POLICY/PROCEDURE

Category: Laboratory **Subject:** Disposal of Products of Conception (Surgical Specimen or Perinatal Autopsy)	**PAGE NUMBER:** 1 of 9 **DISTRIBUTION:** Hospital Wide Manuals
CURRENT EFFECTIVE DATE: October 2014	**NEXT REVIEW DATE:** October 2015

Lifeless products of conception are classified based on the gestational age and weight. This procedure pertains to **products of conception (POC)** as outlined below.

SPECIAL POINTS

Stillbirth

- management of a stillbirth for an autopsy, 20 weeks or greater gestation or greater than or equal to 500g, please refer to: "Medical Staff: Autopsy Referrals" M-0900
- management of a stillbirth when an autopsy is not required for fetus 20 weeks or greater gestation or greater than or equal to 500g, refer to, "Obstetrics: Disposal of Stillborn Procedure" O-1100.

Products of Conception

- management of lifeless POC, less than 20 weeks' gestation or less than 500 grams (if gestational age is not known) are considered "surgical specimens" and will be processed as such. Procedure is outlined in this policy.
- management of lifeless POC, less than 20 weeks' gestation or less than 500 grams (if gestational age is not known), may be considered for an autopsy. Procedure is outlined in this policy.

Patients may specifically request special handling of products of conception (POC), surgical specimen, after the laboratory has performed the necessary procedures. They may request to have the specimen back for private burial or funeral burial. The Next of Kin (Parents) make arrangements with the funeral director, who arranges the burial permit for fetal remains with the City of Yellowknife Director of Community Services, even though not considered a "live birth" or "stillbirth".

For intrauterine deaths that occur under 20 weeks, only an external fetal examination is performed unless consent for autopsy is received.

DEFINTIONS

Products of Conception: The human fetus, placenta and other such products of conception which occur with a miscarriage or therapeutic abortion.

Stillborns: defined in the *Vital Statistics Act* R.S.N.W.T. 2011, c. 34:

> "stillbirth" means the complete expulsion or extraction from its mother, either after at least 20 weeks pregnancy or after attaining a weight of 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle; (mortinaissance)"

PROCEDURE

POC considered "surgical specimens"

1. When the intrauterine death is classified as a surgical specimen, the DynaLIFE$_{DX}$ "Cytology/Tissue Pathology" requisition is completed (including medical history, delivery record, weight and gestational age) and submitted with the specimen. The specimen should be placed in a leak-proof, plastic container, and covered with 10% formalin. Information for referral of sample to DynaLIFE$_{DX}$ can be obtained at: http://www.dynalifedx.com/HealthProfessionals/TestDirectory/R/Routinetissuehistology/tabid/1092/Default.aspx

2. When the POC is classified as a surgical specimen, the following regulation applies, Section 38 of the *Hospital and Health Care Facilities Standards Regulation, 2009* states:

   > 38. (1) Subject to subsections (2) and (4), body tissues or sections of body tissues removed during a surgical operation or curettage (a) shall be immediately set aside by the medical practitioner or dentist performing the operation; and (b) shall be forwarded with a short history of the case and a statement of findings at the operation, to a laboratory approved by the Minister for laboratory diagnostic examination.

3. If the patient wishes to have the POC returned for private or funeral burial, two forms must be submitted with the specimens for referral to laboratory and returned to Stanton Territorial Health Authority (STHA) laboratory. They are:

   a. a STHA "Consent for Products of Conception: To be Returned (under 20 weeks or less than 500 grams) to be Returned" form (see Appendix A).

   b. a signed letter from the attending physician indicating the POC is not considered a

stillbirth and requesting the release of remains for burial. This requires a signed letter to the patient's funeral director from the attending physician indicating status of remains as POC for burial and must state, "This letter is to confirm that on (Date), (Mother's Name), from Northwest Territories suffered a miscarriage. The product of conceptions weighed ____ grams and was approximate gestational age of _____ weeks. According to the *Vital Statistics Act*, this is not considered a stillbirth. The parents have requested the opportunity to proceed with a burial (or other disposition). Please consider releasing the product of conception for these purposes."

