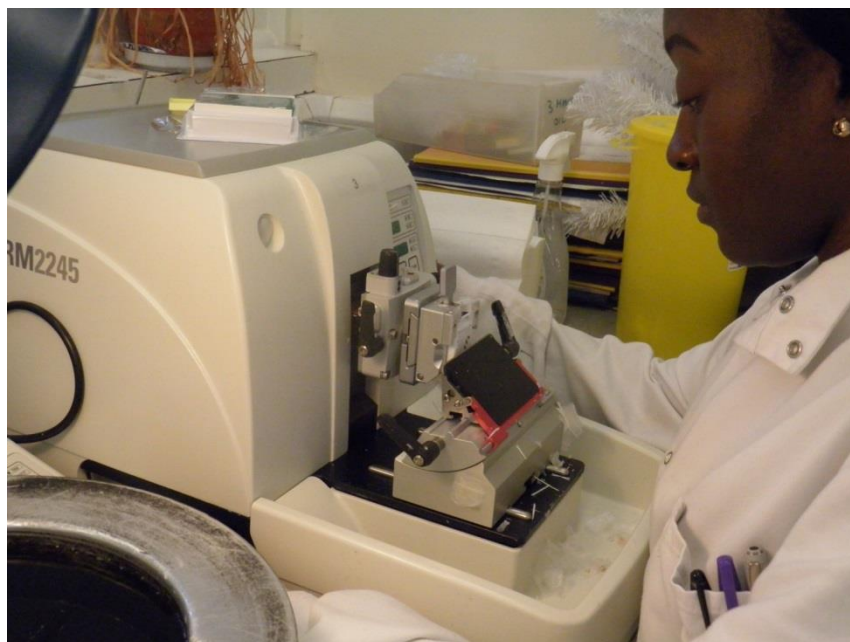


CELLULAR PATHOLOGY SERVICES HANDBOOK
GP EDITION

(HISTOPATHOLOGY, NON-GYNAE CYTOLOGY & MORTUARY)



Registration number 8132

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PREFACE

This handbook is intended to help you get the best from Kingston Hospital NHS Foundation Trust's Cellular Pathology Services. The Cellular Pathology Department includes the following specialties:

- Histopathology
- Diagnostic cytopathology (non gynae)
- Mortuary

The combined departments handle approximately 24,500 specimens a year. We perform over 80 types of test in-house and have a network of external laboratories to which more specialised tests can be sent. Our consultant-led and delivered service is available to assist with interpretation of results, the selection of appropriate tests and to deal with any difficulties that arise.

The Cellular Pathology Department is committed to providing a service which is:

- Prompt
- Comprehensive
- Cost-effective
- High quality

and responds to the needs of all service users.

This handbook includes information on:

- Names of staff to contact
- Service levels and hours
- Types of investigation offered
- Types of specimens required and collection conditions
- Instructions for collecting specimens with a particular emphasis on safety

The Cellular Pathology Department Laboratories are situated on Level 2, Esher Wing.

CONTACT INFORMATION

Should you have any queries in connection with any aspect of the Cellular Pathology service, or wish to visit the department please contact the department on **0208 934 2239**. For enquiries regarding technical advice contact **0208 934 2236/2241** or the Mortuary **2644 / 2643**.

We have tried our best to make this handbook user-friendly. We welcome any suggestions for improving the next edition.

The Clinical Director is Dr. Gheeta Joseph and the Service Manager is Mini Chandra who can be contacted on **0208 934 2863**.

The department is UKAS ISO accredited (medical laboratory number 8132). This can be confirmed by accessing the UKAS website.

The department has a license for the Human Tissue Authority License Number 12023.

We also participate in external Quality Assurance scheme. If required our scores can be obtained by request from the department.

1. LABORATORY SERVICES

1.1 Laboratory Opening Hours

The Laboratory offers a routine service **Monday to Friday from 08:30-17:00.**

The departmental office hours are **8.30 – 17.00.**

1.2 Urgent Requests

Where possible, any request for urgent work must be arranged in advance and must be stated on the request form. Urgent samples will be done as soon as possible upon receipt in the Laboratory within service hours.

