

**Histopathology Laboratory**

**Handbook**

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## 1.0 Summary of revisions

Version	Summary of change
2.13	Added information to section 4.94 on patient information on illness/medication
2.14	Section 4.2 added Synovial fluids are sent to Histopathology to analyse for the presence of crystals Section 4.9 added additional information on requirements Section 4.9.6: added further information on storage Section 4.9.7: changed from FNA to non gynae sample types Section 4.16: added a statement on uncertainty
2.15	Section 4.11: added delayed tests/unable to perform test info
2.16	Section 4.8 Contact numbers updated
2.17	Section 4.13 updated to include information on how to access clinical advice for andrology.
2.18	Sec 2.0 included information regarding changes made to the andrology service including vitality testing, reporting of ejaculate odour and morphology assessment of sperm defects Sec 4.1 included sample reception for semen analysis, information provided regarding deviation from specific requirements Sec 4.2 added reference to who 2021 Sec 4.4 added andrology service open times Sec 4.7 added delivery of semen samples to specimen reception Sec 4.9.4 changed sample delivery times to within 30mins, no longer than 50mins, stated febrile illness – 24hrs
2.19	Sec 4.9.4 updated who decision limits to who 2021
2.20	Sec 4.8 removed head of department/contact no. Sec 4.9 removed andrology from histology/cytology requirements Sec 4.9.4 included andrology request form acceptance criteria. Stated sample delivery 9.00am – 1.0pm. Changed wording infertility to fertility. Changed wording standard test ranges to test result guidance. Included sample odour to results. Added TZI and Vitality results available upon request. Changed pvas wording standard test result range to test result range, changed test result - no. of sperm (range) as per results provided on final report Changed pvas result ranges as per results provided on final report
2.21	Sec 2.0. Included information 'vitality TZI and morphological defect assessments will be on the final report' Sec 3. Clarified high risk specimens in this section are 'histology' Sec 4.1. Clarified sample reception for 'histology specimens' Sec 4.9.4 Clarified unlabelled samples will be analysed if labelled by the patient upon delivery. Removed 'TZI and Vitality available upon request' TZI and Vitality now reported. Included TZI and sperm abnormalities and Vitality with decision limits to 'Test result guidance for fertility semen analysis' Sec 4.9.4 Updated inconsistencies for semen analysis test results, final report and fertility worksheet. Included morphological defects. Amended information sheets 'will be provided with the report'

## 2.0 Introduction

In this handbook you will find basic information concerning Histopathology Department, including contact names and telephone numbers. Details of tests and other services are given, together with the turnaround time for tests. You may already be in possession of some of these facts, and this guide is really a compilation of the appropriate information in one booklet, which we hope you will find useful.

Please note the Andrology service providing semen analysis has been updated in accordance with the latest version of the World Health Organisation manual 2021 – WHO 6<sup>th</sup> edition)

Vitality assessment of non-motile spermatozoa, ejaculate odour and the Teratozoospermia index (TZI) are now carried out by the department and the results of the assessments will be provided on the final report. Spermatozoa Morphological defects will be provided on the final report.

All relevant departmental documentation has been updated and any relevant changes have been made to the final report.

Any information or advice required by the service user is available by the department upon request (please refer to section 4.8 in this document).

Although laboratory turnaround times are shown, experience has indicated that unexpected delays can occur in the transmission of results. This may be particularly the case should tests be referred to other centres for initial reporting.

## 3.0 High risk Histology specimens

All samples which are regarded as high risk should have both the request form and the specimen labelled with the appropriate “high risk” sticker.

Samples from patients falling into the categories below should be regarded as high risk for the laboratory:-  
HIV antibody positive.

Hepatitis B surface antigen or e antigen positive.

Hepatitis C positive.

Homosexual, IV drug user

Sexual contact of any of the above.

Recent jaundice - cause not known.

Haemophiliacs treated with blood products.

Recipients of multiple transfusions of blood products.

Patients with clinical features of AIDS.

## 4.0 General

### 4.1 Specimen Reception

Histology specimens:

A small number of Histology specimens arrive at the laboratory via the centralized specimen reception area. Most samples can be brought directly to the Histology Department. No samples will be received for Histology outside of the working day – 08:30 – 17:00.

Results enquiries and urgent requests contact ext. 4020

Please ensure that specimens and request forms are clearly labelled (please include the NHS number where possible).

Instructions for the completion of request forms are given on the reverse of the request forms.

