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# Gross Examination of Surgical Specimens - RO

Document Type: Policy



## I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide information regarding gross examination including required qualifications, clearly defined parameters of scope of personnel responsibilities, nature of pathologists supervision for each specimen grossed, competency testing requirements, and instructions on proper handling of specimens during the grossing process and gross reporting.

## II. POLICY STATEMENT:

Macroscopic tissue gross examinations are performed by a qualified pathologist, pathology resident or other qualified high complexity testing personnel.

## III. DEFINITIONS:

A. Direct supervision - occurs when the pathologist instructs or informs the grossing personnel in person, with regard to proper specimen handling, evaluation of margins, sampling for histologic examination, etc.

B. Indirect supervision - pathologists may be contacted via page or phone for instructions.

C. Grossing - tissue examination requiring judgment and knowledge of anatomy. This includes the dissection of the specimen, selection of tissue, and any level of examination/description of the the tissue including color, weight, measurement or other characteristics of the tissue.

## IV. PROCEDURE:

A. Individuals other than a pathologist or pathology resident who assists in gross examination

qualify as high complexity testing personnel with minimum required training/education:

1. An earned associate degree in a chemical or biological science or medical laboratory technology, obtained from and accredited institution, OR
2. Education/training equivalent to the above that includes the following:
    a. 60 semester hours or equivalent from an accredited institution (including 24 semester hours of medical laboratory technology courses, or 24 semester hours of science courses that includes 6 semester hours of chemistry, 6 semester hours of biology, and 12 semester hours of chemistry, biology or medical laboratory technology in any combination, AND
    b. Laboratory training including either completion of a clinical laboratory training program approved or accredited by the Accrediting Bureau of Health Education Schools (ABHES), National Accrediting Agency for Clinical Laboratory Science (NAACLS), or other organization approved by The U.S Department of Health and Human Services (HHS) (note that this training may be included in the 60 semester hours listed above), OR at least three months of recorded laboratory training in each specialty in which the individual performs high complexity testing.
3. Pathologists' assistants (PAs) qualifying for high complexity testing are allowed to gross **all** specimen types, under both indirect or direct supervision of a Pathologist. The supervising pathologist must be available via page/phone to assist and answer any questions while the pathologists' assistant is involved with gross dissection of all specimens. If at any time a pathologist is not available and a PA does not feel comfortable, the specimen will be kept aside for a time when a pathologist is available for direct supervision.
4. All other qualified high complexity testing personnel are allowed to gross the following specimens:
    a. Non-oriented specimens totally submitted for light microscopy:
        i. transbronchial biopsy
        ii. oral mucosal biopsy
        iii. bladder biopsy
        iv. bone marrow clot
        v. bone marrow core
        vi. breast (needle biopsy)
        vii. cervical biopsy (not a leep or cone)
        viii. endometrial biopsy
        ix. endocervical biopsy
        x. gastrointestinal biopsy
        xi. heart biopsy
        xii. liver biopsy (needle biopsy only)

xiii. prostate biopsy (needle biopsy only)

xiv. renal biopsy (cores in formalin, glutaraldehyde for Electron Microscopy lab, and/or Michelle's fixative/Zeus for DIF)

xv. skin punch biopsy (not alopecia)

xvi. skin shave biopsy

b. Any questions about specimen identity, orientation or description will be referred to a PA/resident/patholgist. This will occur immediately without delay in specimen processing.

B. Classification of levels of specimen complexity by CPT code, as a guide to type of required supervision.

1. Level I (88300) specimens - require only a gross analysis, and tissue is not submitted for histologic analysis. A gross description is generated by the PAs and verified by the pathologist responsible for the case. Direct supervision is generally not required.
2. Level II (88302) and Level III (88304) specimens - may be considered of minor diagnostic relevance (i.e. gallbladder, arthroscopic shavings, and hernia sacs). Direct supervision is generally not required. However, if these specimens are determined to have unusual or unexpected findings, the pathologist may directly supervise the gross examination
3. Level IV (88305) specimens - vary from endoscopic biopsies to non-neoplastic uteri, to excisional biopsies of breasts, in which histologic evaluation is vital in diagnostic treatment of the patient. Small biopsies and similar specimens (i.e. skin ellipses) need not require direct supervision. In some instances, these specimens require intra-operative consultations and/or frozen sections, from the pathologist. In the instances where the pathologist instructs, informs, or shows areas of interest and/or techniques of proper specimen handling, direct supervision may be inferred.
4. Level V (88307) and Level VI (88309) specimens - tend to be large and sometimes complex cases, involving special orientation, and advanced techniques, such as resection margin sampling. The PA may require some assistance from the supervising pathologist, prior to prosection, in which case direct supervision is inferred. The pathologist may be asked to review a case, in order to confirm a discrepancy between the gross finding and the supplied clinical information (e.g. no cervix present in a specimen submitted as a total hysterectomy).

C. The competency of each high complexity testing personnel performing gross examination will be reviewed on an annual basis and is based on gross protocols, precise description, appropriate specimen sampling and communication with supervising pathologist. See Laboratory Education policy. This review will be based on specimens from 3 categories. Two consecutive competency failures (inadequte evaluations) within a category will result in the initiation of a performance improvement plan for poor job performance.

D. Specimen handling during gross examination.

1. Verify that the patient's information on the requisition matches the patient's information on the specimen container(s) and labels. The cassette case numbers must also match the case numbers that are on the requisition and container(s). Any

discrepancies should be resolved before gross examination.

2. Open case builder in Epic Beaker and scan the case label on the requisition in order to open the case.
3. Under the grossing tab, scan the container label on the specimen container that is being grossed.
4. Examine and describe the specimen using Dragon dictation software. (Note: Detailed information on gross examination and dissection for specific specimen types can be found in the Surgical Pathology Grossing Manual)
    a. The gross examination will include all pertinent information required for each individual specimen type.
    b. Descriptions should include information regarding type, number, dimensions and/or weight of specimens, measurements and extent of gross lesions.
    c. Processing information should include a summary of block/slide designations.
    d. Annotated drawings and photographs are valuable tools for recording gross findings, but are not adequate replacements for a text description
5. Submit appropriate tissue sections for processing in properly labeled cassettes.
6. Verify that the gross description is accurate.
    a. The initials of the PA/resident/grossing personnel performing the gross exam, and the pathologist assigned to the case will be found at the end of the gross exam findings.
7. Scan/confirm each cassette that is being submitted for specimen processing (any unused cassettes should be deleted).
    a. Reprint/replace any cassettes that do not scan.
8. Press Specimen Done.
9. Repeat steps 3-8 for each specimen part being examined.
10. When all specimen parts for the case have been grossly examined press Gross Done to advance the case.
11. The cassettes are placed in a container of 10% buffered formalin to be loaded on the appropriate tissue processor.

# V. REFERENCES:

College of American Pathologists (CAP): Laboratory Accreditation Program Inspection Checklists – *Anatomic Pathology Checklist, ANP.11600, ANP.11605, ANP.11610, ANP.11640, ANP.12200*

## Approval Signatures

| Step Description | Approver | Date |
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| Medical Directors | Kurt Bernacki: System Med Dir, Surgical Path | 12/29/2023 |
| Policy and Forms Steering Committee Approval (if needed) | Jennifer Davis: Pathologist Assistant Lead | 12/29/2023 |
| | Jennifer Davis: Pathologist Assistant Lead | 12/29/2023 |

## Applicability

Royal Oak