In some cases a same day service can be offered for very urgent **non-gynae** samples and very small urgent **histology** samples. Any such request should be discussed with the department and processing will be at the discretion of the senior BMS staff. **Histology** specimens must be received into the Laboratory **by 10:30am** for same day service to allow for processing, cutting, staining and reporting (staff permitting). **Non-gynae** specimens must be received into the Laboratory **by 2.30pm** for same day service to allow for processing, staining and reporting (staff permitting).

2. SAMPLE COLLECTION (Histology and Non-gynae Cytology)

2.1 Consumables

- **Non-Gynae** – Hanks, slides, slide transport boxes, fixative, request forms and orange specimen bags are available from pathology stores at SWL (any problems then please contact the Cytology Non-Gynae Department).
- **Histology** - Michel's Transport Medium (IMF), pre-filled 30ml formalin pots, formalin filled and empty various sized plastic pots, request forms and orange specimen bags are available from pathology stores for SWL (any problems then please contact the Histology Department).

2.2 Hints to Obtain a Good Histology and Non-Gynae Sample

- Avoid deterioration of specimen: send samples to the Laboratory without delay.
- Ideally, diagnostic cytology specimens and fresh tissue must arrive in the Laboratory on day taken.
- If unable to transport immediately then store histology specimens at the correct temperature. Fixed routine histology specimens at room temperature, immunofluorescence and fresh tissue refrigerate.
- If unable to transport immediately then store non-gynae specimens at the correct temperature. Fixed non-gynae specimens at room temperature and fresh samples / Hanks refrigerate.
- Ensure correct transport media or fixative is used for required test.

3. REQUESTS & SAMPLE IDENTIFICATION (Histology and non-gynae cytology)

When taking a patients sample for testing, please take a separate sample for non-gynae and histology. We cannot accept one sample which requires splitting between us and SWL Pathology for non-gynae due to problems/delays in the requesting and receiving of samples.

3.1 Requests

Please fully complete an automated order-communications system request form or a Kingston Hospital Histopathology or Non-Gynae Request Form. Please check that the patient's details are correct and their NHS number is given. There are mandatory fields for clinical details, clinical history, bleep number, telephone extension and high risk status. Please ensure that all are completed appropriately. When applicable, please make sure that patient consent is given.

- Sample type
- Full relevant clinical details
- Past history
- Patient and clinician details

3.2 Sample Labelling

Please make sure that all histology and non-gynae specimens sent for processing are labelled and the sample is secured in a fully labelled container and placed in an **orange biohazard transport bag** printed with Cellular Pathology Laboratory details.

All samples must carry sufficient information for positive identification.

- Forename
- Surname
- One other identifier (date of birth or Patient ID (MRN) number)
- Signature
- Date and time of specimen

Details of the specimen type and anatomical site are important and should be recorded along with details of position on body i.e. left, right or multifocal

3.3 Unlabelled / Incorrectly Labelled Histology Specimens

Any unlabeled or incorrectly labelled histology specimens will not be processed but returned to source for correction/labeling. If a container is received with no sample every effort will be made to contact the requesting clinician. If no source is given the sample will be retained for **3 months** before disposal.

3.4 Unlabelled / Incorrectly Labelled Non-Gynae Specimens

An unlabeled or incorrectly labelled non-gynae specimen and/or form will not be processed and will be returned to source for correction/labelling. If no source is given the sample will be retained for **1 week** before disposal.

3.5 Date of Sample

This may be different from the date of the request and should be entered at the time of specimen collection.

3.6 Requesting Clinician

Details of original requesting clinician must be provided (GP to whom the report is to be sent to) must be included. If the report should be assigned to another source please indicate e.g. if you are taking the sample for another clinician.

For both histology and non-gynae, specimens from patients suspected to be high risk should be clearly labelled, to ensure correct handling by staff.

4. TRANSPORTATION

GP and Kingston hospital outreach establishments' samples are collected by the ERS courier for delivery to Kingston Hospital. These will come via SWL Pathology specimen reception in BMW and delivered by ISS porter.

5. SPILLAGES

5.1 Non-Salvageable

If there is a spillage of specimens absorb the formalin with inert, damp non-combustible material. Seal the contaminated material in a plastic bag and dispose of via laboratory waste. Provide adequate ventilation if in a confined space or respiratory mask and wear protection for clothes, eyes and hands.

