HANDLING, LABELING AND TRANSPORTATION OF SPECIMENS AND OCULAR PATHOLOGY CONSULTATION REQUEST FORMS

1. ATTENDING PHYSICIANS RESPONSIBILITIES:
   a. Special procedure specimen collection
      i. Prior to surgery, refer to the Special Procedure Specimen Collection section below regarding handling instructions for the following procedures and specimen types:
         a) Acanthamoeba scraping  
         b) Electron microscopy  
         c) Fine needle aspirations  
         d) Frozen sections  
         e) Immunohistochemistry  
         f) Metabolic diseases (i.e.: gout, cystinosis, storage disease)  
         g) Temporal artery biopsy  
         h) Vitreous
   b. Routine Specimen Collection by Specimen Type
      i. Prior to surgery, refer to the Routine Specimen Collection by Specimen Type (below) for handling instructions concerning specimens not mentioned in the Special Procedure Specimen Collection.
   c. University of Iowa Hospitals and Clinics By-laws
      i. All tissues removed in the Ophthalmology minor surgery room, Iowa River Landing Ambulatory Surgery, Operating rooms pertaining to the eye must be sent to the F.C. Blodi Eye Pathology Laboratory by virtue of the by-laws of the University of Iowa Hospitals and Clinics.
   d. Exceptions to Tissue Submittal
      i. All ocular tissues removed surgically must be sent to the F.C. Blodi Eye Pathology Laboratory unless prior written approval has been obtained by the Director of the Ophthalmology Department and the Director of the F.C. Blodi Eye Pathology Laboratory.
      ii. The following list of “routine” types of tissue need not be sent to the F.C. Blodi Eye Pathology Laboratory.
         a) Crystalline Lens (solid or aspirate) – Cataract extractions  
         b) Vitreous – Routine  
         c) Iris – Routine iridectomy  
         d) Trabecular Meshwork – Routine Trabeculectomy
iii. It is at the surgeon’s discretion to determine whether pathologic examination of “routine” tissues will aid in patient management/diagnoses. The surgeon may elect to submit “routine” tissue to the F.C. Blodi Eye Pathology Laboratory as needed.

iv. When these tissues are not submitted to the F.C. Blodi Eye Pathology Laboratory, they are discarded by the Main Operating Room and the Ambulatory Surgical Center per their specimen disposal protocol.

e. Questions or Concerns

i. Any questions concerning the handling of Ocular specimens should be directed to the Ocular Pathologist or the Ocular Pathology Supervisor (319-335-7095), prior to performing the surgery.

2. OPERATING ROOM, AMBULATORY SURGERY AND OPHTHALMOLOGY NURSING STAFF RESPONSIBILITIES:

a. Special procedure specimen collection

i. Refer to the each of the following under the Special Procedure Specimen Collection (below) for specific handling instructions:

ii. Acanthamoeba scraping

iii. Electron microscopy

iv. Fine needle aspirations

v. Frozen sections

vi. Immunohistochemistry

vii. Metabolic diseases (i.e.: gout, cystinosis, storage disease)

viii. Temporal artery biopsy

ix. Vitreous

b. Routine Specimen Collection by Specimen Type

i. Specimens that do not fall under the Special Procedure Specimen Collection portion of this manual should be considered "routine" and should be handled in the following manner (Refer to: Routine Specimen Collection by Specimen Type (below) for specific handling instructions):

a) Materials needed prior to beginning the surgery:

i) A leak proof specimen container with the correct type and amount of fixative (if a fixative is required), please refer to each specimen type under the Routine Specimen Collection by Specimen Type portion of this manual for specific fixation instructions.

ii) If formalin is used as the fixative, a formalin warning label must be placed on the specimen container.

iii) An Ocular Pathology Consultation Request form.
ii. Immediately after the "routine" tissue specimen has been removed from the patient do the following:

a) Place the tissue into the container with the proper fixative.

b) Make sure the tissue is completely covered by the fixative.

i) **DO NOT** wrap the tissue in gauze or other types of toweling as they will absorb the fixative and parts of the tissue may not be covered by the fixative causing the tissue to decompose.

c) The amount of fixative in the container will vary with the size of the specimen; however, the fixative should be a minimum of ten times the volume of the specimen being fixed.

i) Example 1: If the specimen is a trabeculectomy, corneal biopsy, corneal button, small skin biopsy, conjunctival biopsy, etc. there should be at least **25-30 ml** of fixative in the container.

ii) Example 2: If the specimen is an eyeball (enucleation) there should be at least **100 ml** of fixative in the container.

iii) Example 3: If the specimen is an exenteration (eye, eyelids and surrounding tissue) the container used should be large enough so that the fixative will completely cover the entire specimen.

d) Place the lid on the container properly and tightly to avoid a fixative spill.

i) If the fixatives are either formalin, glutaraldehyde or 100% alcohol and a spill occurs, refer to the respective Safety Data Sheet (SDS).

