ANATOMIC PATHOLOGY LABORATORY WORKFLOW

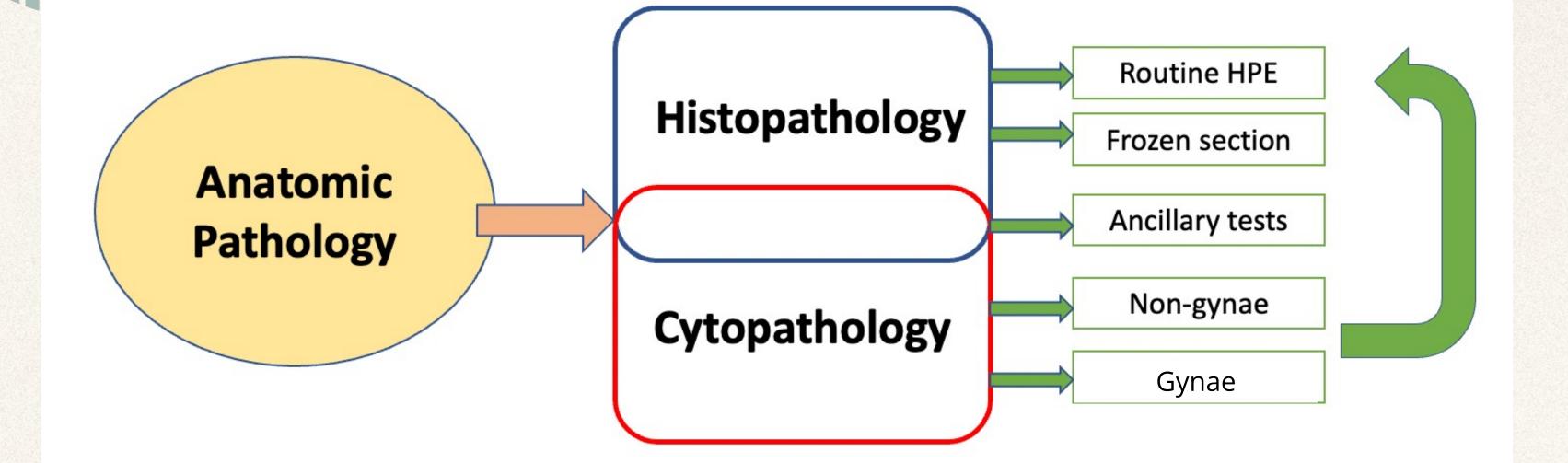
CUSTOMER EDUCATION SERIES 2-2023 18TH AUGUST 2023