Please give clinical information and details of therapy given.

All samples and request forms should have at least three corresponding pieces of information that identify the patient (i.e. surname, forename and either NHS number, hospital registration number or date of birth). A&E only can either use a hospital or A&E number.

Samples for histology can be precious samples e.g. cannot be taken again. The responsibility for relabelling this type of specimen will rest with the Clinical area.

Samples for Andrology must be brought in with a black Andrology request form. Information required from the patient is requested on the front of the form. (Please refer to the patient information leaflet provided by the laboratory or on The Rotherham NHS website. This leaflet provides essential information required for the collection and delivery of semen samples for analysis). The service user must be aware that any deviation from these requirements may have an impact on the reported values and the laboratory cannot guarantee the results provided in the report are/are not adversely affected.

#### **4.2 Services offered by Histopathology**

The Histopathology Department offers a comprehensive range of diagnostic services including surgical Histology, Andrology (service updated in line with the current World organisation manual 2021 - WHO 6<sup>th</sup> edition) and Non-Gynaecological cytology. Wide repertoires of specialised techniques are available to facilitate diagnosis, including immunocytochemistry. The department is fully computerised with authorised reports accessible to Consultant Medical staff via the ICE system. The department is approved for training by the Institute of Biomedical Sciences.

**Mortuary services** facilitate the reception, storage and post mortem examination of deceased persons from the hospital and the community, and provide services for H.M Coroner. Three licences have been granted by the Human Tissue Authority, which cover removal of relevant material from the deceased for scheduled purposes, post mortem and the storage of the body of deceased person/ relevant material for scheduled purposes.

Andrology services provided:

Fertility analysis of semen

Post vasectomy analysis of semen

Non Gynae cytology

Serous effusions, aspirates, urine, sputa, washings, brushings and all other non-gynaecological fluids to analyse for the presence of malignant cells or any diagnostic cell feature that may assist in patient care  
Synovial fluids are sent to Histopathology to analyse for the presence of crystals

#### **4.3 Referred work**

Each department holds a list of names, addresses, tests sent and accreditation status of all laboratories to which work is routinely referred. These lists are available on request.

#### **4.4 Laboratory opening times:**

Normal Service: Histopathology Monday - Friday 0830 hrs - 1700 hrs

No service available Saturday, Sunday or bank holidays

Andrology: Monday to Friday 0900 – 1300 hrs (excluding Saturday, Sunday & bank holidays)

Contact numbers (see individual sections for discipline specific contact numbers)

Clinical Director - 01709 427627  
Business and Services Manager -01709 424023  
Quality Manager - 01709 424008

Mortuary: Monday to Friday 0800 – 1600 hrs  
Outside working hours: contact clinical site team manager

#### 4.5 Location of the Laboratory:

The Laboratory is situated on 'A' level (top floor). Following the signs for Pathology, at the T junction near the central lifts go down the corridor opposite the lifts and the Pathology department is first on the left double doors. Pathology Reception is straight ahead.

#### 4.6 Location of the Mortuary:

The mortuary is situated on D level at the end of D level corridor (opposite end to the PGME). It is not signposted within the hospital but any visitors to the mortuary should be directed to the Oldfield Centre which is only accessed from outside the main hospital building near maternity entrance. This is to provide a discreet facility for qualifying relations visiting the mortuary. Hospital staff wishing to attend the mortuary should contact the mortuary on ext. 4274 prior to visit to ensure staff are available to help.

For visitors wishing to view a deceased there is a dedicated car park (follow signs for the Oldfield centre). The car park is barrier controlled and can be accessed by pressing the intercom button at the entrance

#### 4.7 Transportation of specimens:

GP samples are transported by Courier Logistics to Pathology specimen reception

Hospital samples are delivered by hand to the Laboratory Specimen Reception Department.  
Care to be taken when transporting specimens in formalin through the hospital.

**Theatres:** A formalin spillage kit is available on theatre transport trolley. In the event of a spillage, staff must inform Histology staff immediately on ext. 4020

**Outpatients/endoscopy/dermatology or any other clinic,** specimens must be transported within a sealable bag that contains absorbent material. In the event of a spill, contact histology staff immediately on ext. 4020

Semen samples for fertility investigations or Post vasectomy analysis are delivered by the patient directly to specimen Reception Department, A level as stated in the Histology user handbook and the patient information leaflet.

Deceased are transferred to the mortuary by portering staff using the body concealment trolley located within the mortuary entrance.

