



CELLULAR PATHOLOGY

**OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION
TRUST**

User's Handbook

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OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST (OUH)

One of the largest NHS teaching trusts in the country it provides a wide range of general and specialist clinical services and is a base for medical education, training and research. The Trust is one of the largest employers in Oxfordshire, primarily based in Headington, Oxford and comprises:

The John Radcliffe Hospital

- Accident and emergency
- Acute medical and surgical services, trauma, intensive care, cardiac, women's services and children's services.

The Nuffield Orthopaedic Centre (NOC)

- Orthopaedics, Sarcoma, rheumatology and rehabilitation.

The Churchill Hospital

- Non-emergency specialist services
- Renal medicine and transplant, clinical and medical oncology, dermatology, chest medicine, infectious diseases and palliative care.

The Horton Hospital (Banbury)

- Accident and emergency services
- General hospital service, maternity and paediatric services,

CELLULAR PATHOLOGY

About us

Cellular Pathology CSU provides:

- Histopathology and Cytopathology based at the John Radcliffe Hospital (JR) for the central Oxford hospitals and neighbouring general practitioners.
- Acts as a regional and national referral centre for all subspecialties of Cellular Pathology except Neuropathology. The specialised osteoarticular and sarcoma service is based at the Nuffield Orthopaedic Hospital (NOC).
- Autopsies and mortuary facilities for the central Oxford hospitals and HM Coroner for Oxford.
- Research resources in conjunction with the Oxford Centre for Histological research (OCHRe) comprising of archival material, information, laboratory and interpretation services
- Teaching and training for medical undergraduates and pathology post graduates, biomedical scientists, associate practitioners, anatomical pathology technicians and other visiting health care professionals and students.

Digital pathology

Digital Pathology is the whole slide imaging and computerisation, and digitisation of workflow processes in Cellular Pathology, thus enabling remote reporting and improving turnaround times.

It is a strategic technology-based approach to modernising the operation of a Cellular Pathology department.

The laboratory receives approximately 60,000 requests each year and generates approx. 350,000 slides.

All surgical slides are now digitally scanned by the laboratory with four Philips slide scanners. Digitised images subject to pathologists' validation, are used in place of glass slides and conventional microscopy in the generation of diagnostic reports.

Our Team

Cellular Pathology staff comprise of medically qualified and trainee pathologists, biomedical scientists, associate practitioners, biomedical support workers, and anatomical pathology technicians supported by secretarial and clerical staff. Medical staff participating in the diagnostic service includes consultants, specialty doctors and junior medical staff. At any given time, a number of academic or medical visitors may be working within the CSU.

Hours of service

Cytopathology: 08.30 – 17.00 Mon to Fri

Pathologist run Clinic based (fine needle aspiration) FNA service :

Monday's within the Churchill Hospital outpatient departments and wards.

Contact Blenheim outpatients (Churchill hospital) to book onto the next available FNA clinic

There is no out of hours Cytopathology service

**Cervical Cytology is now provided by Berkshire and Surrey Pathology Services (BSPS)
BSPS helpline 01932 726622 or asp-tr.bpshev@nhs.net**

JR Histology: 08.30 – 17.00 Mon to Fri

Cytopathology: 08.30 – 17.00 Mon to Fri

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BSPS helpline 01932 726622 or asp-tr.bspshev@nhs.net**

- General tissue samples
- Autopsy

Out of hours on call service available only for:

- urgent renal biopsies
- small bowel transplant biopsies

All other critical emergency work out of hours work must be arranged with the relevant Pathologist prior to initiating the procedure

NOC Histology: 07.30 – 16.30 Mon – Thurs

07.30 – 16.00 Fri

- Osteoarticular
- Sarcoma
- Soft tissue

There is **no out of hour's** service for bone pathology.