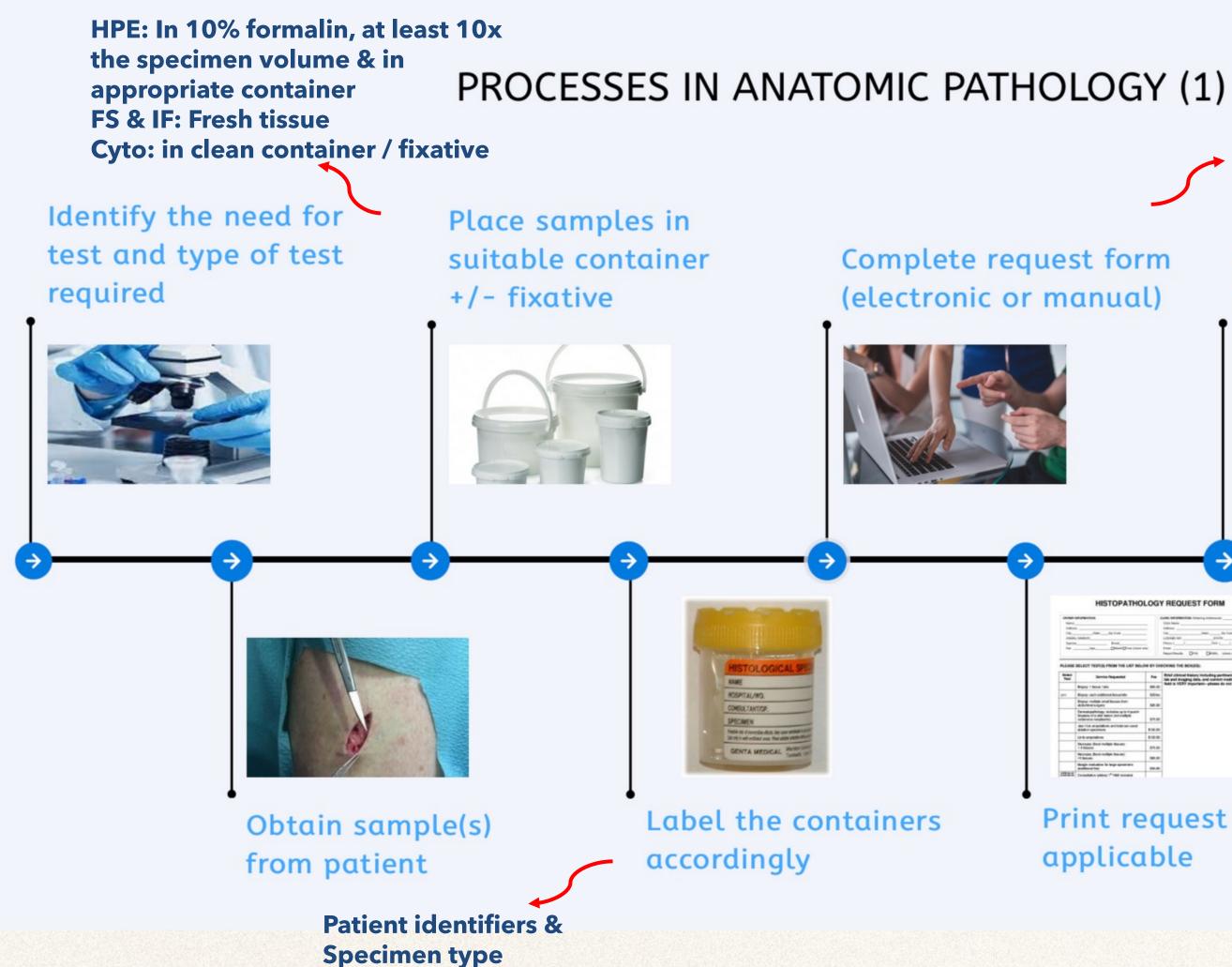


OUTLINE:

- Components of AP service •
- Overview of laboratory processes in Anatomic Pathology (AP) laboratory •
- Common pre-analytical errors in AP laboratory •
- **Rectification criteria** •
- General guide for optimal specimen preparation and test request •
- Turnaround time (TAT) •
- Critical notification •

COMPONENTS OF AN AP SERVICE





Helpful info includes contact number (if urgent/complex), imaging findings, prev patho reports etc)

Place specimen and request forms in proper packaging



PLOPING A TOURS		LUNC NFORMEDIA Motority Internation		
	- 11	Citris Name		
		diffees		
Fam. Ap Lob	- 11	13e 25eb 2e Sale		
UNDER D	- 11	LIDING NO		
best		Pass ()Past ()		
Apa Delast Direct (rest of	-	End		
		Report Results [] THE [] [ROOM, pitcher and		
Service Requested	-	Brief offensel blakery including pertinent clinical eigen, lab and incaging data, and current moditations (No. Bald in VERV important-plasme do not eige Pite step?		
hipty 1 Brost Falls	16.0	and a rest separate plane is so only in any		
inpry rach additional behaviolo	620%			
lopsy muligie anal lasses fran Solonitral sugary	96.00			
Nermakgadhelingy includes op to 4 posets Bryades of a stille lastere (red malfiple scilletonia -rangitantes)	17.00			
ing it is an an an and to be send to be send.	10.00			
int organistics	\$120.80			
herropes Bood realight hearant) 3 Manual	87.00			
incrupes (Rent-multiple becom) 1 Berrari	-			
hopis contration for large spectrums solition of the	-			



Print request form if applicable

Transport specimens to the laboratory



Receipt of specimen in the laboratory

PROCESSES IN ANATOMIC PATHOLOGY (2)

