CELLULAR PATHOLOGY

OXFORD UNIVERSITY HOSPITALS NHS TRUST

User’s Handbook
Cellular Pathology

About the Oxford University Hospitals NHS 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, 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,

About us

Cellular Pathology CSU provides:
- Diagnostic electron microscopy, 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 sub-specialty Cellular Pathology such as paediatric pathology and a specialised osteoarticular service based at the Nuffield Orthopaedic Hospital (NOC)
- Screening services for cervical cytology samples serving the women of Oxfordshire.
- Autopsies and mortuary facilities for the central Oxford hospitals and HM Coroner for Oxford.
- Research resource 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 post graduates, Biomedical Scientists, Associate practitioners, Anatomical Pathology Technicians and other visiting health care professionals and students.

Our Team
Cellular Pathology staff comprise of qualified and trainee Biomedical Scientists, Associate Practitioners, Biomedical Support Workers, Cytoscreeners, and Anatomical Pathology Technicians supported by secretarial and clerical staff. Medical staff participating in the diagnostic service are funded by both the NHS and the University and include Consultant or Consultant status members, junior medical staff and, at any given time, a number of academic or medical visitors may be working within the CSU.
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Hours of service

**Cytopathology** 08.30 – 17.00 Mon to Fri

**Clinic based FNA service**

Monday’s within the Churchill Hospital outpatient departments and wards.  
Wednesday in the ENT outpatients, West Wing, John Radcliffe Hospital

Contact extension 22887 (Monday clinic) or 22893 (Wednesday clinic) to ascertain the availability of a pathologist.

There is no out of hours Cytopathology service

**JR Histology** 08.30 – 17.00 Mon to Fri

- General tissue samples
- Electron microscopy
- Autopsy

**Out of hours on call service available only for:**
- urgent renals,  
- small bowel transplants

and, on arrangement with the relevant consultant Pathologist, other time critical emergency work

All out of hours work must be discussed with the relevant Pathologist prior to accessing the service

**NOC Histology** 07.30 – 16.30 Mon - Thurs  
07.30 – 16.00 Fri

- Bone
- soft tissue
- osteoarticular

There is no out of hours 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 below

See Page 13 for how to contact us

**Transportation of specimens**

**Mode of transport:**

- Internal transfers - Portering service  
- Between OUH hospitals (Churchill, JR, NOC, West Wing) - Shuttle van  
- 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

**Essential information**

A request form is required for all samples;
- electronic patient record request (Sunquest ICE for GPs) if available – print requisition form
- hard copy
  - See Appendices 1-3
  - Obtain printed version
    - JR Histo WG7701
    - NOC CSP046319

MINIMUM information required:
- patient's full name *(or coded identifier)*
- 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

Samples will **only** be accepted if the container is clearly labelled with patient's full name and DOB

Multiple samples must be labelled sequentially

Danger of infection stickers must be added to high risk samples

Please note that if the patient data on the form and vial do not match the laboratory cannot process the sample.

### Identify High risk specimens

- Add a danger/risk of infection sticker to pots and forms
- State nature of the risk on the form (see appendix 5 for guidance)

**Cervical Samples**

Additional form requirements for cervical samples:
- patient's address
- the registered GP and GP practice
- the sender's details [if different from the GP]
- date of test - without this national TAT cannot be calculated
- date and place of last test
- date of LMP
- a valid sample taker ID code

Electronic requesting via the ICE system is available to all GP practices. If absolutely necessary, a PDF copy of a request form can be emailed for printing / photocopying as required. Contact the laboratory manager, Jill Kozlowski (appendix 1)

Green request cards will still be accepted by the laboratory whilst available.

Cervical samples must only be taken by those who have been trained in accordance with NHSCSP guidelines.

If taken by untrained staff the sample may be discarded.

---

**General information for all specimens**

Electronic patient record request (Sunquest ICE for GPs) if available – print requisition form

- hard copy
  - See Appendices 1-3
  - Obtain printed version
    - JR Histo WG7701
    - NOC CSP046319

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- the sender's details [if different from the GP]
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Green request cards will still be accepted by the laboratory whilst available.

Cervical samples must only be taken by those who have been trained in accordance with NHSCSP guidelines.