In an **extreme emergency** call the NOC security team to contact a member of the NOC Histology team: 01865 (7)38012

All non-urgent histology samples outside of the core hours:

- Place fresh specimens in a fridge (maximum overnight)
- Hold formalin-fixed specimens until the next day

At weekends place into 10% formalin unless otherwise directed

See Page 13 for how to contact us

Transportation of specimens

Mode of transport:

- See Directorate of Pathology and Laboratory Medicine Specimen Transport Protocol (available on the Pathology and laboratories internet page)
- Internal transfers - Portering service
- Between OUH hospitals (Churchill, JR, NOC, West Wing) - Shuttle van and dedicated transport service (City Sprint)
- External transfers (Horton, G.P.s, clinics) - Oxford Ambulance Services
 - Once or twice a day service (depending on practice size) to local G.P's:
 - collection of specimens
 - delivery of reports

Testing Policies

<p>General information for ALL specimens</p>	<p>Essential information</p> <p>Internal sources – use electronic patient record request (EPR)</p> <p>GP's - use Sunquest ICE</p> <p>Other's (where neither electronic requesting options are available)</p> <p>Use hard copy</p> <ul style="list-style-type: none"> • See Appendices 1-3 • Obtain printed version <ul style="list-style-type: none"> ○ JR Histo WG7701 ○ NOC CSP046319 <p>MINIMUM information required:</p> <ul style="list-style-type: none"> • patient's full name(<i>or coded identifier</i>), • patient's Date of birth • NHS number [if NHS number is not available please use the MRN number] • details of requestor (name and number minimum) • where to send results • all relevant clinical details • specimen type and site • date and time of specimen collection 	<ul style="list-style-type: none"> • Multiple samples must be labelled sequentially • Please note that if the patient data on the form and vial do not match the laboratory cannot process the sample. <p>→ Samples will only be accepted if the container is clearly labelled with patient's full name and DOB / NHS number</p>	<p>Identify High risk specimens e.g HIV, Covid 19</p> <ul style="list-style-type: none"> • add a danger/risk of infection sticker to pots and forms of all high risk samples • state nature of the risk on the form (see appendix 5 for guidance) <p>Indicate patient's consent for research</p> <p>A legal requirement for research as:</p> <ul style="list-style-type: none"> • Yes • No <p>Not sought</p>
<p>Diagnostic Cytology samples</p>	<p>Urgent requests - contact the cytology laboratory prior to sending the specimen</p>	<p>Additional Tests</p> <p>The time limit for requesting additional tests on the original sample is one week from test date</p>	
<p>Frozen Sections</p>	<p>Book procedure in advance due to specialist nature of the service – call the relevant Pathology team and Histology specimen reception (Essential to establish if limited equipment and staffing resources are available)</p>		<p>See CPSOP12 for further details on sending urgent samples</p>

See 'Clinical Tests Available tables' (pg. 7) for more details per specific test required.

See POL 054 for further details on specimen transport - Available on the OUH NHS FT internet site: [Pathology & Laboratories Specimen Transport](#)

Turnaround times

The department follows the Royal College of Pathologist Key Assurance Indicators (KAI) and has set clinically relevant turnaround times, which are in calendar days from the date sample is taken.

Specimen type	Turnaround time target	Exceptions
Diagnostic Cytology	80% in 7 days	
Routine Histology <ul style="list-style-type: none"> • Biopsies • All cases 	<ul style="list-style-type: none"> • 80% in 7 days • 80% in 10 days 	<ul style="list-style-type: none"> • Large/ complex bone tissue Bone tumours/amputation specimens = 21 days • Native renals requiring EM • Cases requiring molecular testing
Frozen section (verbal report)	10-30 minutes from receipt	Multiple specimens or complex cases can significantly increase this TAT.

These TATs will be regularly reviewed and amended as more information is made available on required targets.

See Page 9 for how to obtain your 'results'.