Allocation of specimen laboratory number Specimen preparation eg tissue sampling (HPE) or cytospin (cyto)



Macroscopic examination







Tissue processing (HPE) / Slide preparation (Cyto) **Overnight process**



Sectioning

PROCESSES IN ANATOMIC PATHOLOGY (3)



Report is despatched to requestor





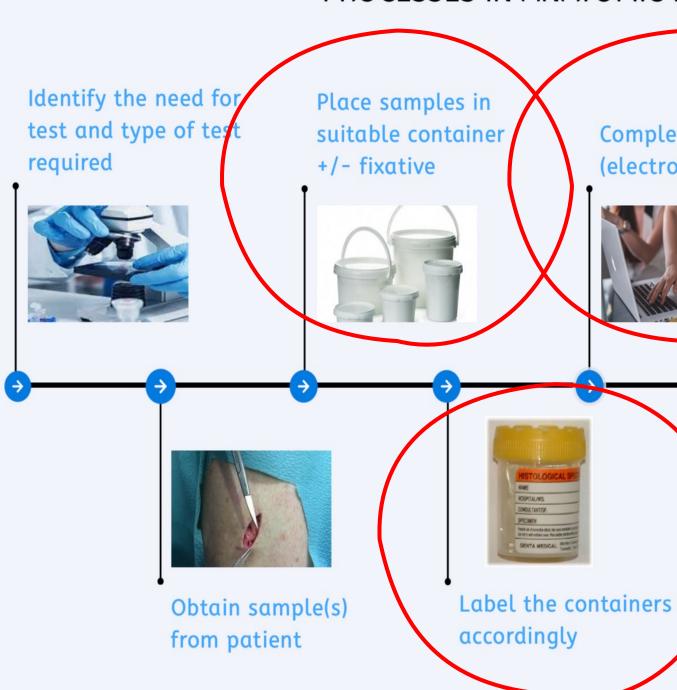
Specimen storage and disposal

Before specimen arrives to the lab

PRE-ANALYTICAL

ANALYTICAL

POST-ANALYTICAL



PROCESSES IN ANATOMIC PATHOLOGY (1)

Complete request form (electronic or manual)

Place specimen and request forms in proper packaging



Print request form it applicable



Transport specimens to the laboratory

RECTIFICATION CRITERIA

Specimens

- 1. No specimen(s) received
- 2. Wrong specimen(s) received
- 3. Incorrect number of specimens received
- 4. Inappropriate specimen container
- 5. Lack of, or wrong labelling of specimen(s)
- 6. Leaking specimen container
- 7. Specimen(s) do not tally with request form

- 1. No request form received
- 2. Wrong request form received
- 3. Request form torn / damaged / contaminated
- 4. Incomplete request form (demographic
 - details, requester's name etc)



Request Form

REQUEST FOR TESTS



ROUTINE HPE

- Diagnostic
- Small biopsies, small and large resections and excisions
- Tissue pieces obtained from cytology
- Cell blocks from cytology
- Residual tissue from frozen section specimens
- Formalin-fixed

FROZEN SECTION

- For intraoperative consultation requiring rapid communication
- Certain ancillary eg immunofluorescence
- Fresh tissue
- NOT for primary dx!

CYTOLOGY

- Diagnostic
- Material for ancillary tests
- ROSE

REFERRED MATERIAL

- Second opinion
- MDT/CPC
- Stained / unstained slides or paraffin block

ANCILLARY

- Special stains, immunohistochemical stains, molecular tests etc
- To supplement morphological interpretation
- Subtyping of tissue / tumour
- Predict response to therapy

REQUEST FORM

- The required test
- Patient details & identifiers •
- Relevant clinical history
- Differential / working diagnosis
- Any specific queries
- The (surgical) procedure performed
- Type of specimen removed
- Tissue orientation* including laterality
- Name of requester & location
- Urgent vs routine

- requests or frozen section)
- accepted if fresh)
- Previous pathology reports
- structures etc
- be most welcome
- •

*Sutures, text descriptions, images or personally orientating the specimen to the pathologist

