Clinical Surgical Pathology - Gross Room Procedure
surgpath10.01

Lymph Node Protocol

Final Approval: August 2010 Effective: August 2010

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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<tbody>
<tr>
<td>Geoffrey Werner</td>
<td>08.2010</td>
<td>X</td>
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<td>05.2010</td>
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Next Review Date: August 2011

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

New Procedure

Purpose/Policy Statement:

To describe the handling of lymph nodes that may require special processing beyond standard fixation for diagnostic purposes.

Generally accepted criteria for implementation of the lymph node protocol include:

- Lymph nodes where lymphoma is suspected.
- Lymph nodes where an infectious process is suspected.
- Unexplained lymphadenopathy.

Definitions:

- N/A

STEPS / KEY POINTS

MATERIALS, REAGENTS:

1. Sterile kit.
2. Sterile scalpels.
3. RPMI transport media.
4. Sterile container for culture
5. Glass slides.

PROCEDURE:

1. The specimen is received into the surgical pathology department and assigned an accession number per standard procedures.
   - The tissue specimen, labeled with the patient name and medical record number, and accompanied by a Surgical Pathology requisition, will be delivered by Surgery Dept. staff (who are responsible for “time-stamping” the requisition form and verbally notifying a staff member that a fresh specimen has arrived)

   OR
• Messenger (who may not be aware of “time-stamping” the requisition form and this task will then be performed by the Lab Assistant).

In any circumstance, the specimen will be handed directly to the Lab Assistant.

2. The required materials as outlined above are assembled and all containers are properly labeled.

3. The lymph node is placed on the sterile surface, taking care to maintain sterility until samples are taken.

4. The lymph node should be measured in three dimensions and the dimensions noted on the requisition.

5. The lymph node is sectioned perpendicular to the long axis at 2-3 mm intervals and the surfaces are examined for discrete lesions.

6. A small (approximately 2-3 mm square) portion is placed in the sterile container for culture.

7. A portion of tissue approximately 5 mm square for small lymph nodes and up to 1 cm square for large nodes is placed in the RPMI transport media. The tissue should be minced into 0.5 mm portions prior to placement in RPMI media.

8. Touch Preparation, both air-dried and fixed, should be made after the above samples are taken.

9. A frozen section of the lymph node can be performed if indicated and if no contraindications exist such as possibility of TB or pathogenic fungal organisms.

10. The studies requested to be performed on the lymph node and documentation of handling by the pathologist should be delineated on the requisition and copies of the requisition should accompany the samples to the appropriate area of the laboratory. The pathologist will initial the requisition and verbally confirm the orders. The pathologist’s initials and time-stamp will be highlighted by the Lab Assistant prior to delivering to the appropriate area of the laboratory.

• The RPMI sample is taken to the priority lab on the 3rd floor of building A on the main hospital campus for transportation to the Flow Cytometry Department at the Regional Lab.

• The sample for culture is delivered to Microbiology in the priority lab on the 3rd floor of building A on the main hospital campus, with the requisition copy specifying the types of cultures requested.

• The tissue in formalin for paraffin processing should be designated “ERO” to facilitate histologic review and ordering of special stains.

• The pathologist initially handling the tissue may indicate whether the case will be assigned to them.

• Specimen placed in gluteraldehyde remains in the Histology Lab designated refrigerated storage area for possible Electron Microscopy sendout testing following pathologist’s review of H&E slides.

• Submit copy of requisition form and keep specimen at room temperature for chromosome analysis. (see PATHOLOGY SENDOUT MANUAL).

PROCEDURE NOTES:

1. The pathologist may modify the protocol after review of pertinent patient history or review of the touch preparations or frozen section if performed.

2. For biopsies performed after normal working hours, the surgical pathologist on-call should be notified at the time of the procedure that a lymph node biopsy for lymph node protocol is being performed and will be sent to Salem Hospital for processing. Specimens should be delivered to specimen receiving within the main laboratory.

3. Lymph nodes meeting the lymph node protocol criteria biopsied at outlying locations should be sent immediately to the Salem Hospital Regional Laboratory, Department of Pathology wrapped in gauze moistened by sterile saline in a sterile container (the lymph node should not be floating in saline). (See LYMPH NODE PROTOCOL – SURGICAL SERVICE policy # HIST 01.02)

Equipment/Supplies (If Applicable):
Disposable gloves
Laboratory Coat
Eye protection
Surgical mask or face shield
Ventilation hood with HEPA filter cartridge
Form Name & Number or Attachment Name (If Applicable):
surgpath10

Author Position:
Histology Supervisor

Review/Revision Authority (Position Not Individual Name):
Medical Director, Operation Manager, Histology Supervisor, Pathologist Assistant

Expert Consultant Position/s (Not Individual Name/s):
n/a

References (Required for Clinical Documents):
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