Clinical Tests available

Diagnostic Cytology

Name	Specimen/ Container requirements - Routine	Other
Diagnostic Cytology:	Do not use the pink transport bags for diagnostic Cytology samples Where it indicates 'fix in alcohol' please fully immerse in a container of alcohol. Label all microscope slides in pencil with: <ul style="list-style-type: none"> • patient's full name, • DOB and • hospital number 	All high risk specimens e.g HIV, TB, COVID must be clearly labelled as high risk according to Trust Policy
Sputums	For suspected malignancy when patient is unfit to undergo other investigations: <ul style="list-style-type: none"> • 3 early morning specimens • on consecutive days • sterile, universal container For suspected pneumocystis <ul style="list-style-type: none"> • bronchoalveolar lavage should be sent 	Salivary or nasal secretions are unsuitable for examination. Consider involving a physiotherapist and nebuliser induction of sputum.
Bronchial washings / bronchoalveolar lavage	Sterile universal container. Indicate on the accompanying request form if detection of pneumocystis is required.	For suspected TB send specimen to microbiology (see links below)
Bronchial specimens specifically for Differential Cell Counts	Place sample into a 50ml Polypropylene universal. These need to be transported to the lab immediately for processing. Please ensure to telephone the lab on ext. 20490 to make them aware that sample will be arriving.	Make it very clear on the request form that a Diff Cell Count is required.
Bronchial and	Place sample in the Sedfix tube to allow	

Name	Specimen/ Container requirements - Routine	Other
gastrointestinal brushings	fixing before transporting to the lab. Send to the laboratory directly	
Fine needle aspirates (thyroid, salivary glands, lymph nodes, breast)	Take 2 aspirates from all lesions, where safe. <ul style="list-style-type: none"> Spread material onto pre-labelled slides Air dry slides If additional material is available, immerse slides in a container of alcohol. Place in plastic slide transport box and send to the laboratory.	
EBUS-TBNA	Collected into a Cytolyt solution Send to the laboratory directly	
EUS FNA (liver or pancreas)	Place sample in the sedfix tube to allow fixing before transporting to the lab. Send to the laboratory directly	
Joint fluids	For suspected malignancy send a clearly labelled sample to Cytology.	For crystal analysis, send to the Microbiology at the JR
Serous effusions (e.g. pleural, ascetic and pericardial)	Send the entire sample in a clearly labelled sterile universal container.	
Urine	At least 10 ml from the second void of the day. Use a clearly labelled sterile universal container.	Indicate if the patient has: <ul style="list-style-type: none"> been catheterised, had recent urinary instrumentation, chemotherapy or local radiotherapy, Failure to do so may result in a false positive diagnosis.

Histology

Name	Specimen/ Container requirements - Routine	Other
Histology Specimens	Fix specimens as soon as possible (except where test requires fresh samples – details below) 10% Neutral buffered formalin (3x the volume of the sample required)	Package according to legislation with a minimum: <ul style="list-style-type: none"> leak proof container (specimen) sealable bag containing absorbent material secondary, opaque container (this can contain multiple specimens)
JR Histology tests: Routine diagnosis, Molecular and cytogenetic analysis. (See NOC Histology below for bone and	SURPLUS TISSUE CANNOT BE USED FOR RESEARCH UNLESS CONSENT IS AVAILABLE	Fresh samples – only send samples fresh if there is a clinical need, otherwise, fix as per other specimens.

Name	Specimen/ Container requirements - Routine	Other
related soft tissue)		If in doubt, discuss with the appropriate specialist pathologist.
JR Frozen section (FS): Intraoperative samples, Hirschsprungs, MOHs rapid inter-operative diagnosis. Do not send infective/microbiological agents fresh (Covid 19, TB, HIV etc.)	Do not add any fixative Send the sample FRESH and immediately Place in a clearly labelled container Indicate 'For frozen section' on the form Place in labelled opaque transport container according to legislation: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Private & Confidential FOR IMMEDIATE DELIVERY Extremely Urgent Fresh Sample DELIVER DIRECTLY TO THE HISTOPATHOLOGY LABORATORY Level 1, JR Hospital (ext. 20493) Delivery required within 20 minutes for immediate diagnosis</p> <p>Sender: Contact Tel:</p> </div>	Contact lab in advance with details of the: <ul style="list-style-type: none"> • expected arrival/delivery time • patients name/identifier • name and contact details of the caller • bleep / contact details for communicating the results (confirm if the same as the caller) See CPSOP12 for further details on urgent samples and POL 054 for further details on specimen transport Both are available on the OUH NHS FT internet site: Pathology & Laboratories Specimen Transport
Paediatric rectal biopsies (to exclude Hirschsprungs)	Do not add any fixative Send ASAP, dry in a sterile universal container	
Skin, renal & Oral specimens sent for Immunofluorescence staining	Do not add fixative. Place in Michels Transport Medium	Specimens will deteriorate if they spend longer than 7 days prior to receipt by the lab
Renal biopsies	For native samples and transplants over 6 months - send 2 cores minimum: <ul style="list-style-type: none"> • 1 in 10% neutral buffered formalin • 1 in fresh, phosphate buffer (contact lab for formulations) – keep cool For transplant samples less than 6 months – send at least: <ul style="list-style-type: none"> • 1 core in 10% neutral buffered formalin For tissue donation assessment – send at least: <ul style="list-style-type: none"> • 1 core in 10% neutral buffered formalin 	Urgent samples received by 13.00 hours will be processed, cut and stained that day. Urgent samples after 13.00 hours contact the lab before sending For out-of-hours requests the on-call BMS and the appropriate renal consultant must be informed immediately (see CPSOP12 for details) BUFFER SAMPLES ONLY: Refrigerate routine samples that will not reach the lab by 16.30 – send ASAP the following day
NOC Histology: Soft tissue,	Fix specimens as soon as possible (except where test requires fresh	Specimens with suspected infection – (not