Refer to Transporting samples from clinical areas to laboratory document LP-PHS-015 found on the Trust intranet site 'Insite' under pathology for further information

#### 4.8 Contact details

Staff

Consultant pathologists are available to give clinical advice and interpretation for all Histopathology requests (see contact numbers below)

For advice and interpretation on Andrology specimens contact BMS 3 or Laboratory Manager (see contact numbers below)

**Consultant Histopathologist/Head of Department:**

Telephone number: 01709 424600 or ext4600

Secretaries:

Telephone numbers: 01709 425338 or ext. 5338  
01709 424676 or ext. 4676

Histopathology and Mortuary Manager & Hospital Based Programme Co-ordinator NHSCSP:  
Telephone Number: 01709 427108 or ext. 7108

Histopathology Operational Manager: Telephone Number: 01709 424020

**Andrology**

Clinical lead for Andrology	01709 426744
Histopathology manager	01709 427108 / 424600
BMS 3 Histology	01709 424020

**General Enquiries and Information**

Histopathology:	01709 424020
Mortuary:	01709 424274

**4.9 Sample requirements for Histopathology and Cytology specimens, including consent issues**

Please note that ALL investigations for histological and cytological investigations should be submitted using the BLACK Histology request forms supplied. Clinicians must check identity of patient ensuring that the request form is fully completed, including relevant clinical details, patient’s details (at least 3 patient identifiers) in block capitals. All request forms must be signed by an appropriate clinician. Consent forms are required for products of conception (see appropriate section below).

The following details are required:

- Specimen type, including site eg. Left/Right
- Where multiple samples are performed, these must be placed in separately identified containers and labelled as such. Each sample must be identified on the request form as sample A, B, C etc. with specimen site.
- Clinical Details – Results of relevant investigations in order to provide an adequate clinical history. Any therapy, which may alter histological appearances, should also be detailed on the request form.
- Urgent Cases – record on request form if the case is Urgent, two week wait or required for an MDT (include date of MDT)
- Clinician requesting the test
- Requesting location
- Date and time of the procedure

Request forms must not be placed within the biohazard bag, along with the specimen, to avoid spoilage should the specimen leak.

Please be aware that if the full information is not provided on the request form or patient sample, then the Clinician or Clinical Team responsible for the patient will be contacted to confirm the patient's identity. Samples that are not fully labelled may be returned to the source.

#### 4.9.1 Surgical specimens

Specimens for histological diagnosis (except colorectal resection specimens) should be placed immediately in fixative comprising of 10% buffered formalin, obtainable by request from the laboratory.

The volume of fixative should be approximately ten times the volume of the specimen in order to facilitate optimal fixation.

Tissue samples must be placed in an appropriate size container to enable an adequate amount of formalin to be added. Do not force specimens into inappropriately sized containers, which will distort the specimen and retard fixation. Once in formalin the tissue can be safely left until the next convenient collection.

Do not place specimen containers containing formalin in the refrigerator. This will slow down the rate of fixation and there is the risk of introducing irreversible artefacts into the tissue, which may impede the subsequent histological interpretation.

Always ensure that the specimen container lid is securely sealed / screwed tight to prevent leakage of the contents, 10% formalin is classified as harmful / irritant.

Colorectal cancer resection specimens must be placed Davidson's fixative which is obtainable from the laboratory.

To facilitate prompt turnaround times, specimens from theatres and outpatient clinics should be brought to the laboratory as soon as possible.

Safety: - the laboratory provides Hazard data sheets relating to the use of 10% formalin.

#### 4.9.2 Fresh Tissue Samples

The only histological specimen types routinely **NOT** requiring immediate fixation in 10% buffered formalin are:-

1. Tissue samples requiring immediate frozen section diagnosis. These must be discussed with a Histopathologist at least one working day in advance. These can then be booked once authorised by the Pathologist. Samples must be brought directly to the Histopathology laboratory - do not leave these samples in Specimen Reception. Please notify the laboratory if the frozen section is cancelled at any stage.
2. Skin specimens requiring direct immunofluorescent techniques (DIF) are referred on to Sheffield Royal Hallamshire Hospital directly from the requesting area.
3. Skeletal muscle biopsy, requiring enzyme histochemical tests to investigate congenital myopathies. Muscle biopsies are referred to the Neuropathology Department, Royal Hallamshire Hospital, Sheffield, and sent directly from the requesting area.



