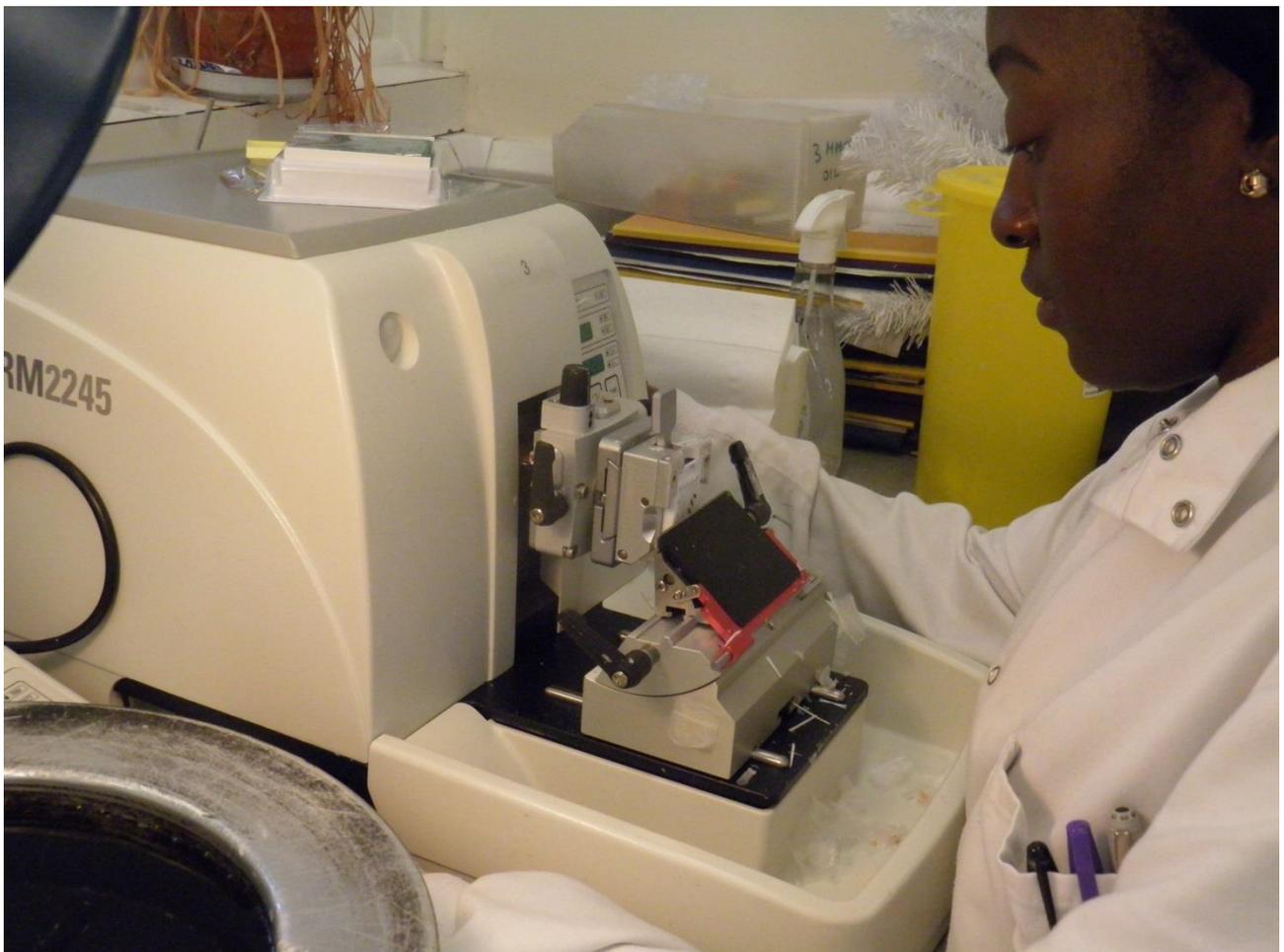


# CELLULAR PATHOLOGY

*(HISTOPATHOLOGY, NON GYNAE CYTOLOGY & MORTUARY)*

## SERVICES HANDBOOK

*HOSPITAL EDITION*



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# PREFACE

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

- Histopathology
- Cytopathology (Non Gynae) Cytology
- Mortuary

The combined departments handle approximately 26500 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 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 its service users.