Name	Specimen/ Container requirements - Routine	Other
osteoarticular samples – Routine diagnosis	samples – details below) 10% neutral buffered formalin (3x the volume of the sample required)	for histological analysis) <ul style="list-style-type: none"> • DO NOT USE FORMALIN • Place separate, dry specimen(s) in a sterile container • send to microbiology JR2 (OUH) 24 hour service
NOC Frozen Sections: Osteoarticular specimens, Related soft tissue. Do not send infective/microbiological agents fresh (Covid 19TB, HIV etc.)	Do not add any fixative Send the sample FRESH Place in a clearly labelled container Indicate 'For frozen section' on the form Place in labelled opaque transport container according to legislation	Contact lab in advance with details of the: <ul style="list-style-type: none"> • expected arrival/delivery time • patients name/identifier • name and contact details of the caller • bleep / contact details for communicating the results (confirm if the same as the caller)

Results

It is the responsibility of the clinical team to access and act on histology/cytology reports. There are a few situations when the team may be alerted to a result:

Alerting of abnormal histology results

The majority of biopsies sent for histology are taken from patients because they have a clinical abnormality with a very high chance of significant pathological abnormality. In these circumstances, rather than being reassuring, a normal histology result might imply that the lesion of concern has been missed, and a further biopsy is required.

For these reasons, asking for “abnormal” or only malignant results to be alerted to clinicians is not a suitable system for assuring that the results of biopsies lead to appropriate action for the patient. Risks to the patient can only be mitigated through all results being interpreted in the clinical context.

Clinical teams should have systems in place to ensure that all histology results they have requested, or which are requested on their behalf, are read and acted upon. This is most easily achieved using the Electronic Patient Record to request histology tests so that results are directed to the appropriate inboxes.

Dangerous, unexpected findings requiring urgent action

Occasionally a biopsy identifies an unexpected dangerous situation which requires urgent clinical action, and which a clinician needs to be aware of as soon as possible rather than through a planned review of results. In these circumstances the pathologist will take steps to alert the relevant clinical team. A biopsy that shows a malignancy which the biopsy was taken to confirm or exclude would not normally be considered an unexpected finding.

Urgent biopsies which will determine immediate patient management

Where management of an acutely ill inpatient depends on the rapid turnaround of a result, this should be discussed with the pathologist who will advise an appropriate diagnostic method – cytology, frozen section, or rapid histology. The pathologist will expedite the diagnosis and liaise with the clinical team, who will provide appropriate contact details.

Additional procedures for particular pathways

Although primary responsibility for identifying and acting on results in diagnostic pathways is with the clinician requesting the test, some pathways have additional systems whereby particular results are flagged to people with specific roles, eg. an MDT coordinator. These systems may provide a second line to ensure results have been acted on. The use of such systems as the main means of identifying results which need action introduces considerable risk and must not occur. Setting up of these pathways requires discussion with the lead pathologist in the relevant specialty.

