**UW Medicine - Pathology**

400-08-01-04

Case Progression in the Cytogenetics Laboratory for Quality Control Procedure

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| Adopted Date: 08/1991  Review Date: 09/2005  Revision Date: 09/12 |

PURPOSE

To identify and reduce pre-analytical errors, specimen handling (including receipt, labeling and processing) critical values and procedures are defined in this section. In addition, the following procedures help to ensure that a cytogenetic case is processed in a timely fashion and does not get lost at any step of its processing through the lab.

PROCEDURE

### Receipt of Specimens

* + - 1. The Program Coordinator, Technologists and Laboratory Supervisor all handle the incoming specimens, ensuring that they are properly delivered to the laboratory. The incoming specimens are placed in designated plastic container bearing a biohazard label. After hours and/or weekends, providers whose specimens are delivered to NW-220 (Central Processing) are advised by phone voice mail to leave a message about incoming specimens. It is the responsibility of the technologist on duty to listen to messages and check at NW-220 for specimens. The faculty on call can also be notified of incoming specimens. He or she then calls a technologist, who will arrange for specimen delivery.
      2. If a clear indication is not present on the Cytogenetics Request form (or an apparently inappropriate indication), the Program Coordinator should call the referring physician during regular business hours. After hours it is the responsibility of the on-call faculty. If the indication is incomprehensible to the technologist who sets up the case, he or she should consult with the on-call faculty. The technologist can contact the sender or physician if no other laboratory personnel are available.
      3. If there is a discrepancy between the patient name on the paperwork and the label on the sample, the sender should immediately be notified. If identification cannot be absolutely clarified the specimen should be rejected for testing and the sender notified to send a repeat specimen. The laboratory supervisor should submit a PSN report if the patient is an UW Medicine patient.
      4. If the specimen is mislabeled, unlabeled or mishandled, as per our protocols and specimen shipping guidelines, the sender should be notified immediately. If a repeat specimen cannot be easily obtained, the case should be set up and all details should be noted in the file. Criteria for rejection of a specimen are any signs that a specimen has been compromised through comingling, non-intact vessel or un-reconcilable mislabeling. If rejection of the specimen is called for, the sender will be notified and all details must be documented and given to front office staff to file.
      5. Upon receipt, the specimen should be evaluated for adequacy for the given test and indication by either the Program Coordinator or a Technologist. The evaluation should include amount, type of specimen (e.g. Blood vs. Bone Marrow), how long in transit, appearance and should be evaluated by the standards detailed in the ‘specimen requirements’ section of this manual. If the specimen is not adequate for analysis, the referring physician is contacted and arrangements are made to rectify any inadequacies.

### Processing of Specimens

* + - 1. When a specimen arrives in the laboratory, the technologist is responsible for logging in the specimens in the lab logbooks and into the laboratory database (GCS), for entering the case number with the date on the boards, and for preparing a file. The computer automatically assigns a unique patient identification number. The Program Coordinators proof the cases in the computer from information in the file, obtains missing information if needed, and double checks for previous or related cases. She/he re-enters the information on the Anatomic Pathology database (Powerpath LIS) and assigns a UWMC patient ID#, through EPIC.
      2. Each phase of the processing and analyses of a given case is collectively done by the teams in the specific areas of the laboratory. Every effort should be made to avoid mislabeling of samples including ensuring that only one specimen is set up at a time (**ONE SAMPLE IN THE BIOSAFETY HOOD (BioGard) AT A TIME**).
      3. The processing of cases has to be done in a timely fashion: guidelines for turn-around time are posted in the laboratory and in the manual. If a problem occurs, the technologist should alert his/her supervisor. Finished case files are placed in the sign-out box.
      4. It is the responsibility of technologists to alert faculty on-call of abnormal cases and of cases that fail to grow as soon as possible so he/she can communicate and discuss diagnoses to referring physician or genetic counselor and make appropriate recommendations if pertinent.
      5. No aliquot of a specimen should be returned to the original tube. No original container containing any remaining specimen should be discarded before the case is signed out.

### Sign Out of the Case

* + - 1. The faculty on-call is responsible for signing out cases without delay (max 1/2 to 1 day). A draft of the report will be generated on the computer, printed out, and handed to office personnel for editing, correcting and reprinting if necessary. Prior to final signature the report is again reviewed by the faculty member signing out the case. Office personnel fax and mail reports without delay and erase the cases from the board that have been mailed out. For local prenatal cases, reports are placed in the designated slot for pick-up by the counselors. Other urgent reports are faxed or phoned as requested.
      2. It is the responsibility of the faculty on-call to communicate and discuss abnormal diagnoses or “no-growths” with referring physician or genetic counselors by telephone when necessary.

### Checkpoints

* + - 1. It is the responsibility of the technologist, the supervisor, and the faculty on-call to review the boards daily and to question any case left behind.

Written By: Director Approval:

(Signature and Date) (Signature and Date)

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Cytogenetics Supervisor