#### 4.9.3 Consent Issues for products of conception

A black histology request form and consent form must be received before the specimen can be processed. In addition to providing informed consent to undertake the investigation it also establishes the means by which the patient requires any remaining tissue to be disposed of. The processing of samples will otherwise be delayed until consent has been obtained. Blank copies of the form are available from Obstetrics/Gynaecology.

#### 4.9.4 Andrology Investigations

Please note that ALL investigations for semen analysis should be submitted using the BLACK ANDROLOGY request forms supplied. Clinicians must check identity of the patient ensuring that the request form is fully completed, including relevant clinical details, patient's details (at least 3 patient identifiers) in block capitals. All request forms must be signed by an appropriate clinician.

Samples should be collected directly into a pre weighed toxicity tested wide mouthed container (universal container NOT acceptable – GPs and Hospital departments should obtain sample containers from Histology as these have been toxicity checked).

Patients must inform laboratory of completeness of collection of sample by indicating on the request form Is this a whole/complete sample yes/no.

Patients must inform the laboratory of any recent illness/febrile illness within the last 24hrs/relevant medication on the request form

Patients to ensure that the lid is securely sealed after collection as samples that have leaked cannot be analysed and a repeat sample will be requested.

The forename, surname and date of birth of the patient together with the time the specimen was produced should be clearly marked on the container; the request form must contain the minimum of 3 patient identifiers. The time of production is vital for fertility investigations.

Patients providing samples for fertility investigations should refrain from sexual intercourse for at least 2 days but no longer than 7 days. The sample must be kept at body temperature (37°C e.g. under arm, inside pocket etc.) and be received in the laboratory within 30mins of collection (no longer than 50mins)

The sample and fully completed request form should be delivered to the Pathology Specimen Reception Area, Level A, between the hours of 9.00 am – 1.00 pm. The laboratory is open from 9am Monday to Friday (excluding Bank Holidays) for Andrology samples. Andrology investigations are not undertaken on Saturday, Sunday or during Bank Holiday periods.

Unlabelled samples will not be processed with the exception of samples where the details can be provided by the patient on the sample container at the time of sample delivery to the department

Information sheets designed to assist the interpretation of results will be provided with the final report. Detailed instruction sheets for patients requiring post vasectomy and fertility investigations are available from the laboratory upon request by the clinician.

#### Fertility analysis test result parameters and decision limits

**Sample colour:** Normal/Bloodstained

**Sample odour:** Present/Absent

**Sample viscosity:** Normal/low/High

**Liquefaction used (for highly viscous samples):** Yes/No

**Volume:**  $\geq 1.4$  ml (1.3 – 1.5)

**pH:**  $\geq 7.2$

**Sperm Concentration:**  $\geq 16$  million spermatozoa/ml

**Total motile (Rapid, Slow and Non-progressive):**  $\geq 42\%$

**Progressive motility:**  $\geq 30\%$

Progressive Motile Spermatozoa: **Total number of progressive spermatozoa per ejaculate**

Morphology:  $\geq 4\%$  or more ideal forms

Morphological defects:

**(Abnormal head, Neck and midpiece, Tail and Excess residual cytoplasm as a percentage)**

TZI:  $\leq 1.64$  Normal

Vitality: **54% - 97%** (only performed where sperm motility  $<40\%$ )

Agglutination result:

No agglutination seen: **None**

Isolated,  $<10$  spermatozoa per agglutinate with many free Spermatozoa: **Grade 1**

Moderate, 10-50 spermatozoa per agglutinate, free Spermatozoa: **Grade 2**

Large, agglutinates of  $>50$  spermatozoa, some spermatozoa still free: **Grade 3**

Gross, all spermatozoa agglutinated and agglutinates interconnected: **Grade 4**

**Post vasectomy semen analysis test results:**

**0 - No spermatozoa seen**

**1-1000 non-motile spermatozoa seen**

**1001-5000 non-motile spermatozoa seen**

**$>5000$  non-motile spermatozoa seen**

**Motile spermatozoa seen**

Completeness of sample collection indicated on report: **whole sample yes/no/unknown**

Repeat tests:

It may be necessary to request a repeat of the test. This may be due to a number of factors including sample leakage, incorrect sample container used, out of time frame for test etc.

#### **4.9.5 Cervical Cytology**

All cervical cytology is now liquid based (LBC). All LBC samples are sent to the cytology laboratory at the Royal Hallamshire hospital for testing.