• Contact number of PIC (especially for urgent

• ?Specific hazard eg infectious* (not

Imaging reports / details: eg one vs multiple

nodules, location, size, relationship to

Prior discussion with the pathologist would

Beware of service hours (eg FS)

								n.edu.my/interface/forms/order/reques
		LABORATORIES DEPARTMENT LEVEL 1, HOSPITAL UITM uncak Alam, Selangor Darul Ehsan Phone: 03-3396 3000	UNIVERSIT	GI	URGEN		NICAL DIAGNOSTIC LABORATORI LEVEL 1, HOSPITAL AL-SU University	ES DEPARTMENT LTAN ABDULLAH iti Teknologi MARA angor Darul Ehsan one: 03-3396 3000 spital.uitm.edu.my
	ANATOMIC PATHOLOG	Y REQUEST FORM	UITM/FPR/CPDRL/QP-1 /IF-03 438099519A FOR LAB USE ONLY		RGENT	ANATOMIC PATHOLOGY	REQUEST FORM	HUITM-CLD-CDL(AP)-F-01 459319219 FOR LAB USE ONLY
		14.		Nam	-N		Clinic / Ward	: HUITM - Daycare
lame 🖛		Clinic / Ward	: HUITM - Daycare	MRN I/C N DOB			Phone No Date of Admission / Clinic Appointment	: 0192345480
IRN : •		Phone No Date of Admission / Clinic Appointment	: 0192293766 :	Age Race	: Soy smooth	*	Requested By Ordered Date/Time Consultant in Charge	: 09-08-2023 12:04
ров : 9		Requested By	: DR	Geno App. (Spe				
ace : C	69y 11m 22d Chinese	Consultant in Charge	:	-Rem	rk : ical History :			
ender : F	FEMALE							
pp.Date : N Specimen)	N/A			P/v Ulce (bio mild	lower abd pain x3/52, a/w PR blee at anorectal junction (biopsied an sied and sent for HPE). ** request y erythem	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis cing to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9 surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal il
pp.Date : N Specimen) : N Remark :				mild	lower abd pain x3/52, a/w PR blee at anorectal junction (biopsied and sied and sent for HPE). ** request y erythem gnosis :	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ting to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal ile
App.Date : N Specimen) : N Remark : Clinical History :		anid logion, likely papilloma @ 25cm	a from incisor - labelled as		y erytnem	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ting to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal ile
pp.Date Specimen) : M emark : Clinical History : 69 year old, NCNC oesophagus polyp".	. anaemia, Small oesophageal polyg	poid lesion, likely papilloma @ 25cm from incisor - labelled as "oeso	n from incisor - labelled as phagus". Biopsied for	Di ? / Te	g <u>nosis :</u>	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ting to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
App.Date Specimen) : M Remark : Clinical History : 69 year old, NCNC 'oesophagus polyp".	. anaemia, Small oesophageal polyg	poid lesion, likely papilloma @ 25cm from incisor - labelled as "oeso	n from incisor - labelled as phagus". Biopsied for	Di ? / Te HP Sr	gnosis : opendiceal mass t Request : : - Diagnostic Biopsy ccimen :	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ing to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal in nserted into Formalin solution Terminal in
pp.Date Specimen) : M emark : Clinical History : 69 year old, NCNC oesophagus polyp" ohfirmation. Diagnosis :	anaemia. Small oesophageal polyr L Heterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Di ? / Te HP Se CC	gnosis : opendiceal mass t Request : : - Diagnostic Biopsy ccimen : ON OTHER	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ting to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal in nserted into Formalin solution Terminal in
pp.Date Specimen) : M emark : Clinical History : 69 year old, NCNC besophagus polyp". ohfirmation. Diagnosis : 69 year old, NCNC	anaemia. Small oesophageal polyr L Heterotropic gastric mucosa @ 15	poid lesion, likely papilloma @ 25cm 5cm from incisor - labelled as "oeso poid lesion, likely papilloma @ 25cm	phagus". Biopsied for	Di ? / Te HP Sr	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2 :	eding and diarrhea (diarrhea resolv d sent for HPE) with proctitis at dis ting to look for M. tuberculosis in th	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal ile