*** NOTE ***

The Ambulatory Surgery Center and the General O.R. provide specimen containers from their areas. The Ocular Pathology Laboratory provides the Ophthalmology Nurses Station with pre-filled specimen containers.

c. Identification and labeling of specimen containers

i. Identify and label **all ophthalmology specimen containers** with the following information:

a) Two unique patient identifiers (name and medical record number or date of birth)

b) Physician's name

c) Type and location of the specimen: (i.e.: corneal button, left eye)

d) Formalin warning label

ii. Make sure that a well-constructed container with a secure lid is used.

iii. Specimen containers must be labeled with the above information at the time of the procedure and before the container leaves the procedure room.
d. **Filling out the ocular pathology consultation request form**
   
i. The Ocular Pathology Consult Request form must be prepared in the room where the procedure is performed (College of American Pathologist regulation).

   ii. The following information must be on the ocular pathology consultation request form. The laboratory will be **unable to process** the specimen until this information is received (College of American Pathologist regulation).

      a) Material submitted (wet tissue, slides or blocks)
      b) Type and location of the tissue submitted: (i.e: Corneal button, left eye)
      c) Clinical history, data and operative findings
      d) Clinical diagnosis

   Note: Whenever possible use the UIHC patient label ID sticker for the following information. If the sticker is not available, the following information must be handwritten on the Ocular Pathology Consultation Request form:

      e) 2 unique patient identifiers (name and medical record number or date of birth)
      f) Patient's hospital location (Intensive care, Ambulatory surgery, etc.)
      g) Date of surgery
      h) Name and physician code number of the **primary staff physician** responsible for the patient
      i) Name of **other staff physicians, fellows or residents** should be placed in the designated space on the request form.
      j) Any special instructions or communications to the laboratory (i.e: rush or stat cases, instructions to understand margins, etc.)

   iii. Place the container into a biohazard bag for transportation to avoid leakage during transportation.

      a) The requisition should be placed in the side pocket of the biohazard bag in case of a leaking container.

   e. **Delivering specimens and ocular pathology consultation request forms**

   i. If the specimens are from the operating room, ambulatory surgery, or Iowa River Landing, deliver all specimens with their respective Ocular Pathology Consultation Request forms to the Frozen Section Room.

   ii. If the specimen is removed in the Ophthalmology minor room the specimen should be placed in the ocular pathology box found on the desk at Ophthalmology's nursing station.
3. **OCULAR PATHOLOGY LABORATORY RESPONSIBILITIES:**

   a. **Routine Specimen Pick-up**
      
      i. Routinely specimens are picked up from the Frozen Section Room and Ophthalmology's nursing station by the Ocular Pathology personnel between 2:30-3:00 PM, Monday-Friday.
      
      a) Ocular pathology personnel will check to assure that each specimen has an ocular pathology consultation request form.

      b) When picking up specimens from the Nurses Station, Ocular Pathology personnel will initial the log book for each specimen taken.

      ii. Ocular pathology personnel will bring all specimens back to the laboratory in a carrier labeled as Biohazard. Specimen containers are placed into a slotted box to keep the containers upright.

   b. **Accessioning of Specimens**
      
      i. Specimens will be accessioned (given an ocular pathology identification number).
      
      a) During accessioning the ocular pathology personnel will check the ocular pathology consultation request form and specimen container for pertinent patient information.

      ii. If any pertinent patient information is missing from either the specimen container or the ocular pathology consultation request form the attending physician will be contacted (see Rejection and Exemption of Specimens below for further instructions).

   c. **Grossing of Specimens**
      
      i. Specimens will be grossed by the pathologist or by the technician under the supervision of the pathologist.

   d. **Processing, Embedding, Cutting and Staining of Specimens**
      
      i. Specimens will be processed, embedded, cut and stained then given to the pathologist for diagnosis.