
Pathology – Southwestern Vermont Medical Center

Pathology Office
Histology Department

(802) 447- 5345
(802) 447-5340 ext. 5762

AUTOPSY

- Autopsies are sent to University of Vermont Medical Center in Burlington Vt.
- The funeral home will handle transport.
- Reports will be sent from UVM to the patient’s doctor via paper report.
- Contact Dr. Marianne DeMarco 802-447-5344 with any questions.

SURGICAL PATHOLOGY

GENERAL INFORMATION

- **Formalin Fixative Hazard Information:**

Wear gloves and eye shields.

Use in well ventilated space.

Wipe spills completely, using lots of water.

Skin Contact: wash thoroughly with soap and water.

Avoid putting fingers near eyes if they are exposed to formalin.

Eye Contact: IMMEDIATELY rinse thoroughly with water.

Use eyewash if available. If discomfort persists, see physician.

LABELING

- Patient and specimen identification label required for all specimens. Specimens lacking patient identification will be returned to the submitting party for identification. Unidentified specimens will not be processed.

REQUISITION

- Surgical Pathology Requisition is required for all specimens. Essential information includes patient identification, patient birth-date, specimen source, submitting provider, and clinical history and diagnosis.

PROCESSING SCHEDULE

- Specimens received before 1400 hrs are processed overnight and reported out the next working day, with exceptions for:
 1. Bone or calcified tissues requiring decalcification.
 2. Lymph nodes and other tissues requiring overnight fixation.
 3. Specimens requiring additional sections, special stains, or other special procedures.
- If you wish overnight processing for a specimen received in the laboratory after 1400 hrs, discuss with a pathologist and write “EXPEDITE” prominently on the requisition.

SPECIMEN COLLECTION AND SUBMISSION

A. ROUTINE:

1. Formalin-Fixed Tissues:

- a. Collection Container: Screw-capped plastic jar with formalin label.

- b. Transport: Biohazard bag, place slip inside pocket or place jar in plastic box with closable lid marked biohazard and formalin hazard.
 - 2. Unfixed Tissues (colon, placenta, uterus, etc):
 - a. Collection Container: Two plastic bags knotted or in plastic box labeled biohazard.
 - b. Transport: Plastic container with close-able lid marked biohazard.
 - c. Special Instructions: If at night, refrigerate specimen. Leave requisition slip on counter in histology lab.
 - 3. Amputations (leg, arm):
 - a. Collection Container: Double-wrapped in two red biohazard bags.
 - b. Transport: Closed cardboard box with biohazard label.
 - c. Special Instructions: Days: Bring to histology lab. Nights: Put in microbiology walk-in refrigerator. If for examination and report by a pathologist, place requisition slip on counter in histology lab.
 - 4. Breasts: Core needle biopsy should come to pathology in 10% formalin solution.
 - 5. Stones:
 - a. Collection Container: Screw-capped plastic jar with biohazard label
 - b. Collection Instructions: Fresh, Dry specimen
- B. SPECIAL:
 - 1. Fresh Unfixed Tissues (specific tissues and procedures listed below)
 - a. Collection Container: Specimen moistened with saline in an screw-capped urine container; wrapped in saline-moistened telfa pad; with a Biohazard label.
 - b. Special Instructions: Hand directly to technologist or pathologist and state tissue and if for frozen section.
 - c. Specific Tissues / Special Instructions:
 - i. BREAST: As per general instructions above. Usually sent to Diagnostic Imaging first. If part of sentinel lymph node procedure, identify as such.
 - ii. FROZEN SECTION: As per general instructions above.
 - iii. LYMPH NODE: As per general instructions above. If sentinel lymph node, identify as such.
 - iv. MUSCLE / NERVE: Notify pathologist as soon as biopsy is scheduled. Complete FAHC Muscle/Nerve biopsy data form required.
 - v. SYNOVIUM (or Other) for Crystals: As per general instructions above.
 - 2. Kidney Needle Biopsy
 - a. Collection Containers: Screw capped jars containing: Formalin, Trump's fixative for electron microscopy, and Zeus' fixative for immunofluorescence.
 - b. Special Instructions:
 - i. Notify histology as soon as the biopsy is scheduled to be sure the fixatives are available.

- ii. Histology will deliver the fixatives or you may stop by the histology lab to pick up the fixatives.
- iii. Select tissue portions and place in fixatives IMMEDIATELY.
- c. Special Instructions: Notify histology as soon as procedure is scheduled. Bouin's fixative must be specially prepared for each biopsy.

SVMC GUIDELINES FOR SUBMISSION OF TISSUES TO PATHOLOGY

PRINCIPLE:

Every gross specimen sent to the laboratory shall be examined by a pathologist. The determination of which categories of specimens require only a gross description and diagnosis shall be made conjointly by the pathologist and the medical staff, and documented in writing. Any decision to rely only on gross diagnosis requires considerable judgment and should be made sparingly.

SPECIFIC GUIDELINES:

1. All tissue removed operatively should be sent for appropriate pathologic examination. The following list of tissues are NOT required to be sent to Pathology:
 1. Normal appearing placentas from both operative and non-operative deliveries
 2. Orthopedic appliances
 3. Foreign bodies requiring documentation of chain of custody and transfer to law enforcement agencies
 4. Teeth and tooth fragments
 5. Foreskins from infant circumcisions
 6. Arthroscopic shavings/burrings
 7. Concretions
 8. Lenses removed for cataract
 9. Fingernails and toenails
 10. Small bone fragments from reconstructive procedures or correction of congenital or acquired deformities i.e., clubfoot, bunions, hammer toes, etc.
 11. Nasal septal cartilage
 12. Eyelids for cosmetic blepharoplasties
 13. Knee menisci
 14. Incidentally removed rib segments
 15. Hernial tissues, fibrous and/or fatty
 16. Total knee or total hip replacements for osteoarthritis or rheumatoid arthritis
 17. Intervertebral disc
 18. Debridement of acute traumatic injury or of nonviable tissue from decubiti, etc.
 19. Exostosis with benign x-ray features
 20. Bone fragments from traumatic fracture
 21. Bone and tissue from amputation revisions
 22. Carotid plaque
 23. Rheumatic metacarpals from arthroplasty
 24. Amputation for vascular disease or diabetic complication
 25. Femoral head fracture (hemiarthroplasty)
 26. Aortic aneurysm contents

27. Embolectomy and thrombectomy
 28. Heterotopic bone post fracture
 29. Colostomy take down
 30. Umbilical hernia
 31. Total hip/knee revision
 32. Varicose veins
 33. Skin Tags
 34. Tonsils and adenoids from patients less than 21 years old
2. Gross examination only required:
 1. Traumatically injured amputated extremities.
 2. Foreign bodies unable to be sectioned.
 3. All other surgically removed tissue will have macroscopic and microscopic examination.