

**SUNY Downstate Medical Center -University Hospital
of Brooklyn Network
Department of Pathology Policy and Procedure**



**Subject: LAB 4 HANDLING HUMAN TISSUE AND FOREIGN
MATTER**

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Supporting Documents:

Approval Workgroup: Laboratory Administration
Approval Group

Revision: 3

I. PURPOSE

To ensure proper handling of Human Tissue & Foreign Matter

II. POLICY

Tissues and all foreign matter, including medical devices, tubes, catheters, needles or prostheses removed at the operative site, shall be properly labeled, recorded, and sent to the hospital pathologist who shall make such examinations, as he may consider necessary to arrive at a diagnosis. Infected material, including medical devices, shall be cultured. Foreign matter, which is of no legal consequence or medical importance, may be returned to the patient or family. The pathologist's report shall be made part of the patient's record. Foreign matter of legal consequence, including defective medical devices, will be retained by Administration.

Requests for Placenta Tissues delivered or removed from patients shall be honored except when the condition of the source patient confirms evidence of potential risk to the public.

III. DEFINITION(S)

Foreign Matter includes any man made material or structure or any exogenous materials.

IV. RESPONSIBILITIES

Surgical Pathology, Surgery, Labor & Delivery, Operating Room, Medical Staff, Nursing, Clinical Laboratories, Risk Management, University Police.

V. PROCEDURES/GUIDELINES

- a) All tissue, fluid and cellular specimens as well as foreign matter deemed of medical importance, obtained from patients at University Hospital are to be sent to the appropriate Specimen Receiving Area in Surgical Pathology (A2-469) or

Cytopathology (A2-412) for examination accompanied with a correctly completed Surgical Pathology Requisition form and/or Cytopathology Requisition form. Forensic evidence is to be collected according to the SE-EC 1.2 University Police policy and sent to the relevant law enforcement agency.

- b) The Surgical Pathology Requisition form to be completed should have:
 - (I-1) Patient's Full Name and/or
 - (I-2) Address, City, State & Zip Code, MR#, Patient #, Nursing Station
 - (I-3) Submitting Physician's Full Name, Slides and/or Blocks Submitted (if applicable),
Outside Source (if applicable)
 - (I-4) Anatomic Source of Specimen
 - (I-5) Clinical Diagnosis
 - (I-6) Patient's Age
 - (I-7) Patient's Sex
 - (I-8) Clinical Information to include relevant medical history
 - (I-9) Anatomical diagram/stamp to show where tissue was obtained (if pertinent)
 - (I-10) Disposition of Report IF OTHER THAN TO CHART
- c) The Cytopathology Protocol form to be completed should have:
 - (II-1) Patient's Full Name, Address, City, State & Zip Code, MR#, Patient #, Nursing Station, Patient's Date of Birth

(II-2) Submitting Physician's Full Name, Date Specimen was obtained, outside Source (if applicable)

(II-3) Type of Specimen Submitted

(II-4) Pertinent Clinical Data

- d) Tissue specimens must be placed in sealed, plastic containers or, if unavailable, leak-proof plastic bags, each with a completed Surgical Pathology Specimen To Pathology Laboratory label. Affix the labels to the containers only. Each label to be complete should have:

(III-1) Date and Time Specimen was obtained from patient

(III-2) Patient's Full Name

(III-3) Diagnosis

(III-4) Exact Anatomic Source of Tissue

- e) An amputated limb must be placed in a large, sealed, leak-proof plastic bag and then placed in a red plastic bag, labeled with the patient's name and accompanied by a correctly and completely filled out Surgical Pathology Laboratory form. The final disposition of the limb (i.e. burial) must be indicated on the Surgical Pathology Protocol form at the time the specimen is submitted. If nothing is stated, the amputated limb will be disposed of as infectious waste after 4 weeks.
- f) Pathologic waste (tissue for disposal) must be placed in leak-proof, plastic bags, labeled **"NON SPECIMEN"** and sent via messenger to the Specimen Receiving Area (room A2-469) of the Surgical Pathology Laboratory.
- g) All tissue specimens, including placentas from Cesarean section procedures and those for which the physician requires an examination by a pathologist, shall be handled as follows:
- i. They are to be placed in special, sealed containers or plastic bags.
 - ii. They are to be labeled with the Surgical Pathology Specimen Container label.
 - iii. The Surgical Pathology Requisition form shall be attached to the bag.
 - iv. The specimen shall be sent to the Specimen Receiving Area (room A2-489) of Surgical Pathology.