app.Date : N Specimen) : N aemark : Clinical History : : 69 year old, NCNC : oesophagus polyp" : biagnosis : : 69 year old, NCNC : Diagnosis : : 69 year old, NCNC : Diagnosis : : 69 year old, NCNC :	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Di ? / Te HP SR CC Si N/	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER - : - : - : - : - : - : - : - :		ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
App.Date Specimen) : N Ammark : Clinical History : 69 year old, NCNC oesophagus polyp" cohfirmation. Diagnosis : 69 year old, NCNC Test Request :	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi ? / Te HP SP CC Si N/ Spe	gnosis : opendiceal mass t Request : - Diagnostic Biopsy cimen : ON OTHER 2: Con OTHER 2: Con Collection : 09-08-202	23 12:20:53	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
App.Date Specimen) : N Ammark : Clinical History : 69 year old, NCNC oesophagus polyp". cohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9 surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
app. Date : Specimen) : aemark : Clinical History : : 69 year old, NCNC : oesophagus polyp" : biagnosis : : 69 year old, NCNC : Diagnosis : : 69 year old, NCNC : HPE - Diagnostic Bi : Specimen : :	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : : - Diagnostic Biopsy comen : .ON OTHER : - : - : - : - : - : - : - : -	23 12:20:53	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
App.Date Specimen) : N Admark : Clinical History : 69 year old, NCNC oesophagus polyp". cohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
pp.Date Specimen) : N emark : Clinical History : 69 year old, NCNC oesophagus polyp" ohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS Site :	anaemia. Small oesophageal polyg Leterotropic gastric mucosa @ 15	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal in nserted into Formalin solution Terminal ile
pp.Date Specimen) : N emark : Clinical History : 69 year old, NCNC oesophagus polyp" ohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS Site : N/A	anaemia. Small oesophageal polyp Leterotropic gastric mucosa @ 15 anaemia. Small oesophageal polyp	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	ther dx with pancreatic CA). Colonoscopy 9, surrounding mucosa raised and abnormal I nserted into Formalin solution Terminal II
app.Date : Specimen) : temark : G9 year old, NCNC oesophagus polyp" cohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS Site : N/A Specimen Collect	anaemia. Small oesophageal polyp Leterotropic gastric mucosa @ 15 anaemia. Small oesophageal polyp	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	
App.Date Specimen) : N Remark : Clinical History : 69 year old, NCNC 'oesophagus polyp''. cohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS Site : N/A Specimen Collection Sample Taken by /	anaemia. Small oesophageal polyp Leterotropic gastric mucosa @ 15 anaemia. Small oesophageal polyp Biopsy tion :	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	
App.Date Specimen) : N Remark : Clinical History : 69 year old, NCNC 'oesophagus polyp'' cohfirmation. Diagnosis : 69 year old, NCNC Test Request : HPE - Diagnostic Bi Specimen : OESOPHAGUS Site : N/A Specimen Collection Specimen Collection Specimen Collection Specimen Specimen by /	anaemia. Small oesophageal polyp Leterotropic gastric mucosa @ 15 anaemia. Small oesophageal polyp Biopsy tion :	cm from incisor - labelled as "oeso	phagus". Biopsied for	Pi Pi ? / Te HP Sr CC Si N/ Sr Spe San by	gnosis : ppendiceal mass t Request : - Diagnostic Biopsy cimen : LON OTHER 2: comen Collection : imen Collection : 09-08-202 ple Taken by / Printed : SITI NORI	23 12:20:53 LELA IBRAHIM	ved). Has FHx of malignancy (late bro stal rectum Appediceal opening and his HPE if possible as sample already	

