

## HANDLING, LABELING AND TRANSPORTATION OF SPECIMENS AND OPHTHALMIC PATHOLOGY CONSULTATION REQUEST FORMS

### 1. ATTENDING SURGEON RESPONSIBILITIES:

#### a. Special procedure specimen collection

- i. Prior to surgery, refer to the **Special Procedure Specimen Collection** section (Prot: 1.1.1, page 9-19) regarding handling instructions for the following procedures and specimen types:
  - a) Tissue from CJD/Creutzfeldt-Jakob disease patients
  - b) Acanthamoeba scraping
  - c) Electron microscopy
  - d) Fine needle aspirations
  - e) Frozen sections
  - f) Flow cytometry
  - g) Metabolic diseases (i.e.: gout, cystinosis, storage disease)
  - h) Temporal artery biopsy
  - i) Vitreous aspirates

#### b. Routine Specimen Collection by Specimen Type

- i. Prior to surgery, refer to the **Routine Specimen Collection by Specimen Type** (Prot: 1.1.1, page 19-26) 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** surgically removed from a patient **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. Any exceptions must be approved by the Laboratory Director and the Chair of the Dept. of Ophthalmology and Visual Sciences in advance of the procedure.

#### d. Exceptions to Tissue Submittal

- i. The following list of tissue types have been declared exempt from pathologic examination and 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
  - e) Skin rhytids from routine blepharoplasty
- ii. It is at the surgeon's discretion to determine whether pathologic examination of exempt tissues will aid in patient management/diagnoses. The surgeon may elect to submit exempt tissue to the F.C. Blodi Eye Pathology Laboratory as needed.
- iii. When these tissues are not submitted to the F.C. Blodi Eye Pathology Laboratory, they are discarded by the surgical areas per their specimen disposal protocol.

e. **Questions or Concerns**

- i. Any questions concerning the handling of Ophthalmic specimens should be directed to the Ophthalmic Pathologist or the Ophthalmic Pathology Supervisor (319-335-7609), **prior to performing the surgery.**

f. **Ophthalmic and Adnexal Malignancies**

- i. When a patient is referred to UIHC with a diagnosis of ophthalmic or ophthalmic adnexal malignancy made on a biopsy done elsewhere, the slides and copy of the report from the original biopsy should be obtained from the outside institution and referred to the Eye Pathology Laboratory for review **PRIOR** to proceeding with any further therapy. **This is UIHC policy and is considered the standard of care.** The lab's yellow consultation form should be filled out and sent to the lab by the UIHC physician. The mailing address and phone number of the lab are available at the top of the yellow request form.

2. **OPERATING ROOM AND OPHTHALMOLOGY NURSING STAFF RESPONSIBILITIES:**

a. **Special procedure specimen collection**

- i. Refer to the each of the following under the **Special Procedure Specimen Collection** (Prot: 1.1.1, pages 9-17) for specific handling instructions:
- ii. Acanthamoeba scraping
- iii. Electron microscopy
- iv. Fine needle aspirations
- v. Frozen sections
- vi. Flow cytometry
- vii. Metabolic diseases (i.e.: gout, cystinosis, storage disease)
- viii. Temporal artery biopsy
- ix. Vitreous aspirates

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** (Prot: 1.1.1, pages 19-26) 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 the 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 Eye Pathology Consultation Request form as indicated for providing diagrams, indicating surgical margins, etc.

- 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 fixative is formalin, glutaraldehyde or 100% alcohol and a spill occurs, refer to the respective Safety Data Sheet (SDS).

**\*\*\* NOTE \*\*\***

Surgical areas provide 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) Source and location of the specimen: (i.e.: corneal button, left eye) depending on service specimen is from
  - c) Formalin warning label
  - d) Date of procedure/specimen obtained
- 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. Order for Eye Pathology Examination**

- i. All specimens sent to the Eye Pathology laboratory *must* have an order placed for "Eye Pathology Exam" in Epic in the clinic encounter or in OpTime.