This Handbook includes information on:-

- Names of staff to contact : - Dr G. Knee (Clinical Director) Ms H Garrett (Laboratory Manager)
- 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.

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**

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

The department is UKAS ISO accredited (medical laboratory number 8132) and this can be confirmed by accessing the UKAS website:  
<https://www.ukas.com/>

The department has a licence for the Human Tissue Authority Licence Number 12023

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

# **LABORATORY SERVICES**

## **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

## **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 small urgent samples. Any such request should be discussed with the department and processing will be at the discretion of the Senior BMS staff. Specimens must be received into the laboratory by 10:30 am for same day service.

## **SAMPLE COLLECTION**

### **HINTS TO OBTAIN A GOOD SAMPLE**

- Avoid deterioration of specimen: send samples to the laboratory without delay.
- Ensure correct transport media or fixative is used for required test.
- Diagnostic cytology specimens and fresh tissue must arrive in the laboratory on day taken.

## **REQUESTS & SAMPLE IDENTIFICATION**

### **HISTOPATHOLOGY SAMPLE REQUIREMENTS**

All in-patient and Kingston hospital out-patient requests must be made electronically by computer (CRS), this must be done under a 'histopathology' request on the CRS system and specimen pots labeled with a CRS label for histopathological examination, to enable staff to retrieve a corresponding request form in the laboratory. Please check that the patient details are correct and their NHS or patient ID (MRN) 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. Paper forms will only be accepted if the system is unavailable and downtime procedures are in operation.

For non CRS/GP Order Comms specimens a Kingston histology request form must be completed and sent with the specimen to the laboratory.

An unlabelled or incorrectly labelled specimen will not be processed but returned to source for correction/labelling. If no source is given the sample will be retained for 3 months before disposal. Specimens from patients suspected to be High Risk should be clearly labelled, to ensure correct handling.

### **REQUESTS**

- A fully completed order-communications request.
- A sample that is secured in a fully labelled container.
- The form and sample must have 3 unique identifiers to match the sample and the form. One of which must be the NHS or MRN number.

These include:

- Forename
- Surname

- DOB
- NHS number
- MRN/ Hospital number

## **DATE OF SAMPLE**

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

## **REQUESTING CLINICIAN**

Details of original requesting clinician must be provided (Consultant/GP to whom the report is to be sent to) and bleep numbers (personal bleep number / on-call bleep number) must be included.

## **LABELLING OF SAMPLES**

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

## **EXCEPTIONS**

**Gum Clinic:** Identification via initials and GUM number

## **TRANSPORTATION**

Specimens may be brought directly to the cellular pathology department by portering staff from areas within the hospital or through SWL pathology reception area in the Bernard Mead Wing of Kingston Hospital. There are 4 deliveries from BMW to Cellular pathology Monday to Friday 08.30, 13.00, 15.00, and 16.00.

GP samples (orange bags only) are collected by the ERS courier for delivery to Kingston hospital.

Couriers from other private hospitals also deliver directly to the department.

### **Fresh Specimens**

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

### **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. The routine fixative is buffered formalin, which is a hazardous substance and handling instructions should be followed carefully. <V:\Department Folder\Histopathology\Histology\Health & Safety\MSDS 2014\SDS booklet 10% NBF BAF-9900-00A 130910 JH.pdf>

### **Urgent Biopsies**

In exceptional circumstances and depending on the level of urgency and state of fixation, these biopsies must reach the laboratory by 16.00 hours to be processed and reported within 2-5 days.