For multiple specimens, please select multiple specimens during order entry in UniMEDS

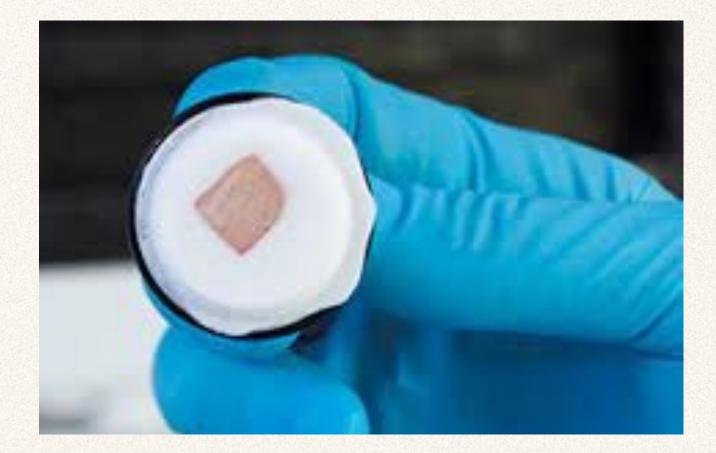
SPECIMEN

- Identify the type of specimen suitable for the requested test
- Orientate the specimen (eg with sutures) to be detailed in the form
- Place specimen in appropriate fixative (or send fresh)
- Appropriate container size, sealable, leakproof
- Label the container at least name and one other unique identifier and specimen type
- Close and seal
- ?Any particular hazard

