



**Title:** Specimen Submission Guidelines

**CAP Checklist:** GEN.40050

**Document Type:** Standard Operating Procedure

**COMPLIANCE STATEMENT:**

To define how to submit surgical pathology and cytology specimens to the University of Colorado Pathology Department and how to arrange for an autopsy examination. ***The pathology department maintains and reviews an electronic copy at least biennially.***

**LABORATORY POLICY:**

Chair, Department of Pathology Director, Cytopathology Ann D. Thor, MD	(303) 724-3704
Vice-Chair, Anatomic Pathology Scott Lucia, MD	(303) 724-3470
Directors, Surgical Pathology Jeffrey Kaplan, MD Jeff Schowinsky, MD	(720) 848-4453 (720) 848-4411
Director, Autopsy Carrie Marshall, MD	(720) 848-4422
Supervisor, Histology Laboratory Jeana Marks, HT(ASCP)	(720) 848-4745
Supervisor, Cytopathology Katharine Nejkauf, SCT(ASCP), MSQA	(720) 848-4697
Supervisor, Surgical Pathology Andrea Hartwick, MHA, MS PA(ASCP) <sup>cm</sup>	(720) 848-4641
Renal Biopsy Contact	(720) 848-4653
Specimen Transport	(720) 848-4048
Surgical Pathology Office, AIP Room 3.003	(720) 848-4421
Surgical Pathology Laboratory, AIP Room 3.124	(720) 848-4653
Cytopathology Laboratory, AIP Room 3.106	(720) 848-4361
Supervisor, Histology Subspecialty Laboratory Phil Faulkner, HTL (ASCP)	(720) 848-4281



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## I. EXTENT OF SERVICES

Surgical Pathology is that part of Anatomic Pathology concerned with the study of tissue and organ samples removed from patients to obtain diagnosis of a lesion or disease. The pathologist is therefore able to advise the referring physician as to the nature of the disease, the prognosis, and the need for additional sampling or exploration. Cytopathology is the study and evaluation of cells present in smears, fine needle aspirates and body fluids. Analyses of nuclear and cytoplasmic characteristics permit the diagnosis of various disease processes. An autopsy (also known as a post-mortem examination) is a highly specialized surgical procedure that consists of a thorough examination of a deceased patient to determine the cause and manner of death and to evaluate any disease or injury that may be present.

## II. SURGICAL PATHOLOGY

**Hours of Operation: 7:30 am to 6:00 pm**

The Surgical Pathology Laboratory (Gross Room) is open from 7:30 am to 6:00 pm (Monday-Friday) and the Surgical Pathology Office is open from 8:00 am to 5:00 pm (Monday-Friday), excluding holidays. For assistance after hours and/or on weekends, the Surgical Pathology Resident on-call can be reached by pager, and an Attending Surgical Pathologist is always on-call and can be reached through their pager. Pager numbers of the on-call staff and the on-call schedule are available through [amion.com](http://amion.com).

**During normal office hours:**

- Specimens may be sent via the tube system to station #833.
- Specimens may be hand delivered to the gross room window AIP Rm 3.124.
- Specimens may be picked up by a courier or hospital transport and delivered to pathology (see Appendix A for delivery schedule).
- **Specimens for intra-operative frozen sections, Stat or Rush cases MUST be hand delivered and given directly to gross room staff with verbal indication that the specimen is Rush, Stat or Frozen. The requisition form MUST be labeled Stat, Rush or Frozen with clinician contact information.**
- **ALL STAT OR RUSH POST-TRANSPLANT BIOPSIES (LIVER, KIDNEY, LUNG AND HEART) MUST BE HAND DELIVERED TO GROSS ROOM STAFF AND THE REQUISITION FORM MUST BE CLEARLY MARKED.**



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#### **Definitions of Stat, Rush and Routine Specimens:**

- Stat – Surgical biopsy specimens received in formalin that require same day processing due to an emergent patient care situation and the pathologic diagnosis will immediately impact or alter the plan of treatment. Only small tissues (biopsies) can be processed Stat. Most ancillary special stains and immunostains cannot be performed in a Stat manner. Results are typically reported via phone call within 6 hours of receipt. If results are required in less than 6 hours, a frozen section may be considered, but must be performed on FRESH tissue.
- Rush – Surgical biopsy specimens received in formalin that require a 24-hour turnaround time or less due to an urgent patient care situation. If received in the Surgical Pathology lab by late afternoon, these cases are reported out in the morning of the next business day.
- Routine – Surgical pathology specimens in which there is no immediate need for patient results. Most routine specimens will have results reported within 2 business days.

#### **Policy for after-hours Stat, Rush or specimens requiring intra-operative frozen section analysis or other special analysis of non-fixed tissue:**

- For Stat, Rush or specimens which require an intra-operative frozen section or other special analysis of non-fixed tissue, please call on-call resident (303) 266-3983 7pm-7am nights or weekends who will notify the attending pathologist.
- If reaching the on-call resident is unsuccessful, contact attending pathologist by pager or cell on amion.com
- Hand deliver the specimen to the pathology resident at the gross room (AIP Rm 3.124).
- The requisition form MUST be labeled as Rush, Stat or Frozen.

#### **Policy for After Hours Routine specimens:**

- Send specimen (and accompanying requisition) to the holding refrigerator in the main clinical laboratory (2<sup>nd</sup> floor of the Leprino Building).
- Transport will deliver the specimen to surgical pathology in the morning of the next working day.

### **Order of Specimen Processing**

- Slides from biopsies and small specimens are usually available for review the first working day following receipt in the pathology laboratory. Turnaround time for these specimens is usually between 24 hours and 48 hours, depending on case complexity and whether special stains or ancillary studies are required.
- Larger resection specimens may require more time for processing and may not be available for examination until two or more days after receipt in the pathology laboratory.
- Surgical Pathology Reports are available through EPIC.



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- If a case is still in progress, you may contact the Surgical Pathology Office (720-848-4421) and ask to speak to the attending assigned to the case.

