic response.

Cut the bone tumor into two halves longitudinally with a band saw (DO NOT FREEZE). From one of the two halves cut a parallel section with the band saw producing slide 3-5mm. thick.

This section of the tumor should be completely sampled for microscopic examination. Also sample any areas of the tumor with a different gross appearance. All areas of suspected viable tumor remaining should be sampled. This method of study offers the best possibility of assessing the effect of the chemotherapeutic regimen on the tumor.

A grid pattern placed over an anatomic diagram or photograph of the tumor should be used to indicate the exact location of the histologic sections taken (see sample below). We expect that in most cases there will be ten or more sections of the tumor.

The relationship of the tumor to the incisional biopsy, to soft tissue, to the lines of resection, and the presence of skip areas should be indicated. The presence of intravascular tumor and tumor in lymph nodes should be clearly stated.

Histologic Grading

The Huvos grading system, with a subdivision of Grade II, will be utilized.

Grade I - tumor not responding to therapy. No effect identified.

Grade IIA - more than 50 percent viable tumor left.

Grade IIB - 5-50 percent viable tumor left.

Grade III - only scattered foci of viable tumor seen (less than 5 percent of tumor).

Grade IV - no viable tumor seen in extensive sampling (at least a full cross-section of the tumor).

15. WILMS TUMOR:

Gross Description

The crucial portions of the gross study, which will determine the stage, include:

- 1) External capsule.

- 2) Renal vein, and the relationship of the tumor in the renal sinus to the hilar plane.
- 3) Tumor metastasis, microscopic foci of Wilm's tumor may be encountered in grossly normal nodes, so careful search of all nodes in the specimen is necessary.

If there are multicentric tumor foci in the kidney, please state so under remarks on the attachment or penetration of the vessel wall.

If a tumor thrombus is present in the renal vein, please record the site of the attachment or penetration of the vessel wall.

If the capsule is ruptured, please check with surgeon to determine whether rupture occurred before, during or after removal.

HISTOLOGICAL SAMPLING (MINIMAL)

- 1) One section of tumor for each cm. of the largest tumor diameter. These may be included among those taken or show tumor capsule, tumor kidney junction, and pelvis and calyces as listed below.
- 2) Section of external capsule at thinnest point. (unnecessary if obviously ruptured)...
- 3) Two sections of tumor kidney junction.
- 4) One section of renal pelvis or calyces.
- 5) One transverse section of renal vein, to include origin of tumor thrombus if identified.
- 6) One section of each node identified.
- 7) One section of each tumor nodule should be taken in cases with multicentric tumors.
- 8) At the time sections are submitted indicate on the lab sheet that the case is Wilm's tumor.

16. PROCEDURE FOR OBTAINING AND FIXING BONE BIOPSIES

- 1) Tetracycline labeling:
First label: Demeclocycline, 300mg BID for 2 days (Use 150mg for patients with renal failure) If this is not available, use tetracycline as in 2nd label. Remind patients not to take with milk or antacid.
Second label: Tetracycline 500mg BID for 2 days (Use 250mg for patients with renal failure) This should be given 2 to 3 weeks after first label. Keep record of the exact dates for evaluation of bone formation.
- 2) Biopsy:
This should be done 3 to 7 days after the second label. Biopsy should be taken from the anterior iliac crest, with a core diameter of at least 4 mm and a length of 1-2cm.
- 3) Fixation:
The sample should be immediately placed in cold (4°C, or on ice) 10% buffered formalin. Biopsies should be kept in refrigerator overnight and, 24 hours after biopsy, transferred to 70% ethanol. Then they can be mailed. Biopsies should not be mailed in formalin because shipping delays may cause the sample to remain in formalin longer than 24 hours, which may lead to leaching of calcium or tetracycline.
- 4) Mailing: Send to: Susan Ott, MD

Nuclear Medicine, RC-70
University of Washington
Seattle, WA 98195

Call the day before so we can expect the sample:
Elmer Feist or Paul Haley
Research Technicians
(206) 548-6318

17. HANDLING OF TISSUE WITH SUSPECTED URATE DEPOSIT

Tissue must be fixed in absolute alcohol and processed manually in the histology lab. Contact with water will cause dissolution of the crystals.

18. CYTOGENETICS ON TUMOR TISSUE

When Cytogenetics is requested, tumor tissue (0.5 to 1cm;) should be placed in RPMI at room temperature. It is not necessary to handle the tissue sterily, but it should be handled cleanly. During regular hours the cytogenetics lab (x8364) should be notified and someone will pick up the specimen. After hours on weekdays, the specimen can remain in RPMI at room temperature until the next day when the lab should be notified. On the weekend or holiday a tech is available to receive the specimen (beeper #1477). If the tumor is rapidly growing and duration of viability is a consideration (e.g. Burkitt's lymphoma), contact the lab immediately during working hours, the tech (beeper #1477) on weekends, and Dr. Magenis (beeper #1826) after hours weekdays. If sufficient tissue is available, use two vial of RPMI and refrigerate one. If two vials are used, please indicate which is refrigerated.

19. EXPLANTED OR AUTOPSY ALLOGRAFT HEARTS

On all allograft hearts, please sample right atrial cuff. Also, take a longitudinal section of aorta to cross the suture line (i.e. a section to include native aorta, allograft aorta, and intervening suture line).

20. IMPATH ASSAY

Surgical Pathology Protocol Tissue Handling Guidelines:

- Tissue must be fresh and viable
 - Do not freeze
 - Do not use formalin or other preservative
 - Do not send containers that may leak in transit
- 1) Specimen to surgical pathology A.S.A.P. avoid drying.
 - 2) Promptly examine tissue, confirm malignancy.
 - 3) Dissect 1-2 gm dense, viable tissue.
 - 4) DO NOT MINCE TISSUE.
 - 5) Flush contaminated tissue (skin, colon, etc.) in sterile saline.
 - 6) Place immediately in Impath transport media (green label vial). Seal inner and outer vials tightly or place in a vial of RPMI if an Impath vial is not available
 - 7) Provide diagnosis, previous chemotherapy, name of referring physician and Impath assay request form (included with transport kit). Clinician should complete requisition.
 - 8) Place vials in Impath transport boxes. Tape box ends for added security.
 - 9) Malignant fluids: Add heparin, 10 units per ml of fluid.
 - 10) Transport fluids only in Impath service to arrange specimen transport. Secretaries in Surgical Pathology will do this during regular hours.

1-800-447-5816

If after hours proceed as follows:

PROCEDURE - PHASE II

Note: The remainder of the transport kits are kept in the office (small cardboard box, plastic ziplock bag, cotton-wrapped cylinder, and Federal Express airbill and envelope.)

- 12) Make sure insurance information is filled out on the bottom third of the Impath requisition (this information can be obtained from the computer or by calling x4094.
- 13) Call Impath (1-800-447-5816) and let them know we are sending a specimen. They will ask for some pertinent information off the requisition as well as the Federal Express airbill tracking number. If the package is ready by 2:00pm it can be taken to the loading dock

(MacHall) and be picked up with the regular Federal Express pick-up. If it will make arrangements to have the specimen picked up in Surgical Pathology. If the specimen will not be picked up until the next morning, place it in refrigerator and hold overnight.

- 14) Put the tissue vial in the cotton-wrapped cylinder and seal both end with tape. Place the cylinder in the plastic ziplock bag, making sure it is small cardboard box along with the completed requisition and sealed.
- 15) Fill out the appropriate information on the included airbill and slide it into the pocket on directions and seal the envelope.

Note: It is important to remember to Xerox the requisition and the airbill for your own records.