Please note that samples from patients under 25 years of age will be rejected by the cytology department

Clinic kits containing vials, brooms and labels are available to order from the Rotherham Histology laboratory via fax using order form – pathology consumables or telephone (see contact numbers above), as are HMR 101 forms and green transport bags. Clinic kits have a considerable cost and a limited shelf life therefore sample takers are requested not to order excessive numbers.

At the time of sample taking the cervix must be visualised and sampled through 5x360° sweeps.

The broom head must then be separated from the handle and placed in the preservative solution in the vial.

Place the cap tightly on the vial to prevent leaks.

The vial must be labelled (using the adhesive labels provided) with at least three of the patient identifiers listed below.

- Patient surname
- Patient forename
- Date of birth
- Unit / NHS number

Please write in block capitals.

It is preferable if Open Exeter is used to complete HMR 101 form as this contains all relevant patient history. If manually completing the HMR101 form, ensure that all parts of the HMR 101 form are completed in full in ballpoint pen and in block capitals. The smear taker code must be included on the form, including the prefix letters as the numerical part is not unique. Failure to provide the code will result in the form being returned and a subsequent delay in sample processing.

All Cytology LBC samples must be sent to the laboratory in green transport bags. These will be forwarded by the Histology laboratory to South Yorkshire and Bassetlaw Cytology services at the Royal Hallamshire hospital via cytology courier.

Any queries regarding results/specimens must be directed to the Cytology laboratory at Royal Hallamshire Hospital - Tel No 01142713697

#### **4.9.6 Non-Gynaecological Cytology Specimens (other than fine needle aspirates)**

Samples for diagnostic non gynae cytology investigations should be sent in sterile universal containers and SHOULD NOT exceed 25mls in volume per specimen site. Please DO NOT send samples in jars or the collection devices.

The samples should be sent as soon as possible to the laboratory without the addition of fixative. Should immediate despatch to the laboratory not be possible it is advisable to store the specimen in a refrigerator at 4°C. Samples will be retained for 2 days after reporting should any further investigations be required, however any further requests should be made as soon as possible due to deterioration of the specimen.

FNA samples that are collected into Cytocollection fluid need not be refrigerated as this medium acts as a preservative.

Under no circumstances must a Cytology fluid sample go into 10% formalin.

To ensure that the correct method of storage and transportation is used for each sample type, please refer to the sample requirements below.

#### **4.9.7 Non gynae sample types**

##### **Fine Needle Aspirates**

Fine needle aspirates from any tissue site should be collected into 5 ml of green cytocollection fluid obtainable upon request from the laboratory. Use cytocollection fluid only for fine needle aspirate specimens, not for other systemic non-gynaecological cytology samples. Do not place cytocollection fluid samples in the refrigerator. The effect is cytologically deleterious and the fluid is flammable.

##### Bronchial Brushings and Wash/Lavage samples

Bronchial washings should be sent to the laboratory without delay to prevent autolysis of the cells collected. If there is any delay in delivery, the samples must be refrigerated.

##### Serous Effusions/ Fresh Fluids

Fresh fluid samples such as pleural, ascitic, peritoneal, pericardial, and cyst contents, should be sent to the laboratory immediately, in a sterile universal, without the addition of preservative. If immediate dispatch is not possible, fluids must be refrigerated.

##### Sputum Samples

Sputum samples should only be sent for cytology if there is a reasonable suspicion of malignancy in patients who are unsuitable for bronchoscopy. In most cases the respiratory pathology is due to infection, which resolves on treatment. Sputum should only be sent if the clinical symptoms and radiological findings do not resolve after a course of treatment. The pick-up rate for malignant cells has been very low in the past because of inappropriate patient selection.

One early morning specimen is required before eating and oral hygiene have been commenced. The specimen should be a deep cough specimen and sent straight to the laboratory on the day of production. If this is not possible they should be refrigerated and transported to the laboratory as soon as possible.

#### **4.10 Mortuary including Post- Mortem**

The mortuary opening times are 8am to 4pm. The senior nurse manager (221 bleep holder) is available outside working hours for advice or information.

Mortuary APT staff are available on call for major incidents, Identification issues for serious trauma cases and for advice outside working hours. The staff can be contacted via switchboard.

