

Hematopathology Grossing Guidelines

Note: Adequate fixation is essential for lymph node biopsies. If node is received late in the day (after 12PM) fix cassettes overnight in formalin before submitting. If the node is large a single cassette may be submitted the same day for provisional diagnosis. If you have any questions, please call the fellow or Hematopathologist on call.

Note: For Pediatric nodal and extranodal neoplasms, review the Pediatric Grossing Guidelines

Procedure:

Each lymph node is different depending on the clinical situation. Below serves as guidelines only. Please contact Hempath (fellows, or attendings, or Dr. Said for details).

For Mediastinal mass biopsies

All cases should include a pan keratin stain with the differential between thymic tissue, thymic hyperplasia, thymoma, and lymphoblastic lymphoma/leukemia.

Note: This will be ordered by the trainee/attending on the case (not PA)

For biopsies received in formalin with a separate portion in RPMI (80-90% of lymphoma work-up cases):

- 1) Measure and describe the formalin-fixed tissue.
- 2) Transfer formalin-fixed tissue to a biopsy bag and entirely submit.
- 3) Place a "Flow Cytometry (lab order) (AP) [LAB9004R]" order.
 - Place the Flow order label on the RPMI specimen container.
 - Send RPMI container and any received touch preparation slide(s) to the flow cytometry lab, by logging into appropriate logbook.
 - Note: **Do not add the slide(s) to the SurgPath case.**

For excisions specimens received fresh, tissue triaging should be done at the time of grossing.

- 1) Gather refrigerated RPMI vial(s), a sterile blade, sterile forceps, a glass slide, and slide container.
- 2) Using sterile/clean technique, measure and describe the specimen.
- 3) Section perpendicular to the long axis aiming for 2mm thickness and describe cut surface.
- 4) Reserve a portion in RPMI for flow cytometry.
 - a. Select a representative portion, typically 0.5 – 1 cm, no more than 30% of the tissue.
 - b. If abundant tissue: reserve a separate portion in RPMI for cytogenetic studies.
- 5) Make a touch preparation slide and allow to air dry; sterile technique is no longer needed. **Do not add the slide to the SurgPath case.**
- 6) Submit the remaining tissue entirely for histology, or as applicable for specimen type.
 - a. If ample tissue: B5/B-Fix one section for increased nuclear detail (see Notes for protocol)

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7) Send all RPMI portions and touch preparation slide to the flow cytometry lab.

Gross Template:

MModal Command: "INSERT LYMPHOMA"

The specimen is received in one formalin container and one RPMI container, labeled with the patient's name ([last name, first name***]), medical record number ([insert MRN***]), and designated, "[Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order***]". [Document if touch preparation or any additional materials are received***.] The formalin-fixed portion consists of [number***] fragments of soft tissue measuring [measure in three dimensions***] cm in aggregate. The specimen is submitted entirely in cassette [***]. The RPMI portion consists of [number***] fragments of soft tissue measuring [measure in three dimensions***]. The RPMI portion is [held for future studies/entirely submitted for flow cytometry studies***].

[Insert grosser's initials and todays date (SM 01/01/2000)***]

MModal Command: "INSERT LYMPHOMA EXCISION"

The specimen is received [fresh/in formalin***] in one container, labeled with the patient's name ([last name, first name***]), medical record number ([insert MRN***]), and designated, "[Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order***]". It consists of a [measure in three dimensions***] cm [pink-tan, white-tan soft tissue/describe tissue***]. Sectioning reveals a [white-tan, describe cut surface***] cut surface. A touch preparation slide is made. A portion of the specimen is submitted in RPMI for flow cytometry studies and the remaining specimen is submitted for permanent sections.

CASSETTE SUMMARY:

A1 Representative tissue in Bfix

A2-[***] Remainder of specimen

Cassette Submission: All tissue submitted for biopsies.

Notes:

- Adequate fixation is critical; if necessary, a single representative section from an excision can be submitted RUSH, and the remaining for routine processing after at least 12 hours of fixation.
- Fresh specimens should be handled with sterile/clean technique to the extent possible until flow cytometry and optional cytogenetic portions have been collected.
- For cases in which multiple parts are designated for lymphoma work up, fresh tissue for flow cytometry can be selected from the part with the most tissue or combined from multiple parts and noted in the gross description; **there is no need for multiple flow cytometry specimens.**
- Specimens received in formalin yet designated "lymphoma work up" can be sectioned and submitted per normal grossing procedures.

B5/B-fix fixation protocol:

- Submerge cassette in combined B-fix + formalin mixture for 2 hours
- Rinse in running water for 10-15 minutes, and submit for histology usual