

# Donor Kidney Cortical Biopsy

(5.10 Donor\_Kidney\_Cortical\_Biopsy); Created August 4th, 2020 by Jeremy Deisch, MD; Updated February 27th, 2022 by JKD

## SAMPLE DICTATION

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(Labeled: \_\_\_, \_\_\_; \_\_\_) Received in saline is a single wedge-shaped tan tissue fragment, less than one gram, \_ x \_ x \_ cm. (TE, 1 cap, RFS)

## SUGGESTED SAMPLING

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- Donor kidney biopsies are always totally embedded at the time of frozen section; A1 is left kidney RFS remnant, B1 is right kidney RFS remnant (place in green cap; no special studies or stat processing needed)

## ADDITIONAL CONSIDERATIONS

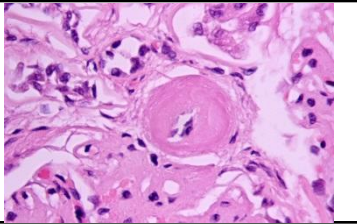
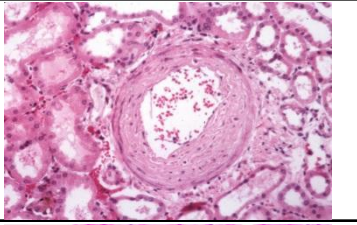
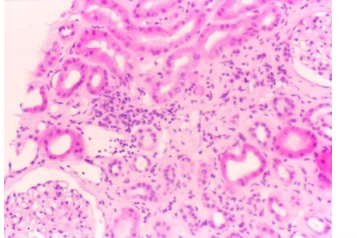
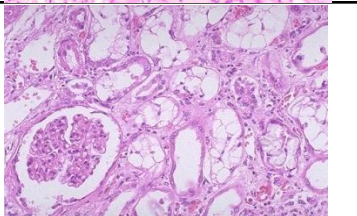
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- Dictation:
  - Read **patient name** and **UNOS ID#** from one legacy requisition
  - Read **patient initials** and **UNOS ID#** from the specimen container(s)
  - Specimen dimensions will be written either on One Legacy form or on specimen containers by pathologist; use these dimensions when dictating. Nearly all kidney biopsies are “wedge biopsy of homogeneous tan tissue” measuring \_ x \_ x \_ cm.
  - Dictate IOC information as usual, with one caveat - do not read off all data called back to One Legacy. For interpretation, dictate “**see One Legacy form**”.
  - Dictate both IOCs separately (“A” and “B”)
- Specimen designation: Left kidney should be “A”, right kidney should be “B”
- Slide labeling: For all One Legacy frozen sections (including liver samples), label the RFS slide with three identifications; 1) Surgical accession number, 2) UNOS ID, and 3) Patient name.
- Miscellaneous notes about specimen fixative: One Legacy donor kidney specimens are generally received with the biopsy in saline. This saline is discarded during the RFS procedure, and the containers are filled with 10% neutral buffered formalin.
  - Dictation shortcuts:
    - RIS = received in saline
    - RF = received fresh
    - RIF = received in formalin
- One Legacy Coverage Responsibility:
  - Monday through Friday 0730 → 1700 hours - Personnel covering daytime frozen sections
  - Monday through Thursday 1700 → 0730 hours - On call pathologist
  - Friday 1700 hours → Monday 0730 hours - Weekend call pathologist
- Use of accession numbers for one legacy specimens:
  - One Legacy specimens from different organs are billed to different accounts. As such, these specimens *must be given unique accession numbers*, even when they are obtained from the same patient. Please use unique held case numbers for the following biopsy types:
    - **Kidney biopsies:** Billed to “One Legacy Kidney Biopsy Client Bill”
    - **Liver biopsies:** Billed to “One Legacy Liver Biopsy Client Bill”
    - **Any other organ:** Billed to “One Legacy Other Organs Client Bill” - Multiple “other organ” biopsies from the same patient can be included in the same accession number, as long as they are not from the kidney or the liver

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- Overnight, One Legacy transplant coordinator will contact on-call directly to provide notification/specimen ETA (pathologists cell phone numbers listed on the One Legacy On Call Schedule). If there is no response, they will contact the LLUMC Clinical Laboratory supervisor.
- Renal biopsy specimens will arrive at LLUMC Clinical Laboratory by courier at all hours of the day (and night)
- Upon arrival, LLUMC Clinical Laboratory front desk will call AP Call pager (4491) upon specimen arrival
- IOC findings are called into **One Legacy Donor Allocation Coordinator (877) 454-2450**
- Remainder of specimen is defrosted, transferred to green cassette, and processed as a routine biopsy sampling (H&E only; no additional studies ordered)

Finding	Criteria	
<b>Glomeruli Count</b>	Total number of glomeruli present in biopsy sampling	
<b>Glomerulosclerosis</b>	Number of glomeruli that show global sclerosis	
<b>% Glomerulosclerosis</b>	# sclerotic glomeruli / # total glomeruli	
<b>Hyaline arteriosclerosis</b>	Mild: One vessel involved Moderate: > 1 arteriole involved Severe: multiple arterioles involved Definition: Thickening of arteriolar wall with eosinophilic material; seen in "benign hypertension" and diabetic patients	
<b>Arteriosclerosis</b> - Internal elastic lamina - Diameter > 1/3 glomerulus - > 3 layers of smooth muscle	None: 0% vascular narrowing Mild: 10-25% vascular narrowing Moderate: 26-50% vascular narrowing Severe: > 50% vascular narrowing Fibrous thickening of arteries imparting an "onion-skin" appearance when severe	
<b>Interstitial Fibrosis</b>	None: < 5% Mild: 6-25% Moderate: 26-50% Severe: > 50% of cortex involved	
<b>Acute Tubular Necrosis</b>	None: No nuclear loss, flattening, cellular exfoliation/necrosis Mild: Epithelial flattening, tubule dilation, nuclear dropout, loss of brush border Moderate: Focal coagulative type necrosis Severe: Infarction	
<b>Tubular atrophy</b>	None: 0% Mild: < 25% of tubules involved Moderate: 26-50% of tubules involved Severe: > 50% of tubules involved	
<b>Other Findings</b>	Glomerular thrombi, Diabetic nephropathy (KW nodules) Interstitial inflammation	

TEMPLATE: DKIDTX

Templates for use in case sign-out: Kidney = **DKIDTX**, Liver: **DLIVTX**