If taken by untrained staff the sample may be discarded.
Testing policies continued

<table>
<thead>
<tr>
<th>Diagnostic Cytology samples</th>
<th>Urgent requests - contact the cytology laboratory prior to sending the specimen</th>
<th>Additional Tests</th>
<th>The time limit for requesting additional tests on the original sample is one week from test date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen Sections</td>
<td>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)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turnaround times

The department aims to meet the Royal College of Pathologist turnaround time guidelines which are in calendar days from the sample taken date however, bank holidays and particularly busy periods may result in slight delays.

<table>
<thead>
<tr>
<th>Specimen type</th>
<th>Turnaround time target</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical screening results</td>
<td>98% in 10 days from test date to report date</td>
<td>This may take longer over bank holidays</td>
</tr>
<tr>
<td>Diagnostic Cytology</td>
<td>80% in 10 days</td>
<td></td>
</tr>
<tr>
<td>Routine Histology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biopsies</td>
<td>80% in 7 days</td>
<td>Large/complex bone tissue Bone tumours/amputation specimens = 10-15 days</td>
</tr>
<tr>
<td>Whole workload</td>
<td>80% in 10 days</td>
<td>Native renals requiring EM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cases requiring molecular testing</td>
</tr>
<tr>
<td>Frozen section (verbal report)</td>
<td>10-30 minutes from receipt</td>
<td>Multiple specimens or Complex cases can significantly increase this TAT. If possible, an interim report can be given</td>
</tr>
</tbody>
</table>

