



Section of Anatomic Pathology - Surgical Specimen Acceptance

Surgical pathology specimens are to be brought to the appropriate accessioning room (EC, CH, CT specimens to LLUMC Cloverleaf Tower Medical Center Surgical Pathology Department Room 2147, TMC specimens to TMC pathology laboratory Room 3B-405) for identification and acceptance. All specimens must be accompanied by a requisition form showing the following items:

- **Patient name and one additional unique identifier** (DOB, MRN, financial encounter number)
- **Name of surgeon or attending physician** (MD or DO); Nurse Practitioner, Physician's Assistant, or resident names are not acceptable
- **Specimen site(s)**: Include laterality if applicable
- **Date and time of procedure**
- **Relevant clinical history** (ICD-10 codes are not acceptable)

Issues requiring correction by accessioning personnel: Incomplete cases, specimens without proper labeling or lacking requisitions, and cases with patient identity errors will not be accepted for accessioning. These cases will be held until pending issues are corrected either in person or other means of communication clinical staff. These errors should be corrected by individuals with direct procedural involvement (physicians, nursing staff, or/clinic staff). If procedural staff are not available, errors may be corrected by the OR or clinic charge nurse on service.

- All communication, including name and date of both procedural staff and pathology staff involved in resolution of error, needs to be documented in writing on the accompanying specimen requisition.
- For **minor** issues (i.e. those with low risk of patient harm, including laterality issues on non-tumor cases, missing information on requisitions), no further action after documentation on requisition is required.
- For **major** issues (i.e. those with high risk of patient harm, including patient mis-identification on either the requisition or specimen container, laterality issues in cases with malignant tumors), the following items are required:
 - Written documentation on requisition of communication between accessioning and procedural staff
 - Completion of an **Electronic Event Report (EER)** by accessioning staff
 - Documentation of EER completion (including EER number) in a **Case Comment** in Cerner LIS

Issues requiring correction by gross room personnel: Specimens requiring clarification of complex orientation or empty specimen containers are accessioned and subsequently investigated by pathology gross room staff (Pathologists' Assistant, pathology resident, pathologist) by direct communication with physicians involved in the procedure.

- All communication, including name and date of both procedural staff and gross room staff involved in resolution of error, are to be documented in writing on the accompanying specimen requisition.
- For **minor** issues (i.e. those with low risk of patient harm, including clarification of complex orientation), no further action after documentation on requisition is required.
- For **major** issues (i.e. those with high risk of patient harm, including laterality issues in cases with malignant tumors), the following items are required:
 - Written documentation on requisition of communication between accessioning and procedural staff
 - Completion of an **Electronic Event Report (EER)** by Pathologists Assistant
 - Documentation of EER completion (including EER number) in a **Case Comment** in Cerner LIS

Handling of Empty Specimen Containers: Gross room staff will follow the steps below when handling empty specimen containers

- If containers are properly labeled, empty specimen containers are accessioned per routine
- Gross room staff will inspect empty container carefully to identify small tissue fragments
 - With lid closed tightly, holding container up to light and swirling contents can help to identify very small tissue fragments suspended in formalin.
 - Check the inside of the lid and between the threads on the lid and specimen container.
 - NOTE: If tiny tissue fragments are identified, a cell block can be prepared from the specimen. Place tightly closed specimen container in a specimen bag, along with a copy of the requisition clearly indicating which block needs a cell block preparation. Accessioning room staff will contact cytology for specimen transfer.
- Confirm empty specimen container with second observer (PA, pathologist); document who confirmed the empty container
- Review procedure note in LLEAP to confirm that specimen of interest was taken. NOTE – if container was submitted in error, and no specimen was taken (per procedure note and discussion with clinical staff), the specimen will not be accessioned, and the subsequent specimens will be re-ordered to prevent a gap in specimen designation lettering
- Contact the staff from the procedure site (clinic, OR) to notify them of empty specimen container and request that they investigate and possibly locate the missing tissue
- If no tissue is located during the above investigation, gross room staff will complete the following steps:
 - Complete an online **Electronic Event Reporting** (EER) form (under “frequently used” links on One Portal), then select **Laboratory/Blood Products**. Complete the entire report and record the event number.
 - Send an email to Dr. Deisch, Dr. Saukel, Dr. Perez, and Daniel Sorace (cc PA and MLA staff) with notification of the empty specimen container event, with the following information (add **[encrypt]** to the subject line to protect confidentiality)
 - Accession number, patient name, patient MRN
 - Date and time of the event
 - Specimen type, multiple part vs. single part case
 - Event Report Number (from step above)
 - Location or department involved
 - Details of investigation and who was contact (clinical staff involved in procedure)
 - Where empty container is stored (keep for standard CAP retention period)
 - No block was submitted (if a true statement)
 - Document 1) which specimen was missing and 2) EER number on a **Case Comment** in Cerner
- Pathologist who is signing out the case (that involves a missing specimen) will perform the following two steps:
 - Contact the responsible clinician(s) indicated on the requisition and notify them of the forthcoming report with any empty specimen container. LLEAP physician messaging is the preferred method of communication; e-mail and paging are less reliable but acceptable alternatives
 - Verify the report. The following is the suggested format:

A

Site (procedure):

No specimen received (see Comment)