

Anatomic Pathology

General Information Regarding Specimens

Any tissue, stone, or foreign body that is removed from a patient in the operating room (OR), emergency room (ER), or doctor's office should be sent to the specimen processing department. Reports on uncomplicated cases are generally available within 24 to 48 hours. Reports are not available on weekends except for "RUSH" specimens. Mark "RUSH" on the Surgical Pathology requisition anytime an urgent diagnosis is needed (ie, further therapy pending diagnosis) in order to ensure a prompt report. A RUSH diagnosis is generally available by noon the following day.

All specimens must:

- Be labeled properly with patient's name, hospital account number, date, physician, and type of tissue
- Be accompanied by a requisition containing all pertinent patient history, source, and site of specimen.
- Most specimens may be preserved in 10% formalin with the following exceptions:
 - Submit the following in the fresh state (no fixation):
 - Any tissues for frozen section (must be scheduled at least 48 hours in advance)
 - Lymph nodes
 - Any tissue for potential genetic studies
 - Body fluids for cell block
 - Adrenal tumors
 - Any tissue for potential electron microscopy studies
 - Any tissue for potential immunofluorescent studies
 - Stones for chemical analysis
 - Any tissue for culture
 - Extremities

Note: Limbs for disposal must be placed in a brown plastic bag at time of removal in OR. Nurse or aide who delivers limb must notify Histology technician and take limb to morgue.

- Submit the following in saline moistened sponge. Do not immerse in saline:
 - Kidney biopsy
 - Nerve biopsy

- Muscle biopsy
- Lymph node biopsy
- Skin biopsy for immunofluorescent studies
- Brain biopsy for herpes

Note: Twenty four hour notice is required before kidney, nerve, or muscle tests are performed. Test can only be performed Monday through Wednesday before noon. .

These specimens, with the exception of lymph node biopsies, should be scheduled as early in the morning as possible as they will be sent out for special studies. Please give the laboratory advance notice.

—Body cavity fluids for cytology:

- All body cavity fluids must be received in the fresh state and worked with immediately. All body fluid slides must be submitted fixed with spray fixative.

—Bone core biopsy for metabolic bone disease:

- Specimen:
 - Use of an 8 mm trocar needle to obtain a large transcortical section of the iliac crest, is recommended. A bone core about 2 cm posterior and inferior to the anterior superior iliac spine is recommended. After bone core is obtained by OR, it is placed in 10% neutral buffered formalin and sent immediately to the laboratory.

Morgue Policy

Disposition of human remains and pathological specimens consisting of parts of the human body shall be performed in a dignified manner and in accordance with the procedures contained in this policy.

The morgue door shall remain locked at all times. No one is to enter the morgue unless accompanied by a representative of security or the laboratory.

- Patients that expire on nursing units, in the Emergency Department, or DOA shall be prepared in accordance with nursing service policy. Special attention shall be paid to proper placement of identification tag (usually attached to patient's toe, must include name and date of birth).
- Upon arrival at the morgue; a member of the Security Department will verify name and date of birth of deceased and log deceased in the morgue log noting date and time of arrival, name of deceased, date of birth, and will acknowledge receipt by signing the log. The nursing service employee shall also sign the morgue log.
SECURITY DEPARTMENT SHALL NOT ACKNOWLEDGE RECEIPT OF A BODY UNTIL IT IS PROPERLY IDENTIFIED. Security Department will turn on the air conditioning unit and place "occupied" sign on door.
- Nursing service personnel will leave the authorization form (completed by nursing service) with the Security Department member who signed the body into the morgue. If a death certificate has been completed, it is also left in the morgue.
- Nursing service personnel shall notify the funeral home that the body is ready to be picked up, using the phone in the morgue.
- Funeral home personnel will report to the Security Department and ask that somebody escort them to the morgue.
- Security Department will identify the remains (verify name and date of birth) to be released by visually checking the name tag affixed to the remains against the authorization form.
- Security Department ensures that the funeral home personnel are made aware of any belongings (eg, glasses, etc.) that need to go with the remains. If there is a completed death certificate, it is given to the funeral home personnel.
- An entry is made in the morgue log as to date and time of release of the remains. Security Department and funeral home personnel sign the log. The name of the funeral home is also entered in the log.
- Security Department turns off the air conditioning unit and turns over the "occupied" sign. The laboratory door remains locked.

Autopsies

Autopsies will be performed on properly admitted patients and those patients actively being followed by a St. Mary's staff physician. Request for autopsies must be called to Dahl Chase and remains must be transferred to Bangor by the designated funeral home handling arrangements. When interviewing relatives regarding autopsies, make sure that the responsible relative gives consent and that he

or she understands its meaning. Obtain permission for a complete autopsy whenever indicated and appropriate forms needed. Explain clearly to the relatives that this includes opening the head and examination of the brain. If only a limited autopsy is desired, be sure to specify the organs to be examined. There is information regarding Medical Examiner cases located within this section of the laboratory manual.

Note: For all autopsies on patients who have not been admitted, the attending physician should contact the pathologist on call. This also includes patients who expire in the ER.