5.2 Salvageable

If the sample can be safely salvaged place in container and deliver immediately to the Laboratory.

6. HISTOPATHOLOGY SAMPLE REQUIREMENTS

6.1 Fresh Specimens

Fresh specimens (without fixative) must reach the Laboratory on the same day they are taken, if possible. If this is not possible, refrigerate **or** place in fixative (formalin) if suitable for test required and deliver to the Laboratory the next working day.

6.2 Routine Specimens

Specimens sent in fixative should be placed in a container large enough to accommodate the specimen easily with sufficient volume of fixative (10x volume of the specimen). Secure attachment of the lids is essential to prevent leakage of the fixative, which may lead to suboptimal fixation of the sample. Please ensure that diagnostic specimens are packaged to meet the UN Packing Instruction 650 (P650). Please refer to: <https://www.hse.ie/.../lab-p650-packaging-instructions.pdf>

Please ensure the specimens are transported to meet the carriage of dangerous goods instruction. Please refer to: [ADR 2009 / the Carriage of Dangerous Goods & Use of Transportable Pressure Equipment 2007]. www.hse.gov.uk › Guidance › Topics › Carriage of dangerous goods.

The routine fixative is buffered formalin, which is a hazardous substance and handling instructions should be followed carefully. Safety Data Sheets are available on request.

Please do **not** refrigerate formalin fixed tissue as this will retard the fixation process.

6.3 Direct Immunofluorescence

Specimens for direct immunofluorescence must be sent in transport medium (available from the Laboratory) and stored at 4°C. Alternatively, they may be sent in phosphate buffered saline (PBS) or gauze soaked in PBS. This service is **NOT** available where tuberculosis or high risk infections are suspected. Please discuss with the Laboratory before taking sample.

SPECIMENS WHICH DO NOT MEET THESE CRITERIA MAY NOT BE PROCESSED.

IMPORTANT: The Histopathology Department will never process a tissue sample which has no identification on it. If it is a sample that cannot be easily repeated e.g. operative samples, and it is in a bag attached to a fully completed form, it may be accepted. However, it must be remembered that unlabelled samples cannot be reliably identified as belonging to a particular patient.

7. DIAGNOSTIC CYTOLOGY (NON-GYNAE) SAMPLE REQUIREMENTS

Cytology specimens should, whenever possible, be sent to the Laboratory as soon as possible on the same day as obtained. Any specimens taken at weekends should be kept in a refrigerator and promptly sent on Monday morning.

7.1 Sputum Specimens

- Sample containers and vials **MUST** be fully labelled.
- Sputum specimens should ideally be collected in the early morning.
- Only one specimen per day should be sent.
- No more than 3 specimens should be sent on any individual patient.
- Sputum specimens for cytology are discouraged in patients with chest infections, due to purulent exudate.
- Also avoid sending specimens for 7-10 days after bronchoscopy to avoid false positives.

7.2 Urine Specimens

- Sample containers and vials **MUST** be fully labelled.
- Urine specimens should consist of the whole or as much of the whole voided specimen as possible in a 30ml universal container.
- Mid-stream specimens are not ideal since abnormal cells are usually present in either the first or last part of the voided urine specimen.

Out of working hours, all diagnostic cytology samples should be kept in a fridge until sent to the department.

UNLABELLED OR ILLELIGIBLE CONTAINERS WILL NOT BE PROCESSED

8. HEALTH & SAFETY

8.1 General

Health & Safety at Work Act (1974)

It is the duty of every employee to take reasonable care for the health and safety of their self and other persons who may be affected by their acts or omissions at work.

It is the responsibility of the requesting doctor to ensure that the specimen is transported safely and arrives in the Laboratory. Laboratory responsibility for the specimen starts when it arrives in that department. Specimens must be securely sealed and packed correctly any leaking or damaged containers reaching the Laboratory will be reported to the Risk Management office. Specifically designed orange specimen transport bags, available from the department, should be used for the safe transportation of small specimen containers and forms.

8.2 Infectious Hazards

General requirements and good practice:

- Do not contaminate the Histopathology Order Request Form with the sample.
- Ensure that the container is correctly sealed.
- Do not stick samples to the Histopathology Order Request with tape - use a specimen transport bag with separate pouch for form.