Histopathology and Diagnostic Cytology Results are available for viewing electronically on Case Notes and EPR

Governance

See the departmental quality policy **Appendix 3 JR & NOC Histology**

Cellular Pathology is an accredited lab with UKAS

- JR reference number 8415
- NOC reference number 8683

It holds licences to practice as accredited by the Human Tissue Act Authority

- JR licences 12052 and 12053
- The department and its staff adhere to the Trust's, national and international confidentiality and freedom of information policies. All staff are required to undertake training annually.

Regular quality checks and audit procedures are carried out to ensure the quality and safety of the results provided as follows (not an exhaustive list):

Internal quality checks

- Integrity of patient /sample details
 - Adequate? Accurate? Concordance?
- Audit of quality: equipment, procedures, staff competency and reporting procedures
- User satisfaction surveys
- Key performance indicators:
 - Performance
 - Staffing
 - Risk assessment
 - Documentation
 - Finance

External quality checks

UKNEQAS for Cellular Pathology Technique

UKNEQAS for Non Gynae Cytology

UK NEQAS for Renal biopsies

Head and Neck EQA Scheme

Liver EQA Scheme

Paediatric EQA Scheme

Prostate EQA

Pulmonary EQA Scheme

NEQAS for Immunocytochemistry- general pathology, lymphoid pathology, gastric and breast Her2, HNPCC markers and breast steroid (ER/PR)

The Cervical Screening component of the Cellular Pathology department is inspected by the screening Quality Assurance Team (South)

National Musculoskeletal Pathology EQA

British Bone & Soft Tissue Tumour Panel

Dermatopathology EQA Scheme

NOC/RNOH/ROH QA Scheme UK

GI EQA

Gynae EQA Scheme

Renal EQA Scheme

Renal Transplant EQA Scheme

Thames Valley EQA Scheme

Uropathology EQA

NHS Breast Screening Programme EQA

NHS Bowel Cancer Screening EQA Scheme

Contact us

To visit – please call ahead

Cellular Pathology:

Level 1, JR2,
The John Radcliffe Hospital,
Headley way,
Headington, Oxford, OX3 9DU

Osteoarticular Histopathology laboratory:

Level 1,
Nuffield Orthopaedic Centre
Windmill Road,
Headington, Oxford, OX3 7HE

For specialist advice/guidance (non-urgent queries) email:

Cellularpathology.advice.ouh@nhs.net

Please note – confidential /sensitive patient data must always be sent from a secure nhs.net account to another nhs.net account.

Include:

- Patient name (initials only if not from an nhs.net account)
- Patient DOB
- Cellular Pathology report number (if present)
- Which Cellular Pathology speciality advice/guidance is required
- Comment
- Your contacts detail (please include a direct telephone number)

We will aim to reply within 24 hours

To call – please initially call the centralised numbers:

General Histology / Cytology: Telephone: 01865 220491 / 90.

- Specimen reception: Telephone: 01865 220493.
- General Histopathology: Mr Darrin Siiankoski: Telephone: 01865 220423: Email: darrin.siiankoski@ouh.nhs.uk

- Cytopathology: Mrs Julia Fox: Telephone: 01865 220511: Email: Julia.fox@ouh.nhs.uk

Bone / Soft Tissue / Osteoarticular: Telephone: 01865 738137 (technical enquiries)

- Histology: Telephone: 01865 738139 (general enquiries).
- Mrs Louisa Brook: Telephone: 01865 738138: Email: louisa.brook@ouh.nhs.uk

Cellular Pathology Manager: Mrs Sharon Roberts-Gant:

- Telephone: 01865 220494. Email: sharon.roberts-gant@ouh.nhs.uk

Histology On Call Service (renal and small bowel transplants only):

- Telephone: 01865 741166: Ask for Histology on call technician

Autopsy services:

Telephone: 01865 741166: Ask for on call mortuary technician

Complaints

- Formal service complaints: Contact Cellular Pathology Manager: See above
- Patient complaints: Direct complaints to the Patient Advice Liaison Service (PALS): Telephone: 01865 221 473: Email: <http://www.ouh.nhs.uk/patient-guide/pals.aspx>

For Specialist expertise / clinical guidance contact via

Cellularpathology.advice.ouh@nhs.net See medical teams below:

Please note – confidential /sensitive patient data must always be sent from a secure nhs.net account to another nhs.net account.