## **Surgical Pathology Requisition Form**

A completed requisition form **must** accompany each specimen **and must have a minimum of two patient identifiers:**

- Affix a patient label or
- if hand written, include the:
  - patient's full name
  - hospital identification number (medical record number)
  - encounter number (visit number)
  - birth date
  - hospital ward or clinic
  - collection time and date
- The clinical history provided must be accurate and complete to aid the pathologist in correlating signs and symptoms to an appropriate diagnosis.
- List the differential diagnosis in the Pre-op diagnosis area.
- The referring attending physician's name and/or the name of the responsible physicians, as well as clinical service, must be included and must be legible.
- Include pager numbers if you wish to be contacted with results or a fax number if you wish the report faxed to your office.
- List the specimen type (anatomic site) that corresponds to the specimen type listed on the specimen container.
- If the patient has an infectious disease (e.g., HIV, Hepatitis B or C, tuberculosis) indicate this on the form.

## **Routine Specimens**

**Each specimen must be labeled with:**

- Patient's full name
- Hospital number (medical record number)
- Anatomic source and site of the specimen (i.e., right upper lobe lung nodule)
- This information must be on a label on the container itself, NOT on the lid of the container
- Place additional specimens in separate and properly labeled containers

### **Specimen Fixation:**

Exercise universal precautions when handling and transporting all surgical pathology specimens. Place specimens (see exceptions below) in:



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- Appropriately sized, tightly sealed, approved containers.
- With a volume of 10% formalin **at least 10 times that of the tissue volume, if possible.**
- Label each container with a biohazard/formalin warning label.
- **Proper and timely fixation is a critical step in tissue preparation for diagnosis and the importance of this step cannot be over emphasized.**

Formalin is available in the Operating Room and most clinics (see Appendix B for supply vendors). After placing the specimen inside of the appropriately labeled formalin container:

- Place in a sealable biohazard bag (and secure requisition within the proper compartment).
- Seal the bag prior to delivery to the laboratory.
- **Failure to do this may result in rejection of the specimen and delay in diagnosis.**

### **Specimen Delivery**

- Bring specimens directly to the Surgical Pathology Laboratory (Gross Room), AIP Room 3.124 between the hours of 7:30 am and 6:00 pm.
- Biopsies or other small specimens may be delivered to the Surgical Pathology Laboratory by pneumatic tube (station #833).
- Each hospital transport's last pickup route begins at 4:30 pm; please refer to Appendix A for the hospital's daily transport schedule.
- Biopsies will be processed if received before 5:30 pm.
- **PLEASE PUT SPECIMENS IN THE APPROPRIATE DESIGNATED PICKUP SITE AS EARLY AS POSSIBLE TO MAKE CERTAIN SPECIMENS ARE PROCESSED AS QUICKLY AS POSSIBLE.**
- **If cases are held within their respective departments and delivered to Surgical Pathology in batches, there is a high likelihood that the specimen will not be processed the same day and the results will be delayed.**

**Extra-Large specimens:** (i.e. limb amputations) should be double-bagged into two large red biohazard bags, labeled on the outside with the patient's name, hospital number and source of specimen as above. The hospital staff should bring the specimen and associated requisition directly to the Surgical Pathology Laboratory (AIP room 3.124) and place in the specimen refrigerator, or specimen storage refrigerator (AIP II room 2.371) near the Operating Rooms and place in the refrigerator. Record the specimen in the "OR Pathology Log Book" and all specimens will be delivered by transport on the first route of the following business day.



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## **Frozen Sections**

The intra-operative frozen section is one of the most important procedures that the pathologist performs, and when effectively utilized can influence the course of an operation. The purposes of a frozen section are:

- to establish the presence and nature of a lesion
- to determine the adequacy of surgical margins
- to establish whether the tissue obtained contains diagnostic material (even if the exact diagnosis cannot be made at the time of frozen section) or whether additional sampling is required

The indication and limitations of frozen section diagnosis vary from organ to organ. To request a frozen section on weekdays:

- 7am-5pm: FIRST: call 848-4421 (Surgical Pathology Office). If communication is unsuccessful, then SECOND: page day-shift frozen resident at 266-4341 THIRD: call Gross Room at 84653
- 5pm-7pm: FIRST: page day-shift frozen resident at 266-4341; SECOND - call Gross Room at 84653
- See below for information on requesting 'after-hours frozen sections'.

Provide the following information:

- OR room number
- requesting surgeon
- type of tissue being sent
- infectious status (e.g., TB, hepatitis B/C, etc.) and
- any other special requests

**After-hours Frozen Sections (7pm -7am on weekdays and all day on weekends and holidays)**, notify the pathologists in advance (> 30 minutes if possible). Page the On-Call Surgical Pathology resident. The on-call resident will then notify the Surgical Pathology Attending. If you are unable to contact the On-Call Surgical Pathology resident, contact the Surgical Pathology Attending. Pager numbers of the on-call staff are available through amion.com or are available as a recorded message at 720-848- 4421.

- Hand deliver the specimen to the pathology resident at the gross room (AIP Rm 3.124).
- Requisition must be labeled as Frozen, with contact information to contact clinical team with results.



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## **Specimens Requiring Special Handling**

Several types of specimens should be submitted to the pathology laboratory **fresh** (without formalin), in a **sterile container**, so that ancillary studies (i.e. cytogenetics, flow cytometry) may be performed.

Examples include:

- Biopsies and resections/excisions for lymphoma work-up
- Biopsies of tumors with unknown diagnosis (possible sarcoma)
- Any specimen consented for various research protocols (if specified by protocol)
- Any specimen in which ancillary studies are anticipated beforehand

If special arrangements are needed, please discuss the case with the attending pathologist. Bring these specimens fresh to the surgical pathology laboratory (AIP Rm 3.124) for review. If questions arise or arrangements need to be made, call **720-848-4653**; after hours please contact the surgical pathology resident on-call by pager (available through amion.com).

## **Molecular Only Specimens**

Please contact Colorado Molecular Correlates Laboratory (CMOCO):

University of Colorado  
Anschutz Medical Campus  
12705 E. Montview Blvd  
Suite 400  
Aurora, CO 80045

**Phone:** (303)724-4754

**Fax:** (303)724-3096

[CMOCO@ucdenver.edu](mailto:CMOCO@ucdenver.edu)

## **Breast Specimens**

- Needle Core Biopsies
  - Write the time the tissue is removed from the body and the time the specimen is placed in formalin on the requisition form.
  - Indicate any additional instructions (i.e. the tissue in the cassette contains calcifications).



