**UW Medicine - Pathology**

6000-01-02-03

Frozen Section Procedure

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| Adopted Date: 07/29/01Review Date: 12/16/10Revision Date: 02/13/13 |

PURPOSE

To describe how to freeze and cut a specimen.

PROCEDURE

1. Place a layer of OCT on a room temperature specimen holder and place the holder in the cryostat on the cryobar (left side). Once the OCT has solidified (turns white) orient the tissue on the specimen holder. Cover the specimen with more OCT and return it to the cryobar. Place a heat extractor on top of the specimen. When the OCT has solidified, the specimen holder can be separated from the heat extractor by gently tapping the specimen holder.
2. Clamp the specimen holder into the microtome. Be sure to retract the arm prior to facing the specimen. With the window closed, advance the specimen to the blade using the buttons on the left side of the cryostat. While constantly rotating the wheel on the right side, press the course or fine advance buttons to face in the specimen. When the specimen is properly faced in, turn the wheel several times at the routine thickness of 5 microns to clean up the tissue surface.
3. Using the tip of a brush, while turning the wheel, guide a section of tissue onto the knife holder. To pick up the section, touch a room temperature slide (labeled with the patient's name, U number or accession number) to the section. Place the slide immediately into fixative. Stain frozen section following Frozen Section staining procedure.
4. Lock blade handle remove chuck from specimen holder. Allow chuck to stand at room temperature until OCT softens. Wrap remaining frozen tissue in tissue paper and place into labeled tissue cassette for formalin fixation and permanent section.

Written By: Director Approval:

(Signature and Date) (Signature and Date)

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 Supervisor / Manager

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**SIGNATURE PAGE FOR POLICIES AND PROCEDURES**

Procedure / Policy Title: Frozen Section Procedure

Procedure / Policy Number: 6000-01-02-03

Suzanne Dintzis, M.D.\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director Medical Director Signature Date Reviewed

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