Medical Teams

Bone & Soft Tissue

Dr Zsolt Orosz [Lead]

Prof Athanasou

Breast

Dr Ben Phillips [Lead]

Dr Derek Roskell

Dr Lucie Winter

Dr David Parham

Dermatopathology

Dr Eleni Ieremia [Lead]

Dr Olivia Espinosa [Sabbatical]

Dr Chris Stonard

Endocrine

Dr Lucie Winter [Lead]

Dr Ben Phillips

Dr Derek Roskell

GI Cytology

Dr Elena Collantes [Lead]

Dr Katherine Sheppard

Dr Aniko Rendek

Dr Caroline Hughes

Gynaecology

Dr Sunanda Dhar [Lead]

Dr Stephen Damato

Dr Sanjiv Manek

Dr Mark McCole

Dr Slaveya Yancheva

Dr Rosa Oliveira [Speciality Doctor]

Haematopathology

Dr Daniel Royston [Lead]

Dr Gareth Turner

Prof Francesco Pezzella

Dr Gabrielle Rees

Head & Neck

Dr Ketan A. Shah [Lead]

Dr Stephen Damato

Dr Katharine Sheppard

Hepatobiliary

Dr Eve Fryer [Lead]

Dr Aniko Rendek

Lower GI

Dr Aniko Rendek [Lead]

Dr Ruchi Tandon

Dr Eve Fryer
Dr Elena Collantes
Dr Katherine Sheppard
Dr Natasha Onwu [Specialty Doctor]

Paediatric

Dr Darren Fowler [Lead]

Renal

Prof Ian Roberts [Lead]

Dr Maria Soares [Speciality Doctor]

Respiratory

Dr Mark McCole [Lead]

Dr Slaveya Yancheva

Upper GI

Dr Aniko Rendek [Lead]

Dr Caroline Hughes

Dr Elena Collantes

Dr Ruchi Tandon

Dr Eve Fryer

Dr Katherine Sheppard

Dr Natasha Onwu [Specialty Doctor]

Dr Alistair Easton

Urology

Dr Clare Verrill [Joint Lead]

Dr Lisa Browning [Joint Lead]

Dr David Parham

Dr Richard Colling

Dr Maria Soares [Speciality Doctor]

Cervical Pathology

Dr Sanjiv Manek [Lead]

Autopsy

Prof Ian Roberts [Lead]

Other pathologists

Useful Links

Translational Research Collaborations

Oxford Universities and the Biomedical Research Centre via the Oxford Centre for Histopathology Research (OCHRe) [OCHRe Research page](#)

Contact for **ALL** requests for:

- Research
- Studies
- Trials

The Oxford Radcliffe Biobank (ORB)

The Botnar Research Centre.

Criteria

Tissue surplus to diagnostic requirements may be released with the following in place:

- Informed consent
- Ethical approval
- Financial Support
- Capacity

Other Tests

NGS Cancer Panel or any part thereof 50 +genes. 9 main genes tested are : TP53, PTEN, PIK3CA, PDGFRA, KRAS, NRAS, KIT, EGFR and BRAF. Myeloid Gene Panel, Lymphoma Gene Panel and MYD88.	Requested via Cellular Pathology	Samples prepared and sent to Molecular Haemtology, Level 4, JR
Oncotype Dx	Requested via Cellular Pathology	Samples prepared and sent Genomics Health, USA
Bladder/breast PDL-1	Requested via Cellular Pathology	Samples prepared and sent to Birmingham University Hospitals
FISH Tests	Requested via Cellular Pathology	Samples will be prepared and sent to Cytogenetics Lab, Churchill Hospital
MSI	Requested via Cellular Pathology	Samples will be prepared and sent to Medical Genetics Lab, Churchill Hospital
CSF	Send directly to Neuropathology	Send to Neuropathology, West Wing, John Radcliffe Hospital, Oxford.