	CONTAINE	ER	
NAVE			
SPECIMEN			
SENDER			
DATE	TIME		
BRTHDATE			





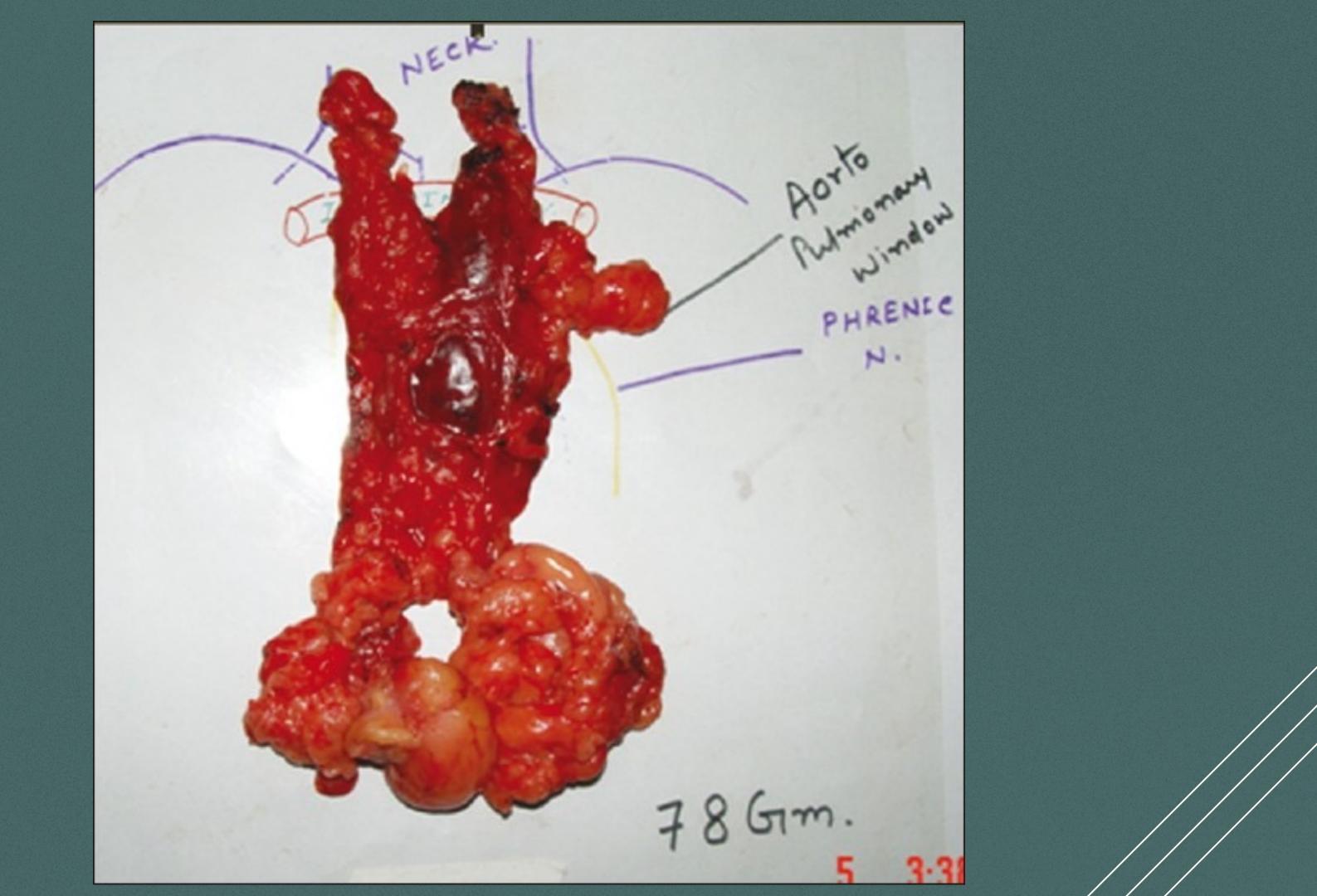


- Fresh tissue, without preservative, in a closed container
- Small size
- Must be pre-booked
- Must have contact number provided
- DO NOT send infectious material!
- Best to schedule the op first on the list

FROZEN SECTION



STERILE	CONTAI	NER
INVE		
SPECIMEN		
SENDER		_
DATE	TIME	
BRTHDATE		1000
SURGIPACK'		E



CYTOLOGY - GENERAL PRINCIPLES

- Sterile containers
- Prepare as fresh as possible
- Optimal amount of effusion is 25mls
- Can include tissue pieces (will be extracted for examination)
- Brushings can be either alcohol-fixed smears or in liquid-based medium. Rinse brush in normal saline to maximize cell yield
- Cyst submit entire content
- Sputum first thing in the morning (before brushing the teeth or breakfast)
- Scrapings should be spread onto glass slides and fixed
- Separate specimens meant for other disciplines (eg microb testing, clinical chemistry etc)



Histopathology				
Specimen type	Container	Sample	Remarks	
		Volume / size		
	Appropriate-sized, leak-proof	-	This is to ensure proper	
	container. Place in 10% formalin (at		fixation of the	
	least 10x volume of sample).		specimen.	
Frozen section	Clean, empty air-tight container.	-	Despatch immediately.	
			Description distants	
	Clean, empty air-tight container or in Phosphate Buffer Solution (PBS).		Despatch immediately. Otherwise, transport in	
			ice/gel-ice.	
Skin biopsy for IF	Tissue in saline or PBS in a clean, air-		Please submit a separate	
	tight container.		piece of tissue in formalin for	
Cytopathology				
Cytopathology				
Gynae Gynae				
Specimen type	Container	Sample	Remarks	
0	O seconda la balla di all'idea. Orana i fiu	Volume / size		
Gynae smears	Smear onto labelled slides. Spray-fix]		
(Conventional)	immediately.	, ,		
		As collected.	Despatch immediately.	
Gynae smears (liquid-	Collection vial containing fixative (can]		
based)	be collected from the lab).]		
FNAC				
Specimen type	Container	Sample	Remarks	
opecimen type	Container	Volume /size		
		Volume /Size		
	Smear onto labelled slides.	The minimum		
	For alcohol fixation (wet-fixed), fix	number of slides to		
FNAC of any site	immediately by either immersing in	be submitted	Despatch immediately.	
(smears)	95% alcohol or spray-fix.	depends on sample types; as outlined		
	For air-dried slide, leave to air-dry.	below.		
ENAC of any site (for	Diago conjusted material and needle		Deepetab immediately	
FNAC of any site – (for cell block)	Place aspirated material and needle washing in cytolyt-containing tube.	As collected.	Despatch immediately.	