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- Large Breast Cases/Mastectomies/Lumpectomies/Any Specimen related to the breast including plastic surgery specimens/Ovaries and tubes in a patient with known breast cancer/sentinel lymph nodes/axillary dissections
  - Rapidly transport all breast specimens to pathology immediately upon removal from the patient.
  - To achieve less than an hour of ischemic to in formalin time, pathology sections the specimens when they arrive and places them in formalin.
  - **Do not batch specimens!**
  - Record the time the tissue is removed from the patient on the requisition form.
  - After hours- place tissue in formalin and document in formalin time on requisition.

### **Bone Marrow Biopsies and Aspirates**

- Bone marrow biopsies (core and clot) and aspirates should be submitted to the Clinical Laboratory on the second floor of the Leprino Building along with appropriate requisition and orders. Formalin-filled containers for marrow core biopsy and clot specimens may be obtained from the Hematology section of the Clinical Laboratory (86928).

### **Renal Biopsies**

- Biopsies from a transplanted kidney are submitted for light microscopy with other stains and procedures being performed at the discretion of the pathologist and/or clinical service.
- Biopsies from a native kidney are typically submitted for evaluation by light microscopy, immunofluorescence and electron microscopy.
- Immediately after a biopsy is obtained, it is examined for adequacy using a dissecting microscope prior to dividing it for each study.
- Adequacy assistance is available from the Surgical Pathology Laboratory by calling 720-848-4653 ahead of time (please call to schedule 24 hours in advance if possible). Provide the following information when requesting assistance:
  - Patient name and MRN
  - Time and location of biopsy
  - Contact name and phone number
- Because of the complicated nature of these specimens, the turnaround time is typically between 2 and 7 business days.

### **Infectious Specimens requiring culture for Microbiology**

- These include infectious (Mycobacterium or other microbiologic agents) tissue specimens that may require cultures.
- Microbiology tissue cultures are best collected in the Operating Room and sent directly to the main Clinical Laboratory (Leprino Building) with appropriate Microbiology or Virology Requisition forms.





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- The Pathology Laboratory is **NOT** a sterile environment and specimens may become contaminated if cultures are collected at this location.
- Use universal precautions when handling and transporting of all surgical pathology specimens.
- For infectious specimens requiring routine surgical pathology evaluation, *clearly indicate the infectious nature of the specimen and the presumed microorganism on the requisition.*
  - Place the specimen in a formalin container and transport in a sealed biohazard bag.

### **Radioactive Seed Specimens**

- These include some breast, prostate, and associated sentinel lymph nodespecimens
- To ensure that amount of residual radiation is minimized before the specimen is processed the specimen:
  - Label the container as radioactive and document a seed is present
  - Send fresh with accompanying requisition and radioactive seed worksheet
  - Document out of body time on requisition

### **Medical Legal Cases**

- These may include, but are not limited to:
  - breast implants
  - orthopedic hardware
  - bullets
  - foreign bodies
- Surgical Pathology requisition pertaining to medical legal cases should be clearly marked as such.
- Please hand-deliver the specimen to the surgical pathology lab (AIP Room 3.124) to maintain a legal “chain of custody.”
- Pathology holds medical legal specimens for at least six months and can release specimens to a member of the clinical team when the appropriate consent form is completed and

### **Submitting Tissue for Electron Microscopy**

Ultrastructural analysis can be invaluable in the examination of unusual tumors, renal biopsies, ciliary dysmotility syndromes and in specimens suspected of harboring unusual pathogens.

- Place minute fragments (averaging 1 cubic mm or approximately one-half the size of a grain of rice) of fresh tissue in 3% buffered glutaraldehyde, with a tissue volume: fixative volume of approximately 1:30.
- Pre-measured vials of 3% buffered glutaraldehyde are available in the Surgical Pathology Laboratory (AIP Room 3.124).
- Tissue submitted for ultrastructural analysis should be accompanied by a properly completed Surgical Pathology Requisition Form. If additional tissue submitted for routine light microscopy add as additional specimen on requisition and send both to surgical pathology in one sealed biohazard bag.



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### **Submitting Prostate Mapping Biopsies**

- The Histology Subspecialty Lab must be notified by email or phone at least 24 hours prior to prostate mapping biopsy collection in order to prepare the collection kit. Contact [Phil.Faulkner@cuanschutz.edu](mailto:Phil.Faulkner@cuanschutz.edu) at 720-848-4281.
- HSL personnel will supply a collection kit containing 6 racks of 25 vials in tamper resistant bags. Please contact the lab for additional materials.
- Identify each container with a patient label and hand-write where the biopsy was obtained.
- Prostate mapping biopsy specimens must be collected on sterilized blue biopsy sponges and placed face down into screw cap plastic specimen collection containers with a volume capacity of at least 15 mL.
- Include a surgical pathology request form when returning the collection kit.
- Return all unused collection materials with the collection kit.
- Contact the lab at 720-848-4281 for pick-up of completed cases. Do not send through hospital transport.

### **Products of Conception (POCs) and Fetuses**

- Submit in formalin (unless cytogenetics is requested), with proper patient identification on the container, including mother's name and hospital number (MRN).
- A completed Surgical Pathology requisition form must accompany the specimen, which provides gestational age (or clinicians' best estimate).
- Fetuses of 12 weeks gestational age and greater must be accompanied by a disposition form signed by the mother (can be scanned into EPIC).
- All intact fetuses 20 weeks gestational age and greater are sent to the pathology morgue (AIP Rm B2309).
- If Cytogenetic studies are requested, please call the Colorado Genetics Lab (303-724-5701) for assistance after hours.
- Tissue for cytogenetics can be collected from a **fresh specimen** in the Surgical Pathology Laboratory (AIP Rm 3.124) and sent to the Colorado Genetics Laboratory.
- Contact the Office of Decedent Affairs for specific details regarding disposal and examination of perinatal tissues (303-848-4356).

