Clinical Anatomic Pathology Histology RL
Procedure

Reprocess

Final Approval: August 2013 Effective: August 2013

List all stakeholder(s) and dates of approval:

<table>
<thead>
<tr>
<th>Stakeholder Name(s):</th>
<th>Date:</th>
<th>Reviewed</th>
<th>Revised</th>
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<tr>
<td>Shelly M. Siegel, HT</td>
<td>8/8/13</td>
<td>Reviewed</td>
<td>X Revised</td>
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<td>Mark Magilner, MD</td>
<td>8/22/13</td>
<td>Reviewed</td>
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<td>Shelly M. Siegel, HT</td>
<td>8/15/14</td>
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Describe briefly the most recent revision made to this policy, procedure or protocol & why:
New Procedure

Purpose/Policy Statement:
This policy explains how to reprocess tissue paraffin blocks. Tissue that is poorly processed will have a loss of architectural detail and clarity within the loose connective tissue. Inadequate fixation, too short of a processing cycle, use of exhausted reagents, and gross sections more than 3 mm thick will cause tissue to be under processed. In these situations isolated problem blocks may result or, in the worst case, a whole batch of specimens may be affected.

Definitions:

POLICY CONTENT

Paraffin tissue blocks that cannot be obtained by; embedding, cutting, staining or diagnosed by a pathologist may need to be considered as reprocessed. When reprocessing is proposed it is vital to have thoroughly investigated the cause of the problem beforehand, as reprocessing is inappropriate in some situations. It is also important to ensure, as far as possible, that the problem does not recur. A reliable reprocessing method is included in this procedure.

STEPS / KEY POINTS

Reprocess blocks when:
- Requested/Ordered by a pathologist.
- Tissue is very soft and has a slight odor during embedding or microtomy. If you are unsure, leave a note for the pathologist with your H&E slide that you recommend the block to be reprocessed. They will order the reprocess through Copath if needed.
- Can not obtain 1 section on slide because it explodes on waterbath.

Note: If the case has more than 1 block, send the rest of the case and communicate to the pathologist that the missing block is delayed because of reprocessing. Include the expected time the pathologist should receive the reprocess slide.

Direct Reprocessing Solution:
This method does not require any pre-treatment prior to reprocessing. The parts of the specimen that were adequately processed initially receive little additional alcohol dehydration but additional clearing and wax infiltration is provided. Poorly processed areas receive additional fixation, dehydration, clearing and infiltration. A potential disadvantage of this technique is that it will cause some wax contamination in the processing reagents.

Reprocessing Method:
- Melt down each block and gently blot off excess wax. Add “Reprocess” confetti to cassette.
- Place cassette into 10% neutral buffered formalin. Mark container small, medium or large run. Reprocess immediately or hold and process with the next full run. Notify histotechns and lab assistants by writing the reprocess end time/date on white board.
• **Order** and/or **Verify** reprocess from Copath. Add date of reprocess in the text label.

- Quality Control: Reprocessing needs to be documented manually in the *Quality* binder under *Reprocess* tab. Fill out the reprocess form: `H:\Lab\Anatomic Pathology\Histology\Forms\YEARLY FORMS\ReprocessLog.doc`
- Embed reprocess block with “Reprocess” confetti on top of cassette to send a visual message to the microtomist.
- Microtomist will HDEE retrieve case as “Reprocess” in comment line, cut 1 section at 4µm and attach “Reprocess” label to slide. Reprocess should be treated like an ERO; sent out as soon as possible.

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**Equipment/Supplies** (If Applicable):
Tissue processor, Embedding Center, Copath, Microtome, stainer and coverslipper.

**Form Name & Number or Attachment Name** (If Applicable):
`H:\Lab\Anatomic Pathology\Histology\Forms\YEARLY FORMS\ReprocessLog.doc`

**Author Position:**
Lead Histologist

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

**Expert Consultant Position/s** (Not Individual Name/s):

**References** (Required for Clinical Documents):

**Is there a Regulatory Requirement?** Yes [x] No [ ]
If yes, insert requirement information here:

**Review History** (No Changes):

**Revision History** (Note changes in area under header):

**Computer Search Words:**
Reprocess

**Policy, Procedure or Protocol Cross Reference Information:**