4. When the POC are returned to the laboratory the staff will notify the Patient Care Coordinator (PCC). The PCC will make arrangements to store the POC in the morgue and notify the funeral director. Laboratory personnel will ensure the 'Anatomical Pathology Specimen Release Form" (see Appendix C) is signed by the funeral director upon receipt of the remains. The laboratory staff will send the signed "Anatomical Pathology Specimen Release Form" back to DynaLife$_{DX}$.

5. Specimens are held for ten (10) weeks at DynaLIFE$_{DX}$ in case there is a request for return to parent's funeral director. Should the parent(s) later decide to have the POC returned to them, the parent will notify the physician ordering the laboratory examination. The ordering physician will be responsible for arranging this transaction with DynaLIFE$_{DX}$ (STHA Laboratory will facilitate if requested), as outlined in Step 3, and ensuring the "Consent for Products of Conception (under 20 weeks or less than 500 grams) to be Returned" form and signed letter are forwarded to DynaLIFE$_{DX}$ immediately.

POC considered for an "autopsy, perinatal"

1. Intrauterine deaths from pregnancies **terminated** before 20 weeks gestational age for fetal anomalies will be processed as "autopsy, perinatal", providing a physician takes responsibility for the request and obtains signed documentation from parent(s).

2. Autopsy services will require:

   - the DynaLIFE$_{DX}$ two-page "Autopsy Consent Form" (see Appendix B), completed and signed by the Parent(s) and ordering physician
   - The above-mentioned information submitted to DynaLIFE$_{DX}$ for review by faxing to 780-453-9428

3. The requesting party, ordering physician or designate is notified by DynaLIFE$_{DX}$ of the facility performing autopsy. The POC must not be transport the autopsy has been arranged and all forms have been completed.

4. Perinatal deaths (less than 20 weeks gestation at delivery) are to be:

   - Immediately placed in 10% neutral, buffered formalin together with the placenta
   - The placenta, placed in 10% formalin must be sent too
   - Formalin must be 10-20 time greater in volume than the specimen
   - The container must be puncture and leak-proof plastic and be appropriately labeled

5. The requesting party must arrange transportation of the POC to the selected autopsy facility. The requesting party is responsible for all transportation arrangement, costs and fees incurred.

6. If the patient wishes to have the POC returned for private or funeral burial, two forms must be submitted with specimen for referral, and return, to laboratory. They are:

   - a (STHA) "Consent for Products of Conception (under 20 weeks or less than 500 grams) to be Returned" form
   - a signed letter from the attending physician indicating the POC is not considered a stillbirth and request remains be released for burial purposes. This can be done as a signed letter to the patient's funeral director from the attending physician indicating status of remains as POC for burial and must state: "This letter is to confirm that on (Date), (Mother's Name), from Northwest Territories suffered a miscarriage. The product of conception weighed ____ grams and was approximate gestational age of _____ weeks. According to *Vital Statistics Act*, this is not considered a still birth. The parents have requested the opportunity to proceed with a burial (or other disposition). Please consider releasing the product of conception for these purposes."

7. When the POC are returned to the laboratory the staff will notify the Patient Care Coordinator (PCC). The PCC will make arrangements to store the POC in the morgue and notify the funeral director. Laboratory personnel will ensure the Anatomical Pathology Specimen Release Form (Appendix C) is signed by the funeral director upon receipt of the remains. The laboratory staff will send the signed form back to DynaLife$_{DX}$.

Reviewed and approved by: 1 Oct 2014
Chair, CPAC

Reviewed and approved by: 1 Oct 2014
Chief Executive Officer 15 Oct 2014

Appendix A

Consent for Products of Conception
(under 20 weeks or less than 500 grams)
To be RETURNED

I,_____am the biological mother/father of the Products of Conception. I request that the Products of Conception be returned to me/us or assigned funeral director after being sent to the laboratory for testing.

_____ _____
Signature of Mother/Father Date

_____ _____
Witness Date

Mother's Demographics:

Name: _____

Address: _____

_____

Phone #: _____

Laboratory Personnel will notify the Patient Care Coordinator who will notify the Funeral Director outlined below:

Name of Funeral Director: _____

Address: _____

_____

Phone number: _____

Note: Original of this form to be sent with products of conception. A copy is to be kept on the mother's medical record.

