###### Purpose

To provide a procedure for the gross examination of a products of conception specimen.

1. **Principle**

To take histologic sections to demonstrate any possible pathologic process present so that a diagnosis can be made microscopically by a Pathologist.

###### Equipment

1. Ruler
2. Forceps
3. Scalpel
4. Scissors
5. **Safety**
6. **PPE** should be worn.
7. **FORMALIN** is a known carcinogen.
8. **Supplies and Reagents**

**10% NEUTRAL BUFFERED FORMALIN** (pH range 6.9 – 7.2)

1. **Quality Control**

All remaining tissue should be retained.

1. **Limitations/ Notes**

The following may influence the validity of test results:

1. If chromosome analysis is requested, the specimen must be sent to cytology in the fresh state.
2. The specimen should be fixed in formalin.
3. **Procedure**
4. The specimen will arrive fresh.
5. Before adding formalin to the specimen, make sure that cytogenetic testing is not required.
6. Measure the specimen as an aggregate (3 dimensions – cm.).
7. Describe the components of the aggregate (spongy tissue, membranous tissue, clotted blood, etc.).
8. If a gestational sac is identified, measure the sac (3 dimensions – cm.) and carefully open the sac. If an embryo is present measure the length of the embryo and submit the embryo for permanent section.
9. If non-intact fetal tissue is identified within the aggregate, describe all identifiable parts, making sure to include a fetal foot length (cm.) if present. Submit a small piece of fetal tissue for permanent section (ex: skin or loose organ material) unless the specimen is “NO EXAM”.
10. If an intact fetus is identified within the aggregate, refer to the next section of the manual (RA.SP.PR.GR.PO.02) entitled “Fetal Tissue” and consult the perinatal pathologist assigned to the case.
11. If the specimen contains either an embryo or fetal tissue, include the following verbiage at the beginning of the gross description: “Notice to patient: The following contains sensitive material that may be disturbing to read. Recommend reviewing this material with your health care provider.” And place a save sticker on the lid for proper disposal.
12. Submit 3 representative cassettes, to include the spongy tissue (chorionic villi).
13. If a molar pregnancy is suspected, or vesicles are identified, submit 5 representative cassettes to include the spongy tissue (chorionic villi) and vesicles.
14. The cassettes should be loaded on the appropriate end of day tissue processor.
15. **Related Documents**

Fetal Tissue - RA.SP.PR.GR.PO.02

1. **References**

Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.

Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill

Livingstone, 2001.

1. **Authorized Reviewers**
2. Medical Director, Anatomic Pathology
3. Chief, Surgical Pathology

##### Document Control

##### Location of Master: Master electronic file stored on the Beaumont Laboratory server under

S:\AP\_Grossing\_Manual

**Number of Controlled Copies posted for educational purposes: 0**

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##### Document History

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| Signature | Date | **Revision #** |  | **Related Documents****Reviewed/****Updated** |
| Prepared by: *Anne Tranchida, PA(ASCP)* | 11/6/2007 | **r00** |  |  |
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| *Ali-Reza Armin, MD* | 10/10/2008 | **r00** |  |  |
| *Anne R. Tranchida,PA(ASCP)* | 10/20/2009 | **r00** |  |  |
| *Ali-Reza Armin,MD* | 10/20/2011 | **r00** |  |  |
| *Ali-Reza Armin,MD* | 10/04/2013 | **r00** |  |  |
| *Mitual B. Amin,MD* | 02/18/2015 | **r00** |  |  |
| *Zhenhong H. Qu, MD* | 03/21/2015 | **r00** |  |  |
| *Kurt Bernacki, MD* | 10/27/2017 | **r00** |  |  |
| *Kurt Bernacki, MD* | 10/21/2019 | **r00** |  |  |
| Revised by: Heather Genson, HTL(ASCP)CMPACM | 09/22/2021 | **r01** | Include verbiage if fetal parts are found |  |
| Approved by: *Kurt Bernacki, MD* | 9/22/2021 | **r01** |  |  |
| *Kurt Bernacki, MD* | 10/20/2021 | **r01** |  |  |
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