### **Policy for Rejection of Specimens**

All specimens received by Surgical Pathology are examined for the following deficiencies:

1. Absence of a Requisition Form
2. Absence of Two Patient identifiers on container and Requisition Form
3. Mislabeling of container or specimen designation that differs from the requisition
4. Missing specimen container



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5. No tissue in the container
  6. Requisition missing physician's name
  7. No clinical history provided
  8. Incomplete requisition (specimen sites not listed)
  9. Inadequate amount of fixative
  10. Container lid improperly sealed/fluid spill
- To prevent specimens from being lost during the transport process, cases with deficiencies will **not** be returned.
  - Instead, those specimens with deficiencies 2 or 3 will require a clinical staff member come to the Surgical Pathology lab (AIP Room 3.124) to correct the discrepancy.
  - Clinical specimens that are deficient in areas 1, 4, 5, 6, 7, 8 may be handled as follows:
    - The clinic may fax over the Requisition Form with the required information
    - Surgical pathology may call the submitting department and talk to a member of the clinical team.
    - If the specimen with discrepancies is from an **out of state or out of town clinic**, an attempt to rectify the situation via fax or phone will be made. The specimen may have to be shipped back to the clinic for correction.
  - A RadicaLogic (RL) incident report will be submitted for any discrepancy and filed with Risk Management. A copy of the requisition with the documented error will be kept in Surgical Pathology.

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### III. CYTOLOGY

- **Cytology Laboratory is located in Anschutz Inpatient Pavilion -1 (AIP-1), third floor, Room 3.000.**  
**Phone: 720-848-4361      Fax: 720-848-0924      Tube Station: #661, #681**
- **Cytology Laboratory is open from 8:00 am to 5:00 p.m., Monday through Friday.**  
The lab is closed on weekends and holidays.
- Routine specimens received after-hours or on weekends should be sent to, and will be stored in the main Clinical Laboratory, second floor, Leprino Building. They will be delivered to Cytology Laboratory the next business day.

#### **Stat, Rush and Routine Specimens**

- STAT cytology specimens require immediate processing due to an **emergent** patient care situation and the cytologic diagnosis will immediately impact or alter the plan of treatment. Ancillary special stains (most), immunostains, and cell block preparations cannot be performed in a STAT manner. Results are typically reported via phone call within 2 hours of accessioning.
- **STAT specimens must be walked directly to Cytology Lab, AIP (1), 3rd. floor, Room 3.000 and the Cytology Lab must be notified by phone (x 84361) that a STAT specimen is being sent.**
- All STAT specimens must include the name and phone number of the clinician who will receive the results.
- After hours (outside 8 am -5 pm, and weekends) STAT specimens or bronchoalveolar lavage (BAL) specimens which must be urgently evaluated for *Pneumocystis jirovecii* (carinii) will be processed by an on-call staff and read out by the surgical pathologist on-call.
- Page the **on-call Anatomic Pathology Resident: 303-266-3983**,  
<https://www.amion.com/Scheduling.shtml> to alert of the STAT specimen.



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- **Rush** cytology specimens require expedited processing due to an urgent patient care situation. If received in the cytology lab by late afternoon, these cases are reported out in the morning of the next business day.
- Routine cytology specimens are those in which there is no immediate need for patient results. Most routine specimens will have results reported within two business days.

## **General Considerations for Cytology Specimens**

- Specimens should be sent to the cytology laboratory FRESH, as quickly as possible, after removal from the patient.
- Specimens should be refrigerated if a time lapse of one (1) hour or more is expected before delivery to the cytology lab.
- Each specimen must be labeled with:
  - a) Patient's full name
  - b) Hospital number (medical record number)
  - c) Anatomic source and site of the specimen (i.e., pleural fluid, right.) This information must be on a label on the container itself, NOT on the lid of the container.
- Additional specimens must be placed in separate and properly labeled containers.
- **A printed paper copy of the Epic order or a handwritten paper requisition must accompany each specimen.**
- All Pathology orders must be placed in Epic and printed-out using one of the following lab orders:

<b>LAB3421</b>	Surgical Pathology Request	Biopsy/Tissue Surgical Specimens
<b>LAB3422</b>	Cervical Vaginal Cytology Request	Pap Test Specimens
<b>LAB3423</b>	Non-Gyn Cytology Request	All Fluids/Washings (CSF, Pleural Fluid, Urine, Etc.)

- To print an Epic order, if Epic orders do not print automatically:
  1. Go to Chart Review (Path) and click on the order
  2. Scroll down to the bottom of the order and click on: View Order Information
  3. Scroll down to the bottom of the page and click on: Reprint Requisitions
  4. Click on the printer icon to print to the selected local printer
- Paper Cervical/Vaginal Cytology Requisition and Non-Gynecologic Cytology Requisition forms can be obtained from the Cytology Laboratory, x 84361, AIP (1) Room 3.000.
- Requisition forms must be legible and filled out thoroughly, to include:
  - a. Patient's full name
  - b. Medical Record Number (MRN)
  - c. Date of birth
  - d. Submitting Clinic Location
  - e. The referring Provider or the name of the responsible physician
  - f. Phone or pager number for the physician requesting the lab work
  - g. Date and time the specimen was collected
  - h. Specimen anatomic source and site (i.e., pleural fluid, right)
  - i. Pertinent clinical history, including history of malignancy and any radiation or chemotherapy, infectious disease (i.e., HIV, Hepatitis B or C, tuberculosis)
  - j. Referral Number - if required by patient's insurance.



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- Hospital transport delivers specimens from the main Clinical Laboratory to Cytology Laboratory every hour, between the hours of 8:00 am and 4:30 p.m.
- STAT specimens must be walked directly to Cytology Lab, AIP (1), 3rd. floor, Room 3.000.
- Routine specimens can be tubed to Cytology (tube station # 661 or # 681). Specimens must be double- bagged and accompanied by the corresponding order/requisition form. To prevent leakage, all lids must be securely tightened. The specimen bag should be labeled with a Cytology sticker or handwritten instructions that the specimen is for the Cytology Laboratory (not Surgical Pathology).
- If any, fixatives are always added in equal volume to the volume of specimen (i.e., for 5 mL of specimen, add 5 mL of fixative). The requisition MUST be marked to indicate the type of fixative that was used. If the slide is improperly stained based on incorrect information, it may be rendered unreadable.
- ALL SPECIMENS MUST BE SUBMITTED IN PROPERLY LABELED, SEALED CONTAINERS, AND PACKAGED PER UNIVERSAL PRECAUTIONS.