These specimens may be temporarily stored in a larger plastic bag within the placenta refrigerator in Labor & Delivery while awaiting a messenger. The messenger will transport all placentas in the larger plastic bag.

- h) All placentas from normal deliveries, unless otherwise stated by the physician, are to be treated as pathological waste. They are to be placed in special plastic bags labeled **NON SPECIMEN**, and placed in the larger plastic bag within the placenta refrigerator in Labor and Delivery.
1. As part of the regular rounds, the messengers shall pick up all the placentas in the refrigerator in Labor & Delivery.
 2. The placentas shall be delivered to the Specimen Receiving Area (room A2-469) in Surgical Pathology.
 3. Surgical Pathology shall dispose of those placentas labeled **NON SPECIMEN** as infectious waste as soon as possible.
- i) Patients and/or family members may request personal placenta tissue for religious/cultural purposes or consultation outside of UHB. Placenta Tissue may not be released if the patient source is:

- (a) HIV I or II seropositive
And/or
- (b) Hepatitis surface antigen A, B or C seropositive
And/or
- (c) Diagnosed with an active infection and the agent is deemed by the physician as potentially infectious.

The release of requested placenta tissue will be authorized upon the signature of the patient's attending physician on the release form (attachment). The release cannot be signed until the recipient is informed on the risks and hazards associated with handling of regulated medical waste.

k) Criteria for Placenta Examination in Surgery Pathology

The placenta should be sent to Surgical Pathology for examination by the Pathologist under any of the following circumstances:

- It is removed by Caesarian section
- Any gross abnormality of the placenta, its membranes, or the umbilical cord
- Any case in which there is reason to suspect an abnormal pregnancy, abnormal delivery, abnormal infant, or potential for litigation.

The existence of certain maternal conditions:

- ▲ diabetes mellitus (or glucose intolerance)
- ▲ hypertension (pregnancy-induced)
- ▲ prematurity (32 weeks or less gestation)
- ▲ postmaturity (pregnancy longer than 42 weeks gestation)
- ▲ maternal history of reproductive failure (defined as one or more previous spontaneous abortions, still births, neonatal deaths, or premature births)
- ▲ oligohydramnios
- ▲ fever or infection
- ▲ maternal history of substance abuse
- ▲ repetitive bleeding (other than minor spotting in the first trimester)
- ▲ abruptio placenta

The existence of certain fetal and neonatal conditions:

- ▲ stillbirth or perinatal death
- ▲ multiple birth
- ▲ congenital abnormalities
- ▲ fetal growth retardation
- ▲ prematurity (32 weeks or less gestation)
- ▲ hydrops
- ▲ viscid/thick meconium
- ▲ admission to a neonatal intensive care unit
- ▲ severe depression of the CNS (Apgar score of 3 or less at 5 minutes)
- ▲ neurologic problems, including seizures
- ▲ suspected infection

THE INDICATION FOR EXAMINATION BY THE PATHOLOGIST SHOULD BE CLEARLY STATED ON THE SURGICAL PATHOLOGY REQUISITION. IF NONE OF THE ABOVE CONSIDERATIONS APPLY, IT SHOULD BE INDICATED THAT IT IS THE PRODUCT OF A NSVD. IN THAT CASE, THE PLACENTA SHOULD BE LABELLED SO THAT IT CAN BE IDENTIFIED FOR RETRIEVAL IF EXAMINATION IS SUBSEQUENTLY NECESSARY AND SENT TO SURGICAL PATHOLOGY. THERE

IT WILL BE RETAINED FOR 3 DAYS IN THE REFRIGERATOR BEFORE BEING SENT FOR DISPOSAL.