1

Appendix B

DynaLIFE$_{Dx}$

PHN / Healthcare # _____
Chart / Record # _____
Patient Legal Name: Last: _____
First: _____
Physician: _____

Autopsy Consent Form

Consent

Legal Next of Kin Ranked in Order of Authority:

1. Personal representative of deceased, as named in will of deceased;
2. Legal spouse / adult interdependent partner of deceased;
3. Adult children of the deceased (oldest first);
4. Parents of deceased (oldest first);
5. If patient was a Dependent Adult or, if a minor, a ward of the Province, the patient's Guardian;
6. Adult grandchildren of the deceased (oldest first);
7. Adult brothers / sisters of the deceased (oldest first)
8. Adult nephews or nieces of the deceased (oldest first);
9. Any other Adult next of kin (oldest first);
10. Any person lawfully in possession of the body.

Note: If next of kin higher in the ranking list are alive and mentally competent, they must sign the consent. If we are aware of any dissention amongst family members, the autopsy will not be performed.

I am the *(relationship)* _____ of the deceased and to the best of my knowledge,

I am the highest legal next of kin ranked in order of authority *(see above)*.

I do hereby authorize the designated authorities of DynaLIFE$_{Dx}$ Diagnostic Laboratory Services to perform a:
(please check appropriate box for type of autopsy to be performed)

- ☐ Complete Autopsy Examination
- ☐ Partial Autopsy Examination *(Please specify)* _____ on the body of said patient

I authorize and direct the removal, use and disposal of such organs or tissue as may be necessary or desirable for pathological diagnosis, therapeutic purposes, medical education or medical research OR the following restrictions apply:

_____

It is understood that reasonable care will be taken to avoid disfigurement of the body.

Upon completion of the autopsy, I authorize the body to be released to:

Funeral Home / Designate: _____

Funeral Home / Designate Phone Number: _____

Note: If unknown, the Funeral Home of your choice will contact the Royal Alexandra Autopsy Facility at (780) 735-4629 when arrangements are made.

Sign Here

_____ _____
Next of Kin: *(Please print name)* Next of Kin: *(Please sign)*

Date and time of authorization: _____

Witness(es)

Witness # 1 _____ _____
(Physician or delegate – *please print name*) Witness # 1 *(signature)*

For phone consent, an additional witness is required:

Witness # 2 _____ _____
(Witness # 2 – *please print name*) Witness # 2 *(signature)*

Please complete consultation request on reverse.

Doc ID: HI-FM-0008349
Revised: 26-May-2008

PHN / Healthcare Number

Anatomical Pathology
Autopsy Consultation Request

DynaLIFE Dx
Diagnostic Laboratory Services
(780) 451-3702

☐ M ☐ F | Patient Legal Name (Last) (First) (Initial) | DOB DD MM YY

Address | City | Prov. | Postal Code

Chart # | Patient Phone # | Lab #

Ordering Physician / Practitioner | Physician Code

Ordering Address / Location | Report Location Code

Report address if different

Specimen Event Type
IA ☐ AUXILIARY
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON
WCB ☐ WORKER'S COMP

Bill Type CPL ☐ Alberta Health Care
OR CO ☐ Company OT ☐ Out of Prov
XX ☐ Pre-paid PB ☐ Patient Bill
Co. name
Address
Client #

Full Name & Location MUST BE PROVIDED
☐ Copy to
Name
Physician Code
Address

Date and Time of Death
DD MM YY Time (24 h)

Brief Clinical History and Unresolved Clinical Questions:

Note: Failure to provide adequate information may delay or cancel a request for autopsy on patient.

Please check appropriate box:

HIV Test ☐ Positive ☐ Negative ☐ Pending ☐ Not ordered (but patient in high risk group) ☐ Unknown

Hepatitis B or C Test ☐ Positive ☐ Negative ☐ Pending ☐ Unknown

TB ☐ ☐ Other communicable disease:

Suspect prion disease ☐ If checked, contact neuropathology service at the Capital Health University of Alberta Hospital Laboratory.

Complete the History Questionnaire for neuropathological Examination on Patients with Dementia (Form can be found on the University of Alberta Hospital Online guide to Laboratory Services Manual under the "Requisition" link.)

Note: Affirmative answers to some of the above questions may preclude performance of autopsy.