Document Library

Information from the following documents has been used to inform this handbook. Copies can be obtained by contacting the department (Cellularpathology.advice.ouh@nhs.net) but please note, all copies are only valid on the day of printing

Reference	Title
CPP13	Cellular Pathology Quality Manual
POL054	Directorate of Pathology and Laboratory Medicine Specimen Transport Protocol
CPSOP12	Delivery of urgent samples / frozen sections to Cellular Pathology

Appendices

Appendix 1 – 2 Standard Request Forms (Use EPR /ICE when available)


Appendix 3 - Quality Policy (joint policy for JR Cellular Pathology and NOC Histopathology)

Appendix 4 - Danger of Infection Label Use

Appendix 1

Histopathology, Cellular Pathology All fields in bold are mandatory		Oxford University Hospitals NHS Trust															
NHS Number:	Investigation (Tick):	Danger of Infection	Lab Number:														
MRN:	<input type="checkbox"/> Frozen Section	Yes (apply Sticker) / No															
SURNAME:	<input type="checkbox"/> Routine																
Forename:	<input type="checkbox"/> Urgent																
DOB:	MUST BE COMPLETED FOR ALL CASES: TICK Below																
Sex: M / F / U	CONSENT FOR ETHICALLY APPROVED MEDICAL RESEARCH																
Location of patient:		Yes	No														
	INFORMATION		Not sought														
	TISSUE																
Private: Yes / No	CLINICAL DETAILS & DIAGNOSIS (including other investigations e.g.: imaging)																
Consultant / GP:																	
Speciality / Practice:																	
Requesting Dr:																	
Bleep:																	
SPECIMEN TYPE:	For gynaecological specimens																
	LMP:																
	Any hormonal treatment:																
	LAB USE ONLY:																
	1) AE/RS	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td>UNPACK</td><td></td></tr> <tr><td>PATH</td><td></td></tr> <tr><td>BMSIAP</td><td></td></tr> <tr><td>CHECK</td><td></td></tr> <tr><td>LABEL</td><td></td></tr> <tr><td>BLDCK</td><td></td></tr> <tr><td>OUT</td><td></td></tr> </table>		UNPACK		PATH		BMSIAP		CHECK		LABEL		BLDCK		OUT	
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	6) AE/RS																
	7) AE/RS																
	8) AE/RS																
Date Taken:	Date Received:																
Time Taken:																	
WVG7701																	

Appendix 2

Oxford University Hospitals  NHS Foundation Trust		HISTOPATHOLOGY REQUEST FORM			
Windmill Road, Headington, Oxford, OX3 7HE Tel. (01865) 738137 Fax. (01865) 738140		Histology Number <input type="text"/>			
PATIENT DETAILS		SPECIMEN DETAILS (What is it?)			
NHS No.		Continue overleaf if necessary			
Hosp No.					
Surname					
Forenames					
DOB					
Male/Female					
Ward					
Consultant(s)					
NHS				Private	
Out Patient	Day case			23H	Radiology
Suspected Infection (Please circle)					
Bone	Joint	Soft Tissue			
HIV	TB	Hep B/C	CJD		
Revision Arthroplasty Specimen (Please circle)		CLINICAL DETAILS			
Hip	Knee	Other joint (specify)			
Duration in situ:					
Index of suspicion of infection (please circle)					
High	Medium	Low			
RA	OA	#			
Cemented	Uncemented	Ceramic			
Stainless-steel	Titanium	Cobalt-chrome			
Polyethylene	Other (specify):				
Tumour Specimen/s (Please circle)		Previous treatment?			
Bone		Soft tissue			
Benign		Malignant (Primary/Secondary)			
		If yes please specify below	Yes No		
For soft tissue tumours indicate whether the lesion is:		Details of previous treatment			
Superficial		Deep Intramuscular			
For bone tumours indicate whether the lesion is:					
Intramedullary		Surface Spinal			
Epiphyseal		Metaphyseal Diaphyseal			
Requesting Clinician (block capitals)		Signature:			
Collection date.....Time.....					
FROZEN SECTION:		Routine Histology:			
Contact No. for verbal report:		Rapid Histology:			
		Please tick			
Please inform the laboratory on ext.38137 on despatch of specimens for frozen section or if a frozen section is no longer required		CONSENT FOR TISSUE RESEARCH?			
		(Please circle or attach label)			
		YES NO Not indicated			

Appendix 3

Cellular Pathology CSU Quality Policy (excerpt from CPP13 Cellular Pathology Quality Manual)

The Cellular Pathology CSU quality policy is:

- The scope of the service is that Cellular Pathology CSU provides the total solution for cellular pathology support. The Cellular Pathology CSU consists of Histopathology, Cytopathology and the Mortuary. The CSU operates a subspecialised diagnostic service, and acts as a secondary and tertiary referral centre. It also provides screening and autopsy services and specialist electron microscopy services, and supports research and education.
- to perform all its work in compliance with The International Standard (ISO 15189:2012¹).
- a commitment to both our customers and our staff that management of Cellular Pathology CSU retain high standards of quality, compliance and service.
- to carefully manage activities that would diminish confidence in the laboratory's competence, impartiality, judgement or operational integrity.
- that Cellular Pathology CSU management and personnel are required to conform to the OUH expectation of being free from any undue commercial, financial, or other pressures and influences that may adversely affect the quality of their work.
- to openly and appropriately declare potential conflicts in competing interests that may exist, as directed by OUH policies

Cellular Pathology CSU Values:

- As part of OUH FT, Cellular Pathology shares the OUH FT core values of excellence, compassion, respect, delivery, learning and improvement¹
- The patient is central to the department's operation:
- Almost every test undertaken in Cellular Pathology contributes to a patient's pathway through OUH FT, primary care, or a referring hospital. We aim to provide high quality, timely results, learning and improving as the field evolves, so that our tests and consultant opinions can contribute to the best outcome for patients.
- Compassion and respect are as relevant in the laboratories and the multi-disciplinary teams we support as they are in the mortuary.

In order to ensure that the needs and requirements of users are met, the Cellular Pathology CSU will:

- Operate a quality management system to integrate the organisation, procedures, processes and resources.
- Provide a framework for establishing and reviewing quality objectives and plans.
- Ensure that all personnel are familiar with the contents of this quality manual and all procedures relevant to their work.
- Commit to the health, safety and welfare of its entire staff and comply with relevant environmental legislation. Visitors to the department will be treated with respect and due consideration will be given to their safety while on site.
- Uphold professional values and is commit to good professional practice and conduct.
- Provide a friendly and caring atmosphere in the workplace so that we all, of whatever gender, age or grade, feel socially comfortable and unthreatened at all times.

The Cellular Pathology CSU will comply with the standards set by The International Standard and is committed to:

¹ Values Standards- behaviours – See link tab to find these

- Staff recruitment, training, development and retention at all levels to provide a full and effective service to its users.
- The proper procurement and maintenance of such facilities, equipment and other resources as are needed for the provision of the service.
- The collection, transport and handling of all specimens in such a way as to ensure the correct performance of examinations.
- The use of examinations that are fit for intended use.
- Reporting results of examinations in ways which are timely, confidential, accurate and clinically useful.
- The assessment of user satisfaction, in addition to internal audit and external quality assessment, in order to produce continual improvement of the quality of laboratory services.
- Annual review of the quality policy and quality management system to ensure suitability.

Signed copy available on request

Appendix 4

USE OF 'DANGER OF INFECTION' LABELS

Specimens that may contain a category three organism present a specific infection hazard, the more common pathogens are summarized below. **It is the duty and responsibility of the sender to be aware of these risks and to arrange for appropriate packaging, labelling and transportation.**

- Both the form and the specimen label must carry a common warning label indicating in black on a yellow background.

'DANGER OF INFECTION'

- The label must be clearly visible to anyone handling the specimen but should not carry clinical details.
- Apart from the common warning label, the request form must give sufficient clinical information to enable laboratory staff to know which precautions to take.

Because of the extra work and stress involved in processing 'high risk' specimens it is important that the category is limited to those specimens where it is a matter of medical opinion that the patient concerned is likely to be carrying a hazard group-3 pathogen.)

'DANGER OF INFECTION'

Place labels:

- One on the specimen container
- One on the request form / EPR specimen envelope.

Common Category Three Biological Agents/Pathogens

	Hepatitis B	Hepatitis C	CJD/vCJD
TB	Brucella	Typhoid	HIV

For further information see HSE Advisory Committee on Dangerous Pathogens (ACDP). The approved list of biological agents, 2013

Labels are available from: Oxuniprint, stock code – DOIL0001, Danger of Infection Label pk 250