See Page 12 for how to obtain your results
## Clinical Tests available

<table>
<thead>
<tr>
<th>Name</th>
<th>Specimen/container requirements - Routine:</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervical screening</strong></td>
<td>Place cervical samples into:</td>
<td>Sample vials passed the expiry date will be discarded and a repeat requested (NHS Cervical Screening Programme requirement)</td>
</tr>
<tr>
<td>ThinPrep LBC</td>
<td>Labelled LBC vial</td>
<td>Do not ‘top up’ any split sample from another vial – send ‘as is’ to the laboratory (to avoid exceeding maximum fluid levels)</td>
</tr>
<tr>
<td>Papanicolaou stain</td>
<td>Pink plastic transport bags</td>
<td>Refer patients with irregular bleeding [PCB, PMB or IMB] or clinical symptoms to a gynaecologist [not colposcopy] for further investigation – an out of programme cervical cytology test is not warranted.</td>
</tr>
<tr>
<td></td>
<td>● Available from specimen reception department at the John Radcliffe Hospital telephone 01865 220341.</td>
<td>Cervical cytology samples taken prior to the woman's next routine test date maybe discarded - NHSCSP guidance is being updated shortly on this issue.</td>
</tr>
<tr>
<td></td>
<td>Send immediately to Cytology</td>
<td>Additional samples can only be processed if paid for as a private patient</td>
</tr>
<tr>
<td><strong>Diagnostic Cytology:</strong></td>
<td>Do not use the pink transport bags for diagnostic Cytology samples</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Where it indicates ‘fix in alcohol’ please fully immerse in a container of alcohol.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Label all microscope slides in pencil with:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● patient’s full name,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● DOB and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● hospital number</td>
<td></td>
</tr>
<tr>
<td><strong>Sputums</strong></td>
<td>For suspected malignancy when patient is unfit to undergo other investigations:</td>
<td>Salivary or nasal secretions are unsuitable for examination.</td>
</tr>
<tr>
<td></td>
<td>● 3 early morning specimens</td>
<td>Consider involving a physiotherapist and nebuliser induction of sputum.</td>
</tr>
<tr>
<td></td>
<td>● on consecutive days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● sterile, universal container</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For suspected pneumocystis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● bronchoalveolar lavage should be sent</td>
<td></td>
</tr>
<tr>
<td><strong>Bronchial washings/bronchoalveolar lavage</strong></td>
<td>Sterile universal container.</td>
<td>For suspected TB send specimen to microbiology (see links below)</td>
</tr>
<tr>
<td></td>
<td>Indicate on the accompanying request form if detection of pneumocystis is required.</td>
<td></td>
</tr>
<tr>
<td><strong>Bronchial specimens specifically for Differential Cell Counts</strong></td>
<td>Place sample in to a transport container of Sedfix</td>
<td>Make it very clear on the request form that a Diff Cell Count is required.</td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>Specimen/container requirements - Routine:</td>
<td>Other</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Bronchial and gastrointestinal brushings</strong></td>
<td>Spread on to a microscope slide. Fix immediately in alcohol whilst the specimen is still wet. Remove after 15 minutes, Allow to air dry. Place in a plastic slide transport box and send to the laboratory.</td>
<td></td>
</tr>
<tr>
<td><strong>Fine needle aspirates</strong> (thyroid, salivary glands, lymph nodes, breast)</td>
<td>Take 2 aspirates from all lesions, where safe. • Spread material onto pre-labelled slides • Air dry slides. Place in plastic slide transport box and send to the laboratory.</td>
<td></td>
</tr>
<tr>
<td><strong>EBUS-TBNA</strong></td>
<td>Collected into a Cytolyte solution. Send to the laboratory directly.</td>
<td>If material remains in needle hub, rinse into Sedfix [an alcohol containing transport medium available from the laboratory on request] and send to the lab.</td>
</tr>
<tr>
<td><strong>EUS FNA (liver or pancreas)</strong></td>
<td>Spread directly onto a pre-labelled microscope slide. Fix immediately in alcohol whilst the specimen is still wet. Remove after 15 minutes. • Air dry slides. Place into a plastic slide transport box and send to the laboratory.</td>
<td></td>
</tr>
<tr>
<td><strong>Joint fluids</strong></td>
<td>For suspected malignancy send a clearly labelled sample to Cytology. For crystal analysis, send to the NOC Histology lab.</td>
<td></td>
</tr>
<tr>
<td><strong>Serous effusions (e.g. pleural, ascetic and pericardial)</strong></td>
<td>Send 20 ml in a clearly labelled sterile universal container. There is no benefit in sending more than 20 ml.</td>
<td></td>
</tr>
<tr>
<td><strong>Urine</strong></td>
<td>At least 10 ml from the second void of the day. Use a clearly labelled sterile universal container. Indicate if the patient has: • been catheterised, • had recent urinary instrumentation, • chemotherapy or • local radiotherapy, Failure to do so may result in a false positive diagnosis. “Danger of Infection” BKV urines and BKV urines from any non renal Tx pts are sent to cytology. Send Non “Danger of Infection” BKV urines from Renal Tx pts to Transplant Immunology Lab, Oxford Transplant Centre, Churchill</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Specimen/container requirements - Routine:</td>
<td>Other</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Histology Specimens| Fix specimens as soon as possible (except where test requires fresh samples – details below) 10% formalin (3x the volume of the sample required)                                                                                                                  | Package according to legislation with a minimum:  
  - leak proof container (specimen)  
  - sealable bag containing absorbent material  
  - secondary, opaque container (this can contain multiple specimens)  
  See CPP20 specimen transport protocol for more details |
| JR Histology tests:|                                                                                                                                                                                                                                               | Fresh samples – only send the following samples fresh if there is a clinical need, otherwise, fix as per other specimens  
  - Breast specimens  
  - Gastrointestinal specimens  
  - Lymphoid tissue  
  - Lung specimens |
| Routine diagnosis  |                                                                                                                                                                                                                                               | Specimens with suspected infection – (not for histological analysis)  
  - DO NOT USE FORMALIN  
  - Place separate, dry specimen(s) in a sterile container  
  - send to microbiology JR2 (OUH) 24 hour service |
| Molecular and cytogenetic analysis |                                                                                                                                                                                                                                             | Fluids  
  DO NOT USE FORMALIN |
| NOC Histology:     |                                                                                                                                                                                                                                               | Contact lab in advance with details of the:  
  - 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) |
| Bone, soft tissue, osteoarticular samples - Routine diagnosis |                                                                                                                                                                                                                                             | See CPSOP12 for further details on urgent samples and |
| Synovial fluid crystal/infection analysis |                                                                                                                                                                                                                                             | CPP 20 for further details on specimen transport |
| JR Frozen section (FS) | • Intraoperative samples  
  - Hirschprungs  
  - MOHs rapid inter-operative diagnosis  
  Do not send infective/microbiological agents fresh (TB, HIV etc.) | Contact lab in advance with details of the:  
  - 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) |
| 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:  
  **Private & Confidential**  
  **FOR IMMEDIATE DELIVERY**  
  **EXTREMELY URGENT FRESH SAMPLE**  
  **DETERM DIRECTLY TO THE**  
  **HISTOPATHOLOGY LABORATORY**  
  **LEVEL 1, JR HOSPITAL (EXT 20493)**  
  **DELIVERY REQUIRED WITHIN 20 MINUTES FOR IMMEDIATE DIAGNOSIS**