Physician Signature: Date:

Report Address (if different from above):

If interested in preliminary results by phone, please provide name and phone / pager #:

For Lab Use Only:

Date and Time of Autopsy:

Pathologist:

Resident (if applicable):

AP Accession Number

DynaLIFE Dx
Proprietary

Doc ID: HI-FM-0008349
Revised: 26-May-2008

Appendix C

DynaLIFE Dx
Diagnostic Laboratory Services

#200, 10150-102 Street
Edmonton, AB T5J 5E2
1-800-661-9876
www.dynalifedx.com

ANATOMIC PATHOLOGY SPECIMEN RELEASE FORM

SPECIMEN ON:

Patient Name: _____ PHN#: _____ D.O.B: ___/___/___ (D M Y)

Specimen Type	Formalin Fixed (Yes / No)	Collection Date/Time	Specimen Number

SURRENDERED TO:

Name: _____ Signature: _____
(Patient or Patient Representative)

OR

Name: _____ Badge#: _____ Signature: _____
(MHU Representative, City Police or RCMP)

NOTE: This specimen is being released to you. By gaining possession of this specimen and signing the form you are taking responsibility for it. You have read and understand the inherent hazards regarding the specimen(s) as stated on the back of this form.

RELEASE APPROVED BY: _____
Pathologist

RELEASED BY:

Name: _____ Employee Position Title: _____ Signature: _____

Date: _____ Time: _____ Site: _____

PLEASE SEE REVERSE SIDE FOR
FORMALIN EXPOSURE HAZARDS AND BIOLOGICAL HAZARDS

This specimen is being released to you with the understanding that by gaining possession of this specimen you are taking full responsibility for it.

We recommend that the transportation, safekeeping, handling and burial of the specimen be done as outlined below to minimize exposure to formalin and/or biological hazards.

Formalin Exposure Hazards:

- Short-term exposure to formalin or formalin fixed specimens may have a drying effect on the skin, eyes and mucous membranes. Chronic exposure to formalin may result in respiratory impairment and pulmonary sensitization. Long-term exposure to formalin has been shown to be associated with an increased risk of cancer of the nose and accessory sinuses, nasopharyngeal and oropharyngeal cancer and lung cancer in humans.
- When handling formalin or formalin-fixed specimens, do so in a well-ventilated area and wear appropriate protective gear (disposable gloves, mask, formalin filter, eye protection). Wash hands after handling the specimen container and/or the specimen.
- If exposed to formalin, remove contaminated clothing and wash the affected area with large amounts of water. If contact with eyes, flush with large amounts of water. If ingested, drink 8 oz of milk or tap water. Contact poison control centre (1-800-332-1414 Alberta). In all cases, seek medical attention immediately.
- If storing the formalin fixed specimen, ensure the storage area is well ventilated.
- Transporting formalin fixed specimens by ground (taxi, personal vehicle, etc.) is not restricted. The packaging has been completed to meet required guidelines. However, if planning to transport the specimen by air, special restrictions apply and special labelling is required. A sheet outlining these requirements will be provided upon request. The Laboratory will package accordingly, if notified in advance.
- Most tissue specimens have been fixed in formalin; even if the specimen has been washed with water, formalin will still be retained in the tissue and will continue to penetrate and fix the specimen. The specimen(s) is/are potentially toxic and MUST NOT be ingested as food or mixed in ground.
- Your physician will have the surgical or autopsy report on your specimen and can answer any questions you might have.

Biological Hazards (fresh, partially formalin fixed, frozen specimens):

- Possible biohazards include bacteria, viruses, fungi, and other infectious agents that are known or reasonably believed to cause disease in humans or animals.
- When handling fresh, partially fixed or frozen specimens, wear appropriate protective gear (disposable gloves, mask, eye protection) to minimize exposure. Wash hands after handling the specimen container and/or specimen.
- Clean up spills and surfaces that are in contact with the specimen (and/or container) or body fluids using detergent and water. Disinfect with a solution of one part household bleach to nine parts water or an appropriate chemical germicide.
- Fresh and/or partially formalin fixed specimens cannot be stored for extended periods of time unless frozen at -30°C or completely formalin fixed. Frozen specimens can be stored if kept at -20°C.
- Transportation guidelines for ground and air vary depending upon type of specimen (fresh, partially formalin-fixed, or frozen). A sheet outlining specific requirements will be provided upon request.