**CYTOLOGY LABORATORY WILL NOT PROCESS:**

**SPECIMENS WITH NEEDLES**

**SPUTA RECEIVED WITHOUT FIXATIVE**

**SPECIMENS RECEIVED IN GLASS BOTTLES**

**SPECIMENS IN PLEUR-EVAC CONTAINERS**

**SPECIMENS IN EXCESS OF 500 ML IN VOLUME**

## **Non-Gynecological Specimens**

### **Bronchus, Esophagus or Gastric Specimens**

- Washings: Deliver unfixed specimen as soon as possible or refrigerate until it can be delivered. If specimen is held over a weekend, add sputum fixative to container (Fixative available in Cytology Lab or main Clinical Lab) and indicate on the requisition that the specimen has been fixed.
- Brushings: Submit brush or brushes to Cytology in container with 20 mL of CytoLyt fixative or normal saline. The brushes should be completely submerged in the fixative and the brush handles should be cut off a few centimeters above the brush bristles.

### **Cerebrospinal Fluid**

- Preferable specimen volume is three (3) mL of CSF.
- Specimens MUST be delivered as quickly as possible to the main Clinical Laboratory, Leprino Building, Room 253.
- CSF specimens are initially processed by Hematology in the Clinical Laboratory and then sent to Cytology for review.
- In case of an after-hours STAT CSF, page the on-call pathology resident to notify them of the STAT specimen.



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### Effusions

- Specimens types include:
  - a. Ascites or peritoneal fluid
  - b. Pleural or thoracentesis fluid
  - c. Pericardial fluid
  - d. Synovial fluid
  - e. Cyst fluid
- Specimens should be sent to cytology fresh, in a plastic 60 mL capped syringe (no needle), a 120 mL screw top specimen cup, an 80 mL screw top urine cup, or other non-glass container.
- If the specimen is collected in a larger container, it should be divided and no more than 500 mL submitted to Cytology. Prior to pouring-off a cytology aliquot, the specimen should be gently agitated by inverting the container 5-10 times. Volume of at least 150 mL of specimen is optimal.
- Do not add anticoagulant or fixative.
- Deliver to Cytology Laboratory (AIP (1), 3rd Floor, Room 3.000) as soon as possible.
- Refrigerate if specimen cannot be delivered within one hour.
- Specimens with needles, in excess of 500 mL, specimens in Pleur-Evac containers, or in glass containers will not be accepted.

### Fine Needle Aspiration, (FNA)

- For Cytology assistance call : **phone 720-848-1793, pager: 303-266-0570**
- Cytology Supervisor: phone: 720-848-4697, pager: 303-266-3222
- Provide the following information:
  - a) patient name
  - b) medical record number
  - c) specimen type
  - d) procedure room number
  - e) contact information
- A Cytotechnologist will assist with FNA procedure, prepare slides, collect for cell-block and ancillary testing whenever possible.
- Cytology Resident, Fellow, and Cytopathologist on service will be contacted for Rapid On-Site Evaluation (ROSE)
- AFTER HOURS FNA COLLECTION KIT is available for FNA procedures done after normal working hours: before 8 am, after 6 p.m. or on weekends.
  - Use **one kit per site** sampled
  - Place 2-3 FNA passes into the conical vial containing 10% Formalin
  - Place 2-3 FNA passes into the conical vial containing CytoLyt™ fixative
  - Label each specimen vial with the patient's sticker and the body site
  - Fill out the corresponding requisition with the specimen site/s listed, name of the performing physician, and the date and time the specimen was collected.
  - Deliver completed kit to the Clinical Laboratory in the Leprino Bldg.
  - **If lymphoproliferative disorder is suspected by the performing clinician, please obtain a tube of RPMI / Flow transport media and a requisition from the Clinical Laboratory at 720-848-4401. Place one or two FNA passes into RPMI, and return to the Clinical Lab.**
  - *\*Note: It is OK to rinse the sample out of the FNA needle with minimal amount of sterile saline into formalin, CytoLyt™, or RPMI tubes.*
  - **FOR EMERGENT AFTER HOURS FNA: Cytopathology Fellow, pager: 303-266-3649**



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and/or scheduled Resident to arrange coverage for the procedure.

- For weekend coverage, please call the scheduled On-Call Cytopathologist and Resident: <https://www.amion.com/Scheduling.shtml>
- Alternatively, the specimen may be collected in a container with 10% formalin, labeled with patient identifiers and specimen source, labeled for Cytology and sent to the Clinical Lab with the corresponding Non-Gynecologic Cytology Request.

### **Sputum Collection**

- An early morning deep cough specimen is to be collected in a container with sputum fixative.
- ThinPrep Non-Gyn Test vials for sputa collection / fixation are available in the Cytology Lab, AIP -1, 3<sup>rd</sup> Floor, Room 3.000; phone 720-848-4361.
- Sputum specimens received without fixative will be rejected.

### **Urine Specimen**

- The second voided specimen in the morning is preferred, after the patient has been up and active. For males, a simple voided specimen is satisfactory. For females, a mid-stream clean catch (after cleaning urethra with an alcohol wipe) specimen is preferred. 50-80 mL of urine is considered optimal.
- If the specimen cannot be refrigerated, equal volume of cytology fixative may be to the specimen as a last resort. Adding fixative dilutes the specimen and may result in a less than satisfactory reading. Patients should be encouraged to come to the hospital to void fresh specimen for best results.

### **Anal Pap Test**

- Patients are asked not to douche or have an enema or insert anything into their anus for 24 hours prior to an anal cytology exam.
- Lubricants should not be used prior to obtaining a cytology sample because the lubricant may interfere with the processing and interpretation of the sample.
- Sample is obtained with the patient lying on their left side, but other positions are acceptable. The buttocks are retracted to visualize the anal opening and a Dacron or polyester tipped swab moistened in tap water is inserted for approximately 2 to 3 inches into the anus.
- The swab can be felt to pass through the internal sphincter so the sample is obtained from the junction of the anus and rectum, which is where most of the HPV- related lesions are found.
- The swab is rotated 360 degrees with firm lateral pressure applied to the end of the swab, such that it is bowed slightly and then it is slowly withdrawn over a period of 15 to 30 seconds from the anus, continuing to rotate the swab in a circular fashion. The lateral pressure ensures that the mucosal surface, rather than rectal contents are sampled.
- The swab is placed in a ThinPrep Non-Gyn vial and vigorously agitated to disperse the cells for liquid based cytology. The sample must be fixed quickly within 15 seconds in order to avoid drying artifact, which occurs easily and makes interpretation difficult.





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## Cytology Non-Gyn Specimen Collection Guidelines

**Epic Order:** LAB3423

Specimen	Fixative	Quantity	Storage	Deliver To
CSF	None	3-5 mL	Refrigerate	Clinical Laboratory—Attn: Hematology (within 30 min)
Body Fluids: Pleural, Pericardial, Ascitic / Peritoneal Fluid	None	150 mL	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Bronchial Brushing	CytoLyt	Brush in 5- 10 mL CytoLyt or Saline	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Bronchial Washing	None	20 mL	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Sputum	CytoLyt	5-10 mL in ThinPrep Non-Gyn vial	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Cyst Aspiration	None	< 150 mL	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Urine / Bladder Washings	None	50-80 mL	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Pelvic Washings	None	150 mL	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681
Anal Pap	CytoLyt	Sample in ThinPrep Non- Gyn vial	Refrigerate	Cytology Lab, M-F, 8:00 am – 5 p.m. AIP-1, Room. 3.000 Tube station 661 or 681





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## **Gynecological, Pap Test Specimen Collection**

- Each Pap Test specimen must be accompanied by a printed out Cervical Vaginal Cytology Request, **Epic Order: LAB3422**, or a handwritten Cervical/Vaginal Cytology Requisition.
- The use of pre-printed patient labels is preferred, if possible.
- **Information required on a Gyn Cytology Requisition:**
  1. Patient's full name
  2. Patient's date of birth
  3. Medical Records Number (MRN)
  4. Specimen collection date / Encounter date
  5. Specimen source (Endocervical/Cervical or Vaginal)
  6. Pertinent History (Birth control method, LMP, STD)
  7. Previous Pap Test / Biopsy/ Treatment (Specify date and results)
  8. Screening factors (Normal, High Risk)
  9. Visit Type (Routine Screening, Diagnostic)
  10. Requesting Clinic Location with contact name & pager
  11. Requesting Clinician
  12. Requested Procedure
    - a) Pap Test only
    - b) Cotest - Pap Test with HPV
    - c) Pap Test with Reflex HPV (if ASCUS)
    - d) Include GC/Chlamydia to Above Request
    - e) HPV Testing Only (No Pap Test)
    - f) GC/Chlamydia Testing Only (No Pap Test)
  13. Insurance Payor information
  14. Referral Number - if required by insurance

## **Conventional Gynecological Smears(rare)**

### **Protocol for Endocervical, Ectocervical, Vaginal and combined Smears**

- Each slide must be labeled with patient's name, site of smear, and hospital number.
- Smears must have cells from the squamo-columnar junction to be adequate.
- If a lesion is visible, a slide should be made of this area first.
- Spread cells evenly and quickly over the slide and fix by immersing the slide IMMEDIATELY in 95% ethanol. Cytology spray fixative may be used instead. When spraying, the aerosol can, should be held about twelve (12) inches from the slide to avoid damaging the cells. If a pump spray is used, pump 3-4 times at a distance of 6-8 inches.

### **Protocol for Vulvar, Labial Smears**

- A scrape should be made of the specified area, smeared and labeled as above.
- Requisition filled out as indicated above.



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## Collection of Thin Prep Gynecological Specimens

- Visit <https://www.hologic.com/thinprep> for detailed information on the collection of the ThinPrep liquid-base Gyn specimen, including:
  - ThinPrep Pap Test Collection Video
  - Pap collection Guide Brush/Spatula Broom
  - Pap Collection Guide Rovers Cervex Brush Combi
  - Customer Letter Pap Collection Lubricant
  - Lubricant Compatibility List
  - Lubricant Information Memo
  - Patient Exam Checklist
  - ThinPrep Collection Techniques
- The patient should be tested two weeks after the first day of her last menstrual period, and definitely not when she is menstruating. Excessive amounts of blood may still compromise the test and possibly lead to an unsatisfactory result.
- The patient should not use vaginal medication, vaginal contraceptives, vaginal creams, vaginal jellies, or douches during the 48 hours before the exam.
- The patient should refrain from intercourse 48 hours prior to the exam.
- For patients without physical or physiological need for lubricant, lukewarm water should be used to warm and lubricate the speculum. Water lubrication has the fewest risks to the quality of the Pap sample collected.
- The use of lubricants with the ThinPrep Pap test is not recommended. However, if a lubricant is necessary, a **carbomer-free lubricant** may be used sparingly on the exterior of the speculum. Consult the list of common lubricant brands for compatibility.

Preferred Lubricant	Manufacturer
PAP TEST Lubricating Jelly	Aseptic Control Products
Surgilube Surgical Lubricant	HR Pharmaceuticals
Compatible Lubricant	Manufacturer
K-Y Jelly (Physician Formula)	Johnson & Johnson
Surgel	Ulmer Pharmacal

- Excess mucus or other discharge if present should be removed before taking the sample. The excess cervical mucus is essentially devoid of meaningful cellular material and when present in the sample vial may yield a slide with little or no diagnostic material present.
- Inflammatory exudate from the cervical canal should be removed before taking the sample by placing a dry 2-by-2 inch piece of gauze over the cervix and peeling it away after it absorbs the exudate or by using a dry procto swab or Scopette® swab. The excess inflammatory exudate is essentially devoid of diagnostic cellular material and, when present in the sample vial, may yield a slide with little or no diagnostic material present.
- The cervix should not be cleaned by washing with saline or it may result in a relatively acellular specimen.
- The sample should be obtained before the application of acetic acid.



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### Endocervical Brush/Spatula Protocol

- a) Obtain an adequate sampling from the ectocervix using a plastic spatula.
- b) Select contoured end of plastic spatula and rotate it 360 degrees around the entire exocervix while maintaining tight contact with exocervical surface.
- c) Rinse the spatula as quickly as possible into the PreservCyt® Solution vial by swirling the spatula vigorously in the vial 10 times and pressing the sides of the spatula on the sides of the collection container.
- d) Discard the spatula.
- e) Obtain an adequate sampling from the endocervix using an endocervical brush device.
- f) Insert the brush into the cervix until only the bottom-most fibers are exposed.
- g) Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT TWIRL OR OVER-ROTATE.
- h) Rinse the brush as quickly as possible in the PreservCyt Solution by rotating the device vigorously in the solution 10 times while pushing against the PreservCyt vial wall (paint the side of the container vial with the brush). Press the brush vigorously to the sides of container to further release material.
- i) Discard the brush.
- j) Tighten the cap so that the torque line on the cap passes the torque line on the vial.
- k) Label the vial with the patient's sticker or record the patient's name and ID number on the vial.
- l) Record the patient information and medical history on the cytology requisition form.
- m) Place the vial and requisition in a specimen bag for transport to the laboratory.

### Broom-Like Device Protocol

- a) Obtain an adequate sampling from the cervix using a broom-like device.
- b) If desired, use lukewarm water to warm and lubricate the speculum. Water-soluble gel lubricant sparingly applied to the posterior blade of the speculum can be used if necessary.
- c) Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix.
- d) Push gently, and rotate the broom in a clockwise direction five times.
- e) Rinse the broom as quickly as possible into the PreservCyt® Solution vial by vigorously pushing the broom into the bottom of the vial 10 times, forcing the bristles apart.
- f) As a final step, swirl the broom vigorously to further release material.
- g) Discard the collection broom.
- h) Tighten the cap so that the torque line on the cap passes the torque line on the vial.
- i) Label the vial with the patient's sticker or record the patient's name and ID number on the vial.
- j) Record the patient information and medical history on the cytology requisition form.
- k) Place the vial and requisition in a specimen bag for transport to the laboratory.



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## Collection of SurePath Gynecological Specimens

- Visit: <https://www.bd.com/en-us/offerings/capabilities/cervical-cancer-screening/cervical-sample-collection/surepath-liquid-based-pap-test> for detailed information including educational videos:
  - BD SurePath Collection Vial introduction video
  - Rovers Cervex-Brush overview video
  - Rovers Cervex-Brush Combi collection procedure video
- Obtain a sample according to the standard collection procedure provided by the manufacturer of the sampling device(s).
- Using the thumb and forefinger of gloved hand, disconnect the head of the device from the handle and insert the head in the collection vial.
- Discard the handle of the sampling device. Do not touch head of device.
- Cap the vial tightly.
- Label the specimen vial with the patient's sticker.
- Send the specimen containing the head of the sampling device, with appropriate paperwork, to the cytology laboratory.

## Ancillary testing from a Liquid-Based Pap Test Vial: Human Papilloma Virus (HPV) Testing Gonococcus/Chlamydia Testing

- Collect a gynecologic sample by one of the methods described above.
- Print-out a Cervical Vaginal Cytology Request from **Epic, Order: LAB3422**, or fill-out a handwritten Cervical/Vaginal Cytology Requisition.
- Select a testing option:
  - Pap Test only
  - Cotest - Pap Test with HPV
  - Pap Test with Reflex HPV (if ASCUS)
  - Include GC/Chlamydia to Above Request
  - HPV Testing Only (No Pap Test)
  - GC/Chlamydia Testing Only (No Pap Test)



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## **Specimen Rejection Criteria**

Specimens submitted to cytology laboratory may be rejected for any of the following reasons:

- Specimen was received from an unknown clinic or facility. Only legally authorized physicians and facilities may submit specimens for processing.
- Specimen was received unlabeled or labeled incompletely missing the required patient unique identifiers, patient's name, and date of birth or medical record number.
- The order form received for the specimen is missing critical information i.e. patient name and date of birth or medical record number.
- Specimen was received without corresponding request order for testing.
- A request order form was received without the corresponding specimen.
- Specimen was received mislabeled i.e. the specimen and the request order form have different patient information.
- Cytology laboratory received an empty or unsealed container from which the specimen leaked out.
- Specimen was received with an attached needle
- Specimen was submitted in a glass container.
- Specimen was submitted in greater than 500 mL volume. Due to limited amount of refrigerated storage space, cytology laboratory will accept up to 500 mL of fluid.
- Sputum was received unfixed. If a concurrent sputum microbiology culture is required, two (2) separate specimens must be obtained and submitted to the laboratory.
- Outside slides submitted for consultation are broken beyond repair.

## **Specimen Rejection Protocol**

- Prior to rejecting any specimen, laboratory staff will contact the clinic, the nursing station, or the submitting physician to report the problem, so the specimen can be properly re-submitted or recollected.
- For unclear test orders received (using non-specific terms), cytology staff will contact the submitting provider to clarify the test order selected.
- The submitting physician or designee must correct the problem in order for cytology laboratory to accept the specimen for processing.
- Under no circumstances, can cytology laboratory personnel label or change the label on a specimen based on instructions from the submitting physician.
- Unlabeled or mislabeled specimens require an incident report to be completed on the UCH patient safety website, RL Solutions: [http://a-rl6.uchealth.org/RL6\\_Production/Homecenter/Client/Login.aspx](http://a-rl6.uchealth.org/RL6_Production/Homecenter/Client/Login.aspx)
- The RL report must be submitted within 24-hours of discovery of the problem.
- Due to the fragile nature of the cellular material, cytology laboratory will not attempt to recover for processing a specimen that is over 7 days old.
- For sub-optimal specimens, exp. specimens received leaking from the primary collection container but sealed in the secondary container (specimen bio-hazard bag), cytology laboratory will make an effort to recover as much of the specimen as possible. The "specimen received leaking" comment will be entered into the laboratory LIS during specimen accessioning.
- All rejected specimens are recorded in the "Rejected Specimens" logbook. A copy of the original request form and specimen rejection form are kept in the logbook, including information for the contacted person, date of the notification, and the disposition of the unacceptable specimen (method of returning the specimen to the provider).



