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| **After-hours (On-call) Procedures for Pathology Specimens** | | | |
| **Purpose** | This procedure outlines how to direct questions and handle issues related to Anatomic Pathology Specimens received off-hours (nights and weekends). | | |
| **Lab hours** | The Histology lab is staffed Monday to Friday, 05:30 to 20:00 (8:00pm) on the MPLS campus and 7:30 to 16:00 (4 pm) on the STP campus. Histology provides on-call staff for weekday evenings from 16:00 (4 pm) to 20:00 (8 pm). The Histology department is covered by on-call staff weekend and holidays  8:00 am to 8:00 pm. There is a Pathologist on-call 24 hours/day, 7 days/week.  The PATHOLOGIST/ HISTOLOGY/ FLOW CALL SCHEDULE for each month is posted in several areas throughout the laboratorys. | | |
| **Standard** Procedures | Procedural Guidelines for Handling Pathology Specimens and Requests Received on Nights or Weekends  * **Fresh specimens:** All fresh specimens are considered STAT and need immediate attention. Make sure all fresh specimens (surgical tissues, body fluids, placentas) are placed in the refrigerator. "Fresh" specimens mean that there is no fixative(s) in the specimen container. Contact/ page the on-call Pathologist *immediately*. Any decision regarding the handling of fresh specimens is at the discretion and direction of the pathologist. * If a package is received for Histology/ Pathology (eg; courier, FED EX, etc..), including fresh or frozen specimens, contact the Pathologist on-call ASAP. * **Duodenal biopsy for Lactase/ Disaccharidase:** These are GI biopsy tissue specimens, which arrive in a labeled cyrovial/ tube *ON WET ICE* with a request sheet/ form are considered "Fresh Specimens". The wet ice may be discarded and the cryovial/ tube in a Biohazard transport bag placed *immediately* either in the Histology/Pathology **freezer** and the request form placed in the GIBX pending bin on the exterior refrigerator door OR the cryovial/ tube in a Biohazard transport bag may be placed into Sendouts (main lab) -20º/ -70º freezer and the request form brought to the Histology/Pathology department. Notify or page the on-call Histology technician about the specimen or any questions regarding handling of the specimen. * **Formalin-fixed specimens:** Unless marked STAT or RUSH, pathology specimens arriving in formalin can wait for routine processing and can be kept at room temperature. * **Bronchoscopy/ Cytology specimens:** For STAT Bronchoscopy specimen(s), page/ contact the on-call Histology staff. Following the *SOP HEM 2.4 BRON BAL/ Counting WBC's in Bronchoalveolar* *Lavag*e procedure, prepare **6-8 unstained cytospin slides** and deliver *with the* *orders/ paperwork* to the "Receive area" of the Histology laboratory. Place the bronchoscopy specimen and dilution in the Histology/Pathology refrigerator (indicated by signage on the door).   Bronchial washings/ lavage specimens that are *not* marked "STAT" are processed in the same manner.   * **CSF and other body fluid Cytology specimens:** Prepare **2 unstained cytospin slides** and deliver with the orders to the "Receive area" of the Histology laboratory following *SOP HEM 3.10 CYTOLOGY FOR MALIGNANT CELLS*. * **Autopsy and deceased patients:** Deceased patients are transported to the morgue(s) by nursing staff accompanied by Security staff. Deceased patients, in appropriate/ approved labeled cadaver bags must be placed in the Morgue cooler and documented in the Morgue Log and/or Death Register. Contact Security (Minneapolis campus) or the Main lab (St. Paul Campus) for access and assistance. Patients **not** requiring an autopsy examination nor are a Medical Examiner case may be released to a licensed funeral home/ director. For patients transported on weekends *with a signed, valid permit* *for autopsy*, contact the Histology Staff on-call. For other questions about the autopsy service, contact the on-call Histology Staff or the on-call Pathologist. * **Pathology reports or results:** If an appropriately identified caller requests a final pathology report, ask the caller to check for the results in PowerChart. If the caller does not have access or the report is not available in PowerChart, ask the caller for the patient name, date of birth or MRN, specimen type, and contact information where the caller can be reached. Contact the on-call Pathologist with this information/ request. | | |
| On-Call Questions | When to notify/ page the On-call Histology Staff (8 am - 8 pm)  * For STAT **Bronchoscopy fluid specimens**, contact Histology Staff **ASAP** for triage instructions. Histology staff will contact the Pathologist On-call to review the specimen. * For **questions about tissue/ specimen collection** (eg; where specimen containers, fixatives, supplies, etc.. are located in Histology). * When a deceased patient is transported to the morgue **with a signed, valid permit for autopsy on weekends/ holidays**. * For other questions about releasing deceased patients or autopsies. * Whenever a package arrives for Histology, as it may contain a pathology specimen. (Note that placental and stillborn infant specimens may be transported from other locations in non-standard containers.) | | |
|  | When to notify/ page the On-Call Pathologist (24/7)  * For ***STAT* pathology requests** (for example: surgical pathology specimens marked RUSH on the request slip; Surgery/ O.R. requests for a **frozen section**, and other urgent specimen types.   **All fresh specimens are considered "STAT".**   * For **questions about Pathology/ Histology orders** which are combined with Microbiology   or other clinical laboratory testing requests.   * For requests for **pathology results or reports** which are not available in Cerner/ PowerChart. * For **challenges to the Zero Tolerance Specimen Labeling Policy** pertaining to Anatomic Pathology and clinical laboratory specimens.   Note: **All** Blood Bank specimens must be properly labeled and MAY NOT be re-labeled. Unlabeled or mislabeled specimens must be re-drawn. (See Blood Bank Manuals for emergency transfusion requests.)   * Whenever a corrected report is issued for a clinical laboratory specimen, which shows a major discrepancy from the original clinical lab results. * Other questions not addressed above or in other laboratory policies. | | |
| **Authorization** |  | **Signature** | **Date** |
| **Medical Director** | Dennis Drehner DO | 4/20/09 |
| **Medical Director** | Peter Helseth, MD | 3/28/13 |
| **Medical Director** | Megan K. Dishop MD | 06/03/15 |
|  | Megan K. Dishop MD | 2/13/17 |
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| **Annual Review** | **Designee** | **Signature** | **Date** |
| **Technical Specialist** | Dave Slinger | 4/20/09 |
|  | Dave Slinger | 6/11/10 |
|  | Dave Slinger | 2/17/11 |
| **Pathologist Assistant** | Melissa Turner, PA | 11/11/12 |
|  | Melissa Turner, PA | 6/25/15 |
| **Histology Supervisor** | Prabha Chintapalli | 2/13/17 |
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