

PULMONARY PATHOLOGY GROSSING GUIDELINES

Specimen Type: LUNG BIOPSY

Communication of Post-Transplant results:

- A. **Routine, normal results** (*i.e. AOB0 with no abnormalities*) will be preliminarily reported via an email to a group list that includes all MDs, coordinators and NPs who see post-transplant patients: LungTransplantPathology@mednet.ucla.edu
- B. **Urgent or critical results** (*rejection or other concerning findings*) will be communicated directly to the pulmonologist on record. The name of the pulmonologist who should be paged with biopsy results should be noted in the comments section of the pathology order by the clinical team.
- C. **Biopsies done Mon-Thurs** will be read by the heart/lung attending pathologist and have a preliminary report the next day, reported by one of the two ways detailed above.
- D. **Biopsies done on Fridays and Saturdays** (*inpatient or outpatient*) will not routinely be reported over the weekend - by default, these will be preliminarily reported on Monday after being reviewed by the heart/lung attending pathologist. If there is a biopsy done on Friday or the weekend and a result is needed next day, the clinicians will notify the AP resident on-call so that the on-call attending pathologist can review the slides. A prelim report will be available the next day, reported by one of the two ways detailed above.

Protocols that can be ordered:

Beaker Protocol	Clinical Information	Order
TB2	Infectious/ Interstitial Disease	AFB GMS fungus 2 HE
TB3	Transplant	Masson-EVG 3 Unstained Immuno 3 HE
TB4 <i>* Pulmonologists may order routine micro/cultures on surveillance biopsies, but this does not necessitate an up-front infectious work up. Review patient's clinical history to determine if infection is suspected (if not, use TB3).</i>	Transplant/ Infectious	AFB GMS fungus Masson-EVG 1 unstained Immuno 3 HE
LUNGCA	Cancer	Molecular Cytogenetics IHC

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Procedure:

1. Measure and describe, noting number of pieces (if > 5, state, “greater than 5”), and color.

*** In order to determine if a biopsy is optimal/suboptimal, the number of fragments must be documented in the gross description. Please do not state that ‘multiple’ fragments are received.**

Gross Template:

Labeled with the patient’s name [***], medical record number [***], designated “[***]”, and received [*fresh/in formalin*] are [***] fragments of [*color*] soft tissue ranging in size from [*size range*] cm. Entirely submitted in [*cassette summary*].

Cassette Submission: All tissue submitted, in one cassette.