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## V. Autopsy Service

### General Information

The autopsy service's hours of operation are 8:00 am through 5:00 pm (Monday-Friday). Post-mortem examinations are not performed after hours, on weekends or Holidays except in exceptional circumstances. With questions regarding autopsy matters, please call either the **Office of Decedent Affairs (720-848-4356)** or the Autopsy Coordinator (720-848-4387).

The Department of Pathology may decline to perform an autopsy examination or limit the examination based upon the discretion of the attending Pathologist or the Director of Autopsy.

### Reporting to Coroner's Office

- It is hospital policy to report all deaths to the **Adams County Coroner's Office (303-659-1027)**, regardless of the circumstances of the death.
- Most cases will be released by the Coroner's Office back to the hospital for an autopsy to be performed if consent is obtained.
- Coroners or Medical Examiners from ANY county have the right to remove a body from the University of Colorado Hospital at any time.
- Any unexplained death, or death that results from equipment failure or malfunction must be reported to the **University Hospital Risk Management Office (303-724-7475)** in addition to being reported to the Coroner's Office.

### Requesting an Autopsy

When an adult patient expires in University of Colorado Hospital, a Patient Service Coordinator (PSC) or nurse on that unit should initiate the "Discharge by Death Procedure Packet (Adult)." These packets are available through the UCHHealth Print Center Portal for either Youth/Adult or Infant. Autopsy examinations can and should be requested for all eligible deaths. The Decedent Affairs Office (staffed 7 days per week, excluding hospital holidays) are experienced in discussing the autopsy procedure with families and documenting consent from the legal next of kin. If the death occurs outside of office hours, the Office of Decedent Affairs will contact the family on the next business day to confirm autopsy wishes and to assist the family with navigating the next steps required for final disposition.



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### **Who Can Give Consent for Autopsy**

When a person dies, his/her body becomes the property of the legal next-of-kin or the person charged within the duty of burial. If an autopsy is performed without the permission of this legal next of kin, all involved parties may be sued for unauthorized assault upon the body. The descending order in determining and verifying the legal next-of-kin is listed below and must be adhered to in each and every case. Note: If someone of equal class objects to an autopsy, the autopsy should not be performed, even if a valid permit exists. If there are any doubts about the validity of an autopsy permit, the UCH Legal Office should be contacted at 720-848-7815.

1. Surviving Spouse (not legally separate or divorced)
2. Adult Children (oldest to youngest, including adopted)
3. Father or Mother
4. Brother or Sister
5. Grandfather or Grandmother
6. Uncle or Aunt
7. Legal Guardian
8. Other person accepting legal responsibility for funeral arrangements

Note: Per Colorado Code "153-2-107 Kindred of Half Blood," relatives of the half-blood inherit the same share they would inherit if they were of the whole blood.

## **Autopsy Arrangements for Off-site Deaths**

### **Who is Eligible for UCH Autopsy**

University of Colorado Hospital may provide an autopsy for any deceased patient who has been seen by a physician at the University of Colorado Hospital within 5 years of death.

### **Who is Not Eligible for UCH Autopsy**

University of Colorado Hospital will not provide autopsies for non-University patients. Families of non-University patients should seek an autopsy at the hospital where the patient's physician has privileges, or for a private pathologist to perform an autopsy.



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#### Costs

The autopsy examination will be performed at no charge, but the legal next of kin must arrange and pay for the transportation of the body to and from the morgue at University of Colorado Hospital.

#### Coroner Notification

If the patient's death is reportable to the coroner, you must notify the coroner in the county where the patient died. The call must be documented in the Coroner Notification section of the Disposition Permit.

#### Obtaining Autopsy Consent

It is preferred that consent for an Autopsy examination be obtained by a member of the Office of Decedent Affairs. The legal next of kin must be identified and listed on the Autopsy Authorization section of the Disposition Permit. Be sure to have them clearly and in detail list any limitations such as "no thorax" or "brain only" directly on the autopsy consent. Autopsy permits can be obtained **only** after the patient has died. Pre-authorized permits are not acceptable. If a patient has declared that they wish to undergo an autopsy examination, consent must still be obtained from the legal next-of-kin **after** the patient's death to verify that an autopsy is still desired and to confirm any limitations.

#### Phone Consent

Permission by telephone is legal, provided (a) the person giving permission is the proper individual to do so; (b) he/she can be identified and (c) the permit is properly completed. If you are dealing with the family by phone, simply write "Phone Consent" on the signature line of the Autopsy Authorization section of the Disposition Permit, and sign as a witness to the consent.

#### Mortuary Designation

The Office of Decedent Affairs will request that the legal next of kin decide upon a funeral home. The next-of-kin must fill out and sign the Release of Mortuary section of the Disposition Permit. Phone consent is also acceptable when obtaining mortuary information.





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## Transportation

Transportation of the body to University of Colorado Hospital must be arranged with a funeral home. If families need assistance in locating transportation, it should be explained that they may use any funeral home of their choice and that all of them may be found in the telephone directory. Note: The legal next-of-kin must arrange and pay for the transportation of the body to and from the morgue at University of Colorado Hospital, except in cases of unusual neurological conditions for which a special fund may be used with Departmental approval.

## Who Can Help

The **Office of Decedent Affairs (720-848-4356)** will assist with arranging the autopsy as much as possible. However, many of the details (i.e., arranging transportation to UCH, completing the death certificate, etc.) will be left to the Clinical Physician and the next-of-kin.

## **Directions to the University of Colorado Hospital Morgue**

**Directions to the Morgue (AIP Room B2309):** Take I-225 to Colfax, west to Quentin Street, right on Quentin to 17th, right on 17th to the dock area (behind the hospital). Morgue phone number is 720-848-7001 or 720-848-7004.

For **Nighttime and Weekend Drop-offs**, mortuaries should take bodies to the loading dock on the north (back) side of the hospital. Call Hospital Security (720-848-7777) for entry. You will need to fill out a blue card with all pertinent patient information. Security will then escort you to the morgue, compare the blue card info with tags, and assist with getting the body into refrigeration.

**IMPORTANT:** Mortuaries MUST bring the patient in a body bag!

Mortuaries will be contacted for pickup when the autopsy examination is complete.