Coroner's Post-Mortem: Contact the mortuary or Hospital Bereavement Centre (ext 4465) for guidelines regarding cases requiring H.M Coroner's involvement

Hospital Voluntary Post-Mortem: Clinicians can request help from the Hospital Bereavement Team who can be contacted on ext 4465. Bereavement officer will assist in the liaison between Medical Officer and the Histopathology and Mortuary manager or BMS 3 histology in completion of consent form.

A presentation on the HVPM process, which includes a flow chart, is available on the intranet under Quick links, Human tissue authority page.

All deceased from within the hospital must be clearly identified by use of identification bracelets on wrist and ankle and must be received in the Mortuary with a completed Mortuary transfer form. Inadequate labelling of deceased will be reported as an incident using the Trust Datix system

If a death certificate is to be issued by hospital staff this must be carried out in a timely manner to aid efficient release of the deceased to the funeral director.

It is important that completion of the cremation form is carried out in a timely manner, ensuring that contactable telephone numbers including a mobile number are available for the Histopathologist. Delays in completion of cremation forms can lead to cancellation of funeral arrangements for the deceased and result in a serious incident reported.

Doctors wishing to view deceased in order to complete the cremation form or death certificate must contact the mortuary on ext 4274 prior to attending the mortuary to ensure staff are available to help.

#### **4.11 Reporting times for histopathology:**

##### **Surgical biopsies:**

Up to 10 working days from date of receipt. Please note that occasional diagnostically complex biopsies may require longer in order to perform specialised and/or immunohistochemical investigations.

**Andrology:** 7 working days

**Cervical Cytology:** Maximum of 2 weeks from date of receipt.

##### **Non-Gynaecological Cytology specimens**

Up to 10 working days from date of receipt, depending on diagnostic complexity.

##### **Post-Mortem Reports**

Usually within 2 working days, unless histological investigations required, usually additional 2/3 working days. Toxicology investigations additional 2-3 weeks

Delayed reports/unable to perform test

The department will inform the requester by telephone or email when there will be a delay to the examination or the laboratory is unable to be perform the test.

#### **4.12 Access to authorised diagnostic reports**

Medical staff and authorised staff have access to authorised reports on ICE.

The introduction of this facility minimises demand upon laboratory time and eliminates the inherent risk of transcription error. As a result, a specific policy has been adopted, whereby result enquiries from Trust based staff concerning authorised histopathology reports will not be provided over the telephone, except in emergency situations.

#### **4.13 Availability of Clinical Advice and Interpretation**

##### **Histopathology**

For specific clinical advice and interpretation please contact the reporting Pathologist or Biomedical Scientist Practitioner as indicated at the end of the report(s) in question. For other clinical advice please contact one of the general enquiry or any of the secretarial telephone numbers above. A member of staff will transfer your enquiry, if necessary to the most appropriate member of staff on duty.

### **Andrology**

Interpretative comments are added to reports. The Andrology Laboratory has Biomedical Scientists that can offer **technical interpretation** and help in understanding the report. If you require **clinical interpretation or advice** contact the laboratory and they will ensure that the information is transferred to the Lead Clinician for Andrology, who will respond to the query as soon as possible.

### **4.14 Time Limits for requesting additional examinations**

Formalin fixed, wet tissue is stored for approximately 6 weeks after issue of the final report. Paraffin wax blocks and slides are stored for 30 years. Requests for additional investigations should be made after discussion and agreement with the reporting Consultant Histopathologist.

### **4.15 Unlabelled Specimens and other Untoward Identification Issues**

With the exception of Andrology specimens, sputa, urine and other repeatable body fluid samples all histological and cytological samples will be designated as 'precious' and returned to the originator for identification / clarification in the first instance. All such instances will be reported on Trust Datix incident system. Please see below for additional relevant untoward incident criteria pertaining to the Histopathology Department.

#### Untoward Incident Criteria – Histopathology

The following untoward incidents appropriate to specimen procurement will warrant documentation and corrective action where appropriate

- a) Wrongly labelled sample (patient name)
- b) Unlabelled sample / request form
- c) Discrepancy between tissue samples and request form details
- d) No specimen request form
- e) Mismatch of: Name, Date of birth, Unit Number or NHS Number
- f) Specimen received without fixative or grossly inadequate container
- g) Specimen received without significant clinical details relevant to diagnosis
- h) High risk sample not labelled appropriately
- i) Appropriate consent form not forthcoming
- j) Mortuary Register / Transfer Document not completed adequately
- k) Any incident that is reportable to an Outside agency e.g. HTA, QARC

### **4.16 Measurement of Uncertainty**

This information is available upon request