Reference: College of American Pathologists Conference XIX on the Examination of the Placenta: Report of the Working Group on Indications for Placental Examination Arch Pathol Lab Med 1991;115:701-703

VI. ATTACHMENTS

Rules & Regulations of the Medical & Dental Staff
UHB- SUNY- HSCB, By laws: Rules & Regulations, pg. 32, item 14

Surgical Pathology Request Form

Cytology Pathology Request Form

VII. REFERENCES

Rules & Regulations of the Medical & Dental Staff
UHB- SUNY- HSCB
By laws: Rules & Regulations, pg. 32, item 14



Surgical Pathology Requisition Form

SUNY-Downstate Medical Center, University Hospital of Brooklyn
450 Clarkson Avenue, Box 37
Brooklyn, NY 11203

TEL (718) 270-1669 FAX (718) 270-3331

Specimen Submitted By Physician (Name):	Date Collected: / /
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Patient Demographics:

Patient's Last Name:	First Name:
Patient's Full Address:	
Medical Record Number:	Social Security #: — —
Patient's Serial Number:	DOB: / / Age: Gender: M F
Insurance Company & Number:	

Specimen Information:

Anatomic Source of Specimen:	
Clinical Diagnosis:	
Previous Accessories In this Laboratory:	Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Pathology Numbers:
Consultation Material: Name & Address Of Outside Source	
Indicate ▶ Submitted Slides <input type="checkbox"/> Submitted Blocks <input type="checkbox"/>	

Clinical Information:

	Anatomical Diagram: Indicate Site of Specimen ▼

Send Additional Reports to:

Form#SP-1(Revised 07/02)



State University of New York
Downstate Medical Center, Bx 37
University Hospital of Brooklyn
450 Clarkson Avenue, Brooklyn, N.Y. 11203
CYTOLOGY LABORATORY
1-718-270-1666

Date: _____
Submitted by M.D.: _____
by Midwife: _____
by P.A./N.P.: _____
DATE & COLLECTION of SPECIMEN COLLECTION:

Name: _____
Address: _____
City: _____
State & _____
Zip Code: _____ NS#: _____
MR#: _____
Patient#: _____
S.S.#: _____
Insurance _____
Carrier: _____
Insurance _____
#: _____
DOB/Age: _____ Sex: _____

SPECIMENS WILL NOT BE EXAMINED UNLESS ACCOMPANIED BY THIS FORM, PROPERLY FILLED OUT.

▼CHECK THE TYPE OF SPECIMEN SUBMITTED ▼

GYN

☐ ThinPrep PAP Test w/Reflex HPV ☐ ThinPrep PAP Tes ☐ PAP Smear
☐ VAGINAL ☐ ENDOCERVICAL ☐ ENDOMETRIAL

NON-GYN

PULMONARY ► ☐ SPUTUM ☐ BRONCHIAL ASP - ☐ Right ☐ Left ☐ BRONCHIAL WASH - ☐ Right ☐ Left
BRONCHOALVEOLAR LAVAGE - ☐ Right ☐ Left ☐ BRONCHIAL BRUSH - ☐ Right ☐ Left
GU ► ☐ VOIDED URINE ☐ CATH URINE ☐ URETERAL - ☐ Right ☐ Left
GI ► ☐ ESOPH. ☐ GASTRIC ☐ COLONIC ☐ RECTAL
EXUDES ► ☐ PLEURAL ☐ PERITONEAL ☐ PERICARDIAL ☐ OTHER _____
FNA ► ☐ THYROID ☐ BREAST - ☐ Right ☐ Left ☐ NECK MASS
☐ LYMPH NODE ☐ SALIVARY GLAND ☐ OTHER _____
MISC. ☐ CSF ☐ OTHER _____

▼ PERTINENT CLINICAL DATA ▼

PROVISIONAL DIAGNOSIS ► _____

ESSENTIAL PAST & PRESENT HISTORY ► _____

OTHER PERTINENT FINDINGS ► _____
(X-Ray, Bronchoscope, Biopsy, D&C, Cystoscopy, Prev., Pap, etc.)

RECENT OPERATIONS & PROCEDURES ► _____

X-Ray Therapy - ☐ YES ☐ NO

How Recent: _____

Hormonal Therapy - ☐ YES ☐ NO

How Recent: _____

Cautery - ☐ YES ☐ NO

How Recent: _____

LMP (Dates): _____

GRAV _____ PARA _____

DRUG: _____ DOSAGE: _____

How Recent: _____

OTHER THERAPY: _____

RACE/ETHNICITY: _____

DELIVERY EXPECTED: _____

☐ ABORTIONS: _____

ACCESSION DATE & NUMBER ►

