

SURGICAL SPECIMENS

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 routinely processed through a tissue processor, then the tissue is embedded in paraffin wax. A thin section of this is then cut, placed on a slide, stained with dyes, and then examined under the microscope. Tissues are submitted to diagnose benign and malignant neoplasms and inflammatory or infectious diseases.

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
- Medical record number
- Date
- Physician
- Date of birth
- Billing information
- Social Security Number (optional)

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

2. The container should be legibly and properly labeled with the patient's first and last name, medical record number, date and identity of tissue specimen by adhesive tape on the container. Ink is preferable but non-erasable pencil may be used as ink may run when wet. An addressograph label is much preferred. Unlabeled specimens are unacceptable under most circumstances. If the specimen is not already in formalin, please put 10% formalin on it. Prefilled formalin containers are supplied on request. Specimens must be placed in formalin as soon as possible to avoid compromising histopathologic evaluation.

3. Place specimen container in secondary biohazard plastic bag, specimen requisition in separate pouch.

Special Circumstances

1. Breast Biopsy - Place entire specimen in formalin and submit as you would any other specimen. **Please indicate on the requisition whether the physician desires DNA ploidy analysis and/or 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 LCM 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 it is to be sent for cutaneous direct immunofluorescence. **(If you would highlight this, it would be greatly appreciated)** Please try not to cover the cutaneous direct immunofluorescent transport media container with the patient label.

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

Sun-exposed or Unexposed skin;

And

Whether it is from perilesional, involved or uninvolved skin.