## **Frozen Section**

Requests for frozen section must be booked in advance (at least 24hours) with the departmental office. The date, time, patient's name, specimen type, consultant's name and bleep/ext number for contact person. With advanced booking for the frozen section service the laboratory is able to provide the appropriate staff to be present for the receipt of the specimen. Specimens for frozen sections should arrive in the laboratory no later than 16.00 hours. (Please refer to Health & safety section) For health and safety reasons it is departmental policy not to perform frozen sections on known cases of TB, hepatitis B or C or HIV.

## **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.

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

**Histology samples must have a CRS label for 'histopathology'**

**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.**

## **DIAGNOSTIC CYTOLOGY (non-gynae) SAMPLE REQUIREMENTS**

All specimens sent to the laboratory from within the Trust for non-gynae cytology examination must be labelled correctly with a CRS label for 'cytopathology non-gynae', to enable staff to retrieve a corresponding request form from the computer system. The CRS order for cytopathology must be filled in correctly, giving sample type, full relevant clinical details, past history, patient and clinician details.

For non CRS/GP Order Comms specimens a Kingston pathology request form must be completed and sent with specimen to the laboratory.

An unlabelled or incorrectly labelled 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. Specimens from patients suspected to be High Risk should be clearly labelled.

## **REQUESTS**

For all diagnostic cytology specimens there should be

- A fully completed order-communications request form on CRS system
- A sample that is secured in a fully labelled container.
- The request and sample must have 3 unique identifiers to match the sample and the form. One of which must be NHS or MRN information.

These include:

- Forename
- Surname
- DOB
- NHS number
- MRN/ Hospital number

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

### **Sputum Specimens**

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

### **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.
- Urine samples that are unlabelled will not be processed.

### **Fluid from: - Pleura, Peritoneal, Pericardial, Joint Cavities or Cysts.**

- Sample containers and vials **MUST** be fully labelled.
- These samples should be collected in a 30ml universal container.

### **Fine Needle Aspirates (FNA)**

- Fine needle aspirates should be sent to the laboratory previously air dried &/or wet fixed on glass slides. The slides must be labelled in pencil AD for air dried or F for wet fixed.
- Contact the duty consultant for advice on which type of slide preparation is required for the particular site being aspirated.
- Please contact the laboratory for further details if necessary.
- Clinicians can request a Cytopathologist to perform FNAs in Clinics or Wards by prior arrangement.

### **Cerebrospinal Fluids**

It is strongly advised that a fresh specimen should be sent to the laboratory within one hour of collection.

It is not ideal for CSF samples to be delayed in processing as it will result in the cells degenerating.

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

**UNLABELLED OR ILLELIGIBLE CONTAINERS WILL NOT BE  
PROCESSED  
SPECIMENS RECEIVED ON MICRO REQUESTS WILL NOT BE  
PROCESSED.**

**Diagnostic cytology samples must have a CRS label for  
'cytopathology non-gynae'**

# HEALTH & SAFETY

## 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 place. 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.

## 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 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 lab 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.

## TRANSMISSION OF RESULTS

Cellular pathology reports are now all electronically authorized. All authorized 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. (WinPath ward enquiry/CRS/order comms)

Urgent tests will be phoned directly to the originator of the request **if this has been agreed.**

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.

Protection of patient personal information is more secure using electronic reporting.

## **UNEXPECTED RESULTS**

Wherever possible, unexpected results will be telephoned to the requesting doctor or be e-mailed to the MDT coordinator at [MDTCoOrdinator@kingstonhospital.nhs.uk](mailto: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.

## **PHONING POLICY**

Cellular pathology department has the phone policy of only Consultants giving out verbal reports to requesting clinicians.

**IT IS THE RESPONSIBILITY OF THE CLINICIAN REQUESTING THE TEST TO ENSURE THAT THE RESULT WILL BE VIEWED AND ACTED UPON APPROPRIATELY**

## **How Clinician Treating the Patient Is Informed Of the Result**

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

## **How the Patient is informed of the Result, including Timescales**

Patients will not be directly informed of any results. The patient may need to be informed of abnormal result which is always done by the requesting clinician informing the patients GP, unless it is specific to their treatment as an inpatient, in which case they will be informed directly by the requesting clinician. The timescales for these actions will vary depending on the severity and importance of the result.