Specimen type	Container	Sample	
		Volume / size	
Bronchoalveolar lavage (BAL)	Sterile specimen container (in saline).	Minimum 5mls. The optimal volume is 20mls.	Ke at De sa du
Brushing (e.g. EBUS, EUS) - smears	Smear onto labelled slides. For alcohol fixation, fix immediately by either immersing in 95% alcohol or spray-fix. For air-dried slide, leave to air-dry.	As collected.	RC op De
Brushing (e.g. EBUS, EUS) – for cellblock	Place in cytolyt-containing tube.	As collected.	De
Serous fluid (eg Pericardial, Peritoneal, Pleural)	Sterile specimen container.	The minimum volume of 75mls (for large volume collection and washings)	As sho
Sputum	Sterile specimen container.	As collected. The entire amount of expectorated sample should be submitted. Multiple samples (x3) may be needed, but they should be taken on 3 separate days.	Sho pat bro For foll with bef or I

Remarks

Keep fresh specimen in saline at 4°C.

Despatch immediately (on the same day) with ice packing during transportation.

ROSE service is provided for optimal sampling.

Despatch immediately.

Despatch immediately.

s much fluid as possible hould be sent for evaluation.

hould only be taken where atients are unfit for ronchoscopy.

or best results obtain sputum ollowing chest physiotherapy, vith an early morning sample efore the patient has eaten r brushed teeth.

STORAGE AND TRANSPORT

GENERAL PRINCIPLES

- Transport ASAP especially fresh and cytology specimens
- If delay is expected (for fresh/cyto specimens), keep in fridge*.
- Specimens in fixative will be stable
- Safe transport (eg manual; not using pneumatic tube)
- Proper packaging
- Record of despatch and receipt in lab
- Sender/requester to be contactable if required (for rectification if there are errors)
- Refer handbook

SPECIMEN RECEPTION



WHERE & WHEN TO SEND AP **SPECIMENS?**

- Lab is currently fully in HASA, 1st floor
- Specimens in PPUiTM Sg Buloh to be sent to Main Specimen Reception (MSR), Level 1 CTC \rightarrow will be transported to HASA
- AP reception operates 8am 5pm Monday Friday (excluding public holidays)
 - Particularly important for cytology/fresh specimens (refer to previous slide)

ADDITIONAL REQUESTS



WHAT REQUESTS?

- Ancillary tests
- Discussions
- MDT/CPC
- Diagnostic material for referrals to other institutions

WHY AND WHEN?

- Initiated by pathologist or clinician
- Diagnostic vs prognostic vs predictive
- Applicable to HPE & cyto specimens

HOW?

Refer handbook / guidebook
Discuss on case-by-case basis
Specific request form to be completed

TURNAROUND TIME

CATEGORIES	
Uncomplicated urgent biopsies	
Complicated urgent biopsies and routine surgical specimen	
Frozen section	30 m arr
Renal / Skin biopsy with immunofluorescence	
Gynaecological /	
Non - Gynaecological cytology:	

TAT

5 working days

14 working days

minutes (per specimen) from time of arrival to the lab to verbal reporting

14 working days

14 working days

CRITICAL RESULTS NOTIFICATION

Cases with immediate clinical significance that require urgent action or unexpected diagnoses

Examples:

- Unexpected malignancy*
- Wrong organ removed
- Fat in endometrial curettage or colon biopsy
- Infection in unusual sites
- Crescents in >50% of glomeruli in a renal biopsy

SUMMARY

- Components of AP service
- Overview of laboratory processes in Anatomic Pathology (AP) laboratory
- Common pre-analytical errors in AP laboratory
- **Rectification criteria**
- General guide for optimal specimen preparation and test request
- Turnaround time (TAT)
- Critical result notification

QUESTION 1

Pre-analytical steps in Anatomic Pathology processes include:

А.	Ordering of tests.
В.	Grossing of specimen.
C.	Microscopic examination of slides.
D.	Specimen disposal.



QUESTION 2

The following non-conformances will require rectification by the requester, EXCEPT:

Α.	Absence of a label on the specimen contai
Β.	Incomplete request form.
С.	Lack of requester's name on request form
D.	Typographical error in histopathology repo

iner.

).

ort.

CUSTOMER EDUCATION SERIES (CES 2/2023)



DEPARTMENT OF CLINICAL DIAGNOSTIC LABORATORY, HASA

THANK YOU

18 August 2023 10.00 am – 12.00 pm Bilik Persidangan 2, Level 2