**UW Medicine - Pathology**

6000-01-07-07

Formalin Fixation Times for Beast Tissue

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| Adopted Date: 7 February 2013  Review Date:  Revision Date: |

PURPOSE

To ensure breast tissue fixation time meets CAP requirements for immunohistochemistry testing for HER2 (at least 6 hours, up to a maximum of 48 hours) and for ER/PR (at least 6 hours, up to a maximum of 72 hours).

SCOPE

This procedure should be read by all gross room biopsy techs, PA’s and residents/fellows working with breast tissue.

PROCEDURE

1. The breast specimen should be immersed in 10% neutral buffered formalin within one hour of the biopsy or resection procedure.
2. If delivery of a resection specimen to the pathology department is delayed or after normal business hours:
   1. The tissue should be refrigerated until it can be cut and placed in formalin.
   2. The Lumpectomy and Mastectomy resected specimens should be weighed and measured in three dimensions.
   3. Inking specimens (Follow the department inking scheme for Lumpectomy and Mastectomy)
   4. Sectioning (Follow the department sectioning protocols for Lumpectomy and Mastectomy)
   5. Document what date and time tissue was placed in formalin.
   6. When the tissue is placed into cassettes for the processor, dictate the total fixation time at the end of the gross description.

* Example: (Initial fixation time + post-fixation time = Total fixation time 26 hours)
  1. Total fixation time equals initial fixation time before grossed and post fixation time which is the total time the tissue blocks are exposed to formalin (including 40 minute processor time only for non-biopsy specimens) after the specimen is grossed. The prosector will have to ask the gross room support staff to obtain the post gross fixation time.

REFERENCES

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Cap ANP.22983 HER2: ER/PgR by IHC – Fixation Phase I

Written By: Director Approval:

Steven Rath M.H.S., P.A. (ASCP)

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**UW Medicine - Pathology**

**GROSS ROOM / HISTOLOGY - UWMC**

**SIGNATURE PAGE FOR POLICIES AND PROCEDURES**

Procedure / Policy Title: Frozen Section Procedure

Procedure / Policy Number: 6000-01-07-07

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

Medical Director Medical Director Signature Date Reviewed

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