## **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 authorization for histology, but non-gynae cytology samples are disposed of after authorization. During this time it is usually possible to check any result (though some samples may deteriorate). 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.

## **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 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.

## **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. Those entered into WinPath will be reported and a comment added as to the reason why the sample could not be analysed.

## **Multidisciplinary Team meeting – MDT**

A range of meetings with clinician, radiologists and health care support staff are held on a regular basis.

Upper GI	Weekly
Skin	Weekly
Breast	Weekly
Colorectal	Weekly
Gynae	Fortnightly
Lung	Weekly
Urology	Weekly
Haematology	Weekly
Bone marrow	Fortnightly
Thyroid	Fortnightly
Colposcopy	Fortnightly
Medical GI meeting	Monthly

## **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

## **PRIVATE TESTS**

**All requests on private patients must be identified on the Histopathology Order request.**

## **TURNAROUND TIMES**

### **Histology**

80% within 17 working days for non-urgent cases

80% within 5 working days for urgent cases

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

### **Non-gynae cytology**

80% within 7 calendar days and 90% within 10 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

Turnaround times are monitored monthly within the department.

## REFERRALS

Histopathology samples are occasionally referred to one of the sites below 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

**Cervical cytology:** - is now carried out by SWL pathology at St George's Hospital

**Cytogenetics:** - Samples for Cytogenetic analysis are sent externally for analysis. This includes chromosome analysis, karyotyping, FISH and DNA testing. Tests are sent to St George's Hospital, Tooting.

Samples should be placed into a STERILE container containing sterile normal saline. If sterile saline is not available do not use an alternative – send the sample in a dry container. **DO NOT USE FORMAL SALINE** (Formalin). Delay in receiving tissue samples will increase the risk of a failed analysis.

### **Transmission of results for cervical cytology and cytogenetics:-**

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:

## MORTUARY

The mortuary is situated at the back of the hospital behind Esher Wing.

- Mortuary service is provided:- Monday to Friday 08.00-16.00
- Out of hours service is provided for emergencies contact via the hospital switchboard

There are facilities for the performance of Coroners and Hospital Post Mortems

Doctors needing to complete death certificates do so in the mortuary office.

### **Completion of death certificates and coroner's referrals**

Doctors completing death certificates need to come to the mortuary at the earliest possible opportunity.

If referral to the coroner is necessary this has to be done using the CORONOR'S REFERRAL FORM (*available from the intranet Home Page/Forms*)

Completed forms are emailed (securely from an NHS.net account) to:  
Coroner.Referrals@lbhf.gcsx.gov.uk  
or faxed to 020 7384 2762

The completion of coroner's referrals does not need to be done in the mortuary but please notify the mortuary staff that this has been done elsewhere.

If doctor does not have a secure .net account they must email to one of the NHS accounts below. The referring doctor will receive an email confirming the referral has been sent

After investigation, the coroner may either take the case on for an Autopsy or authorize the completion of a death certificate.

## **Post Mortem Examination**

The mortuary operates as a facility for Adult Consented Post Mortems and Coroners Routine and Forensic postmortems.

Consented Adult Post Mortems need the completion of a 'CONSENT FORM FOR ADULT POSTMORTEM' (*available from the intranet Home Page/Resources/forms and templates*) signed in accordance with HTA regulations <http://www.legislation.gov.uk/ukpga/2004/30/section/3> and a 'REQUEST FOR VOLUNTARY-CONSENT POST MORTEM' (*available from the intranet Home Page/Resources/forms and templates*).

Causes of death with Morbid Anatomical findings should be given within 24 hours followed by a detailed autopsy report 4 weeks later. The Morbid Anatomical findings of all hospital post mortems can be discussed with the Pathologists. For results of Coroners Post Mortems contact the Coroner's office

## **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