POLICY: HANDLING OF FRESH HEMATOPATHOLOGY SPECIMENS:

(2004-2005 changes are underlined)

The following are recommendations for handling specimens in the 2nd Floor Surgical Pathology Suite:

Specimens from patients with previous diagnosis of lymphoma/leukemia or clinically suspected to have these diseases.

   a. Keep the specimen fresh in a moist environment at all times (wrapped or protected by a gauze or rested on a soft pad soaked in sterile saline or culture medium.
   b. Call or page the Hematopathology resident/fellow or attending (x5-0071).

The Hematopathology staff should work with the surgical service in the initial assessment and handling of specimens. Since this procedure is highly variable and depends on previous patient history, clinical situation and sample size or type, it is preferable to involve the Hematopathology service from the start. In most instances, representative tissue will be obtained in Surgical Pathology for formalin fixation. The remaining material will be taken to the Hematopathology laboratory for further processing (touch preparations, freezing ethanol or other fixation, cell suspension preparation for flow cytometry and other tests, cultures, etc.). Although the surgical service can handle large samples (>1 cm) independently, the hematopathology service would prefer to be informed in every case, since often the hematopathology service has relevant clinical information or access to previous materials on these patients.

Specimens where lymphomas/leukemias are not suspected, but suspicious for a hematologic lesion after a frozen section is performed.

   a. Keep the unfrozen portion of the specimen fresh in an moist environment as above.
   b. Keep frozen tissue in cryostat until ready to BE transferred to - 70 C freezer when appropriate. (DO NOT FIX THE FROZEN TISSUE UNLESS TOLD OTHERWISE).
   c. Call Hematopathology service as above. In Surgical Pathology, the Hematopathology staff will review the frozen section and determine further action, which may include:
      I) preparation of additional frozen sections
      II) perform touch imprints
      III) request more sample from surgery
      IV) arrange for cultures, etc.

Following the above, a representative section will be submitted for permanent paraffin sections in Surgical Pathology and the remainder of the fresh specimen will be taken to the Hematopathology laboratory.