- Indications
 - Investigation of cause of death
 - Verification of clinical diagnosis
 - Follow up on biopsies
 - Isolation of etiologic agents in nosocomial opportunistic infections
 - Evaluation of treatment, surgical complications, and possible iatrogenic pathology
- Ordering information (requisition form)
 - Before request or authorization for an autopsy from the next of kin, one should know or find out if the case is a Medical Examiner's case. All unattended deaths, all victims of traumatic injuries, accidents, drowning, fire, or homicide should be reported to the Medical Examiner.
- Medical examiner case
 - No permit from next of kin necessary
- Hospital case
 - Autopsy permit signed by next of kin and witnessed. List of next of kin as follows:
 - Spouse, unless legally divorced (even if separated, the spouse is legal next of kin)
 - An adult child (age 18)
 - Father or mother
 - An adult brother or sister
 - An adult grandchild
 - An adult niece or nephew who is the child of a brother or sister
 - Maternal grandparent
 - Paternal grandparent
 - Adult aunt or uncle
 - Adult first cousin
 - Any other adult relative in descending order of relationship
 - A guardian of the decedent at the time of death

- Any other person authorized or under obligation to dispose of the body
 - Note:** A phone permission witnessed by the operator is acceptable if next of kin is out of town. The permit should state clearly if the autopsy is to be complete or limited.
- Chart
 - The chart of the deceased and the permit should accompany the body to the morgue
- Availability of autopsy
 - Autopsies performed daily within 12 hours of death
- Interpretive
 - Gross provisional diagnosis is available within 24 hours. All reports of the autopsy findings to the family must come from the patient’s attending physician to whom the report will be sent when completed, unless the physician himself requests that a report be sent directly to the family of the deceased.
- Additional information
 - Whoever obtains permission for an autopsy should not be specific about when the autopsy will be performed without checking with the pathologist on call. The death certificate is filled out by the Medical Examiner in medicolegal cases and by the attending physician in hospital cases. All lines (ie, Swan-Ganz catheters and pacemakers) should be left in patient. Final report available within 1 or 2 months.
- Instructions for nursing personnel
 - Notify pathology that an autopsy has been requested.
 - The patient’s chart and signed permit are brought to the morgue with the body.
- Instructions for laboratory personnel
 - Contact Dahl Chase to inform them that an autopsy has been requested. Next of kin will need to make arrangements with the funeral home for the remains to be transported to Bangor.

Medical Examiner Cases

The office of the Chief Medical Examiner reports that there is often misunderstanding among physicians as to what deaths should and should not be reported as possible Medical Examiner cases. One common misconception is that the death of a person under medical care, regardless of cause, is not a Medical Examiner case. Under title 22, Section 3025, defining Medical Examiner cases, that conception is false. All suspected cases must be reported, no matter how long the person has been in medical care before the death occurs. All deaths ultimately ascribable to trauma or poisoning are Medical Examiner cases regardless of how long the patient has been under medical care and regardless of whether terminal conditions, immediately causing death, are natural disease processes so long as they may have followed from the initial injury or poisoning. Conversely, a natural death, that an attending physician can reasonably certify, does not become a Medical Examiner case simply because the physician has cared for the patient for only a short time or because the physician has not seen the patient shortly before death. A Medical Examiner case must be reported at once. Cases reported by the physician pronouncing the death should call the Office of the Chief Medical Examiner at 1-800-870-8744 immediately.

Section 3025. Medical Examiner cases.

- Causes of death constituting Medical Examiner case. A Medical Examiner case exists when remains are found indicating a human has died and that death is suspected of resulting from:
 - Any death from violence, trauma, or poisoning - no matter how long the person was under medical care
 - Deaths during diagnostic or therapeutic procedures when the death is caused by gross negligence, from trauma, or poisoning unrelated to the ordinary risks of the procedure
 - A sudden death of a person in good health when no disease is sufficient to explain the death
 - Death caused by something which may be a public health threat. For example, a death from a food poisoning traced to a grocery store salad bar.
 - All cases of sudden infant death Syndrome
 - All deaths of children under 18 years old except those due to natural causes not related to abuse or neglect
 - Sudden deaths in elderly people with no previous symptoms or who were not being treated for the natural cause which lead to the death. (The statute does not give a definition of “elderly.”)
 - Any questionable cause

- Attendance by physician. A Medical Examiner case exists whether or not the deceased has been attended by a physician or was a patient in a hospital for any time immediately preceding death and regardless of the time between the cause and the death.
- Transplant operations. No operation for the transplant of an organ or a portion thereof shall take place, when the donor's death occurs under circumstances indicating a Medical Examiner case, without approval of a Medical Examiner. Any doctor performing a transplant operation where the donor has died under these circumstances shall note the condition of the vital organs in the region of surgery and shall include this notation in a written report of the operation and manner in which death was pronounced, the report to be given to the Medical Examiner upon his request. The Medical Examiner may choose to be present during the removal of the donated organ.
- In a Medical Examiner case, do not move the body to a mortuary or morgue unless:
 - The incident causing death did not occur in the facility
 - The body must be moved in the same condition as when death occurred
 - Only fixed medical equipment may be disconnected
- All Medical Examiner cases must also be reported to the Risk Management Department of Covenant Health System using a Midas incident report.