

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. LAB-4

Subject: HANDLING HUMAN TISSUE AND
FOREIGN MATTER

Page 1 of 3

Prepared by: Alix R. Laguerre

Original Issue Date 8/89

Reviewed by: Maria Mendez
Anthony Nicastri, M.D.

Supersedes: 11/06

Effective Date 6/07

Approved by: Peter J. Howanitz, M.D.

The J C Standards:PC.17.10,PC.PC.17.20, ,
PC.17.30,EC.7.10

Anny Yeung, RN, MPA

Margaret Jackson, MA, RN

David Conley, MBA

Michael Lucchesi, M.D.

Debra D. Carey, MS

Issued by: **Regulatory Affairs**

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) e, 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.

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

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
7/01	Yes	No	Alix Laguerre, Lab Administrator
11/02	Yes	No	
9/03	Yes	No	
11/04	Yes	No	
11/05	Yes	No	Alix Laguerre, Lab Administrator
11/06	Yes	No	Alix Laguerre, Lab Administrator
6/07	Yes	No	Alix Laguerre, Lab Administrator