

Clinical Services Offered Procedure

Section # / version:

Submission of Tissue for Cytogenetics

Final Approval: December 2011 Effective: December 2011

Next Review Date: December 2012

List all stakeholder(s) and dates of approval:

Stakeholder Name(s):	Date:	Reviewed <input type="checkbox"/>	Revised <input type="checkbox"/>
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Describe briefly the most recent revision made to this policy, procedure or protocol & why:

New Procedure

Purpose/Policy Statement:

Definitions:

- n/a

POLICY CONTENT

Cytogenetic analysis can be valuable in assessing genetic defects responsible for repeated miscarriages. Tissue for cytogenetic analysis must be kept as fresh as possible and requires prompt attention and proper handling.

NOTE: Cytogenetic analysis cannot be performed on tissues exposed to formalin fixative solution.

STEPS / KEY POINTS

REQUISITION

A Pathology Requisition form is filled out as usual with the following special instructions:

- Clinical history including any history of prior miscarriages
- Type of procedure performed
- "Cytogenetics Requested" should be written on requisition

SPECIMEN PREPARATION

- Fetal demise specimens should be placed in a specimen container or bag in the fresh state and placed in a sealed *Biohazard* bag. Saline solution does not need to be added to these specimens and should be avoided.
- A completed requisition form should accompany the specimen.
- Send specimen **IMMEDIATELY** to Pacific Pathology Associates via cab or courier if during normal working hours (M-F, 8:00 AM - 5:00 PM).
- For procedures performed after normal working hours, the surgical pathologist on call should be notified at the time of the procedure that a specimen for cytogenetics will be sent for processing.
- If there is to be any delay in getting the tissue to Pacific Pathology Associates, the tissue should be refrigerated in a specimen-only refrigerator.

Equipment/Supplies (If Applicable):

Form Name & Number or Attachment Name (If Applicable):

Author Position:

Review/Revision Authority (Position Not Individual Name):

Expert Consultant Position/s (Not Individual Name/s):

References (Required for Clinical Documents):

Is there a Regulatory Requirement? Yes No

If yes, insert requirement information here:

Review History (No Changes):

Revision History (Note changes in area under header):

Computer Search Words:

Policy, Procedure or Protocol Cross Reference Information: