Clinical Histology
Procedure
histo23.01

Toluidine Blue Stain

<table>
<thead>
<tr>
<th>Final Approval: May 2010 Effective: May 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next Review Date: May 2012</td>
</tr>
</tbody>
</table>

List all stakeholder(s) and dates of approval:

- **Stakeholder Name(s):** Shelly M. Siegel HT  Date: 8/25/2010  Reviewed ☒ Revised ☐
- **Stakeholder Name(s):** Mark Magilner MD  Date: 8/2710  Reviewed ☒ Revised ☐
- **Stakeholder Name(s):** Shelly Siegel  Date: 5/3/11 Reviewed ☒ Revised ☐

Describe briefly the most recent revision made to this policy, procedure or protocol & why:
New Procedure

Purpose/Policy Statement:
To metachromatically stain mast cells in paraffin processed tissue sections.

Definitions:
- n/a

STEPS / KEY POINTS

PROCEDURE:
1. Deparaffinize, hydrate slides to DH2O.
2. Stain Sections in Working Toluidine Blue for 2 min.
3. Rinse briefly in running tap H2O.
4. Differentiate and dehydrate sections in two changes of acetone for one minute each, constantly swirling and dipping slides.
5. Clear in Xylene.
6. Mount with synthetic medium.

CALCULATIONS: N/A

CALIBRATION: N/A

QUALITY CONTROL: Each time the procedure is performed, a known mast cell slide specimen labeled with the current date and "MAST CELL CONTROL." shall be stained simultaneously with patient slide(s).

PROFICIENCY TESTING: College of American Pathologists HistoQIP.

RESULTS:
Metachromatic mast cells – purplish-blue.
Background – blue.

PROCEDURE NOTES: None.

LIMITATIONS OF PROCEDURE: N/A
Equipment/Supplies (If Applicable):

SPECIMEN: Four-micron tissue sections mounted on glass microslides.

MATERIALS, REAGENTS:

**Working 0.5% Toluidine Blue**
- Distilled H₂O . . . . . . . 50 ml
- Toluidine Blue . . . . . . . .25 gm

Shelf life: 3 months

CAUTION: FLAMMABLE, IRRITANT
Wear appropriate protective equipment.

Acetone

Form Name & Number or Attachment Name (If Applicable):
histo23

Author Position:
Lead Histologist

Review/Revision Authority (Position Not Individual Name):
Lead Histologist

Expert Consultant Position/s (Not Individual Name/s):
N/A

References (Required for Clinical Documents):

MANUFACTURER'S PACKAGING BROCHURE/INSERT: N/A

Is there a Regulatory Requirement? Yes ☐ No ☐
If yes, insert requirement information here:

Review History (No Changes):
N/A

Revision History (Note changes in area under header):
N/A

Computer Search Words:
N/A

Policy, Procedure or Protocol Cross Reference Information:
N/A