## Clinic order:

**EYE PATHOLOGY EXAM** Accept Cancel Link Order Remove

Priority:  **Routine**

Frequency:  **Once**

Starting:  **Today**  At:

First Occurrence: **Today 1000**  
 Scheduled Times: [Hide Schedule](#)  
 7/7/17 1000

Process Inst: 

Complete the yellow Eye Pathology Consultation form. Please use diagram and add any additional clinical information to sheet/diagram.  
 All specimens sent to the Eye Pathology Laboratory should arrive in some type of fixative (e.g. formalin, Saccamanno cytology fixative). Specimens submitted in saline will not be accepted.  
 Please contact the Eye Pathology Laboratory with questions at 5-7609. For urgent questions, please use pager 2438 or 3414.

Reflex testing options:  I understand and agree that reflex testing may occur per established procedures (see link below).  
 I do not wish for reflex testing to occur and I will contact the Laboratory Director to discuss the specifics of this order.

Attending Physician:

Specify current known or suspected infectious disease:

If a specimen was sent to another laboratory, choose the appropriate response?

Call preliminary results to:

Select a specimen source for each container. Enter the Specimen Description in Comments.

Reference Links: 1. [Lab Handbook](#) 2. [Reflex Testing in the Department of Pathology](#)

Comments:

## OpTime Order:

**Eye Pathology - Eye Pathology**

Type:  **Eye Pathology**

Tests:  **+ Add**  **EYE PATHOLOGY EXAM**

Authorized by:  **Merryman, Abbey S, MD**

Collected by:  **Merryman, Abbey S, MD**

Specimen ID:

Collected at:

Marked as Sent:

Description:

Frozen?

Diagnosis codes:  **+ Add**

Laterality:

Tissue:

**Accept**  **Cancel**

- ii. A yellow Eye Pathology Consultation form can also be submitted at the surgeon's discretion. This is the only way that diagrams can be submitted to the laboratory for the purposes of conveying information about specimen orientation.
- iii. Epic downtime procedure involves filing out the yellow consult form as the primary order. A lab initiated order will be placed when Epic is once again functional.

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

- a) 2 unique patient identifiers (name and medical record number or date of birth)
  - b) Patient's hospital location (Main OR, Ambulatory surgery, etc.)
  - c) Date of procedure
  - d) Name and physician CLP number of the **primary staff physician** responsible for the patient
  - e) Specimen(s) source/laterality
  - f) Clinical diagnosis and/or ICD-10 code
  - g) Clinical history
  - h) Any special instructions or communications to the laboratory (ie: rush or stat cases, instructions to understand margins, etc.)
  - i) Indicate whether any tissue from the case was also sent to another laboratory (i.e. Flow Cytometry, Immunopathology, Microbiology, Cytogenetics)
- iv. Place the container into a biohazard bag for transportation to avoid fixative leakage during transportation.
    - a) The requisition should be placed in the side pocket of the biohazard bag.
    - b) The CSN or HSC labels are placed in the side pocket of the bio-hazard bag.
- e. **Delivering specimens and ophthalmic pathology consultation request forms**
    - i. If the specimens are from the operating rooms, deliver all specimens with their associated forms and/or labels to the Surgical Pathology gross room.
    - ii. If the specimen is removed in the Ophthalmology minor room at the Eye Nursing Station, the specimen should be placed in the ophthalmic pathology specimen box found in Room #11123J/Dirty Utility Room.
    - iii. If the specimen is removed at the Iowa River Landing clinic, the specimen should be sent to the laboratory at IRL where it will be recorded on an Epic Beaker packing list and transported to the Surgical Pathology gross room on the Pathology Dept's courier schedule.

### 3. OPHTHALMIC PATHOLOGY LABORATORY RESPONSIBILITIES:

#### a. Routine Specimen Pick-up

- i. Routine specimens are picked up from the Surgical Pathology gross area and Room #11123J in the Ophthalmology Department by the Ophthalmic Pathology personnel between 2:30-3:00 PM, Monday-Friday.
- ii. Ophthalmic 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 ophthalmic pathology identification number).
  - (1) During accessioning the ophthalmic pathology personnel will check the ophthalmic pathology consultation request form and/or Epic order and specimen container for pertinent patient information.
- ii. If any pertinent patient information is missing from either the specimen container or the ophthalmic pathology consultation request form, a physician from the surgical team will be contacted to obtain or clarify this information (see Rejection and Exemption of Specimens below for further instructions).

#### c. Grossing of Specimens

- i. Specimens will be grossed by the pathologist, pathology fellow 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.