High Risk Samples

- ***Under the Health & Safety at Work Act it remains the responsibility of the requester to provide information about potential or known high risk samples.***
- Specimens containing certain viral pathogens (ACDP Category 4) cannot be handled by the Laboratory. Ring the Laboratory for advice before collecting or dispatching such samples.
- *Forms and samples from patients, as indicated below, must be clearly labelled with the yellow 'Danger of Infection' labels as appropriate. The diagnosis is not enough.*

Specimens must be regarded as potentially infected if they come from patients:

- known to be HBsAg positive
- With known or suspected viral hepatitis or with jaundice of unknown cause
- With known or suspected HIV
- Known or suspected to be hepatitis C positive
- With known or suspected brucellosis
- With pyrexia of unknown origin (PUO)

Only request tests which are essential to the management of the patient with these disorders will be processed.

9. TRANSMISSION OF RESULTS

Cellular Pathology Reports are now all electronically authorised. All authorised cellular pathology results are available via the Laboratory computer system. This should be the first method of trying to access patient reports from Cellular Pathology. Protection of patient personal information is more secure using electronic reporting.

It is useful to draw our attention to an individual test which seems to have been outstanding for an excessive time, because it may have been missed or not received into the Laboratory.

9.1 Unexpected Results

Wherever possible, unexpected results will be telephoned to the requesting doctor or be emailed to the MDT coordinator at mdtcoordinator@kingstonhospital.nhs.uk. It is, however, always the responsibility of the requesting clinician to ensure that a result will be viewed and acted upon appropriately.

9.2 Phoning Policy

Cellular Pathology Department has the phone policy of only consultants giving out verbal reports to requesting clinicians.

<p>IT IS THE RESPONSIBILITY OF THE CLINICIAN REQUESTING THE TEST TO ENSURE THAT THE RESULT WILL BE VIEWED AND ACTED UPON</p>

9.3 How Clinician Treating the Patient is informed of the Result

Results can be accessed by the clinician via computer system within turnaround times stated.

9.4 How the Patient is informed of the Result, including Timescales

Patients will not be directly informed of any results by the Cellular Pathology Department. The patient may need to be informed of abnormal result which is always done by the requesting GP; the timescales for these actions will vary depending on the severity and importance of the result.

10. VALIDITY OF RESULTS

Quality assurance systems are in operation to ensure satisfactory accuracy and precision of all tests. Even so, random errors can occur and may escape detection in the Laboratory. Often the clinician is well placed to detect such errors and is responsible for following up any discrepant results.

If you doubt the validity of any result, let us know at once. Please telephone the relevant consultant. Sometimes your report alerts us to a wider problem which we would like to correct as soon as possible. Most samples are kept for a minimum of 28 days, post authorisation for histology, but non-gynae cytology samples are disposed of after authorisation. During this time it is usually possible to re-check any result (though some samples may deteriorate and prevent this). Sending us a repeat sample without telling us your query takes more time and does not allow us to maintain a proper check for errors.

11. INTERPRETATION OF RESULTS

Due to the nature of cellular pathology work there is no quantitative normal range of results, unlike haematology or biochemistry. The reports produced are subjective and often dependant on the clinical information supplied.

Many factors can influence a cellular pathology result and these need to be accounted for. If the result does not fit with the clinical situation, please alert the Laboratory and discuss this with a consultant.

The Cancer Office receives a daily electronic extract of cancers reported that day. These are scheduled reporting procedures and undertaken daily.

12. PROBLEM SAMPLES

The department undertakes to make a permanent computer record of all requests received in the Laboratory even if no result can be provided, either in WinPath, if patient details are provided or in Pathology folder of the Trust system if no details are provided. Those entered into WinPath will be reported and a comment added as to the reason why the sample could not be analysed.

13. STORAGE AND DISPOSAL OF SPECIMENS

The Laboratory will store and dispose of all patient samples according to departmental policy which is based on current guidance from rcpath and HTA.

14. RISK MANAGEMENT

The department has an agreed Risk Management Procedure. This is implemented both through regular audit and by filling out of the incident-reporting Ulysses system form available on the hospital intranet. Incident forms may be filled out where:

- A wrong report has been issued
- Any patient-related incident
- Other laboratory events not concerned with clinical reports

15. PRIVATE TESTS

All requests on private patients must be identified on the Histopathology / Non-Gynae Order request.

All requests on private patients are processed through Richmond Park Pathology and must be clearly identified as private on the request form.

Richmond Park Pathology - for any information regarding private tests contact Dr. Graham Knee on 0208 934 2239 or Dr. Sussan Gharaie on 0208 934 3106.

16. TURNAROUND TIMES

Turnaround times are monitored on a continuous basis and detailed information is available to all of our users upon request.

The time taken to process and report a specimen depends on its size and the complexity of the pathology and mineralised tissue will require decalcification after fixation prior to processing. Pathologically, complex cases will require specialised techniques, such as immunohistochemistry, after processing which will delay reporting. Some cases will need to be sent to external regional centers as required by NHS England; a provisional report should be available informing the requesting clinician of this.

16.1 Histology

- 90% within 10 working days for non-urgent cases
- 90% within 5 working days for urgent cases

Urgent requests and biopsies from cancer specimens are reported within 5 working days of receipt in the Laboratory. If further investigation is required, an interim report will be issued or the problem discussed with the requesting clinician. Larger complex resection specimens should be reported within 17 working days. A delay will be expected if special procedures or further tests are necessary.

16.2 Non-Gynae Cytology

- 90% within 5 working days
- Urgent cases are reported in 24 hrs.
- A verbal is given for FNA and some urgent cases within 2 hours and immediately (on-site) for TBNA

17. REFERRALS

17.1 Agreed Referral Pathologists

Cellular pathology samples are occasionally referred to outside laboratories for additional tests or a second opinion. These are reported as soon as the results are returned, the referral centres should not be contacted directly. For further information please contact the Histopathology Department at Kingston Hospital (ext. 2239).

Information regarding the accreditation status for laboratories used is available on request.

Pathologists reserve the right to refer to other consultants if deemed to be more appropriate. Pathologists are identified and selected on the basis of clinical relevance and professional standing.

17.2 Cervical Cytology

Cervical cytology is now carried out by SWL Pathology at St George's Hospital.

17.3 Transmission of Results for Cervical Cytology

Results are sent directly by the referral laboratories to the requesting doctor. The Laboratory does not receive copies of these reports. Enquiries need to be made directly to the referral laboratories.

18. MORTUARY

The Mortuary is licensed by the HTA to perform:

- Forensic and Coronial post-mortems
- Voluntary Consented Hospital post-mortems
- Tissue and organ donation

The Mortuary is situated behind Esher Wing at the back of the hospital, Gate 3.

- Mortuary Telephone - **0208 934 2644 - Mon to Fri 08:00-16:00**
- Bereavement Office telephone - 0208 934 3355 - Mon to Fri 09:30-15:30 which is situated in the Mortuary building
- An on-call technician can be contacted 24/7 for emergencies via the hospital switchboard (0208 546 7711).
- Transportation of a deceased hospital patient to the Mortuary is arranged by contacting ISS Porter service on ext. 2245.
- The Medical Certificate of Cause of Death (MCCD) and Cremation Paper are completed by doctors in the Mortuary Office.

GPs may need to attend the Mortuary for identification of the deceased and or completion of cremation papers or at the funeral directors.

18.1 Viewings

The Mortuary offers viewing facilities for bereaved relatives by prior appointment only Monday-Friday 08:30-15:30 on ext. 2644 / 2643 or the Bereavement Office ext. 3355.

18.2 Post-Mortem Examination

The Mortuary operates as a facility for adult-consented post-mortems and Coroner's routine and forensic postmortems.

A detailed autopsy report should normally be available to clinicians within 4 weeks of the post-mortem. The clinicians may also discuss the post-mortem findings with the pathologist who carried out the post-mortem by contacting the Histology Office on ext. 2239.

19. GOVERNANCE

The Laboratory adheres to all Trust policies on governance, including data protection, and takes all appropriate measures to protect personal information of patients and staff.

20. COMPLAINTS OR COMPLIMENTS

Any feedback, concerns, complaints or compliments against the department can be reported directly to the laboratory manager or clinical lead (contact numbers as above). They can also be reported to the divisional director for clinical support services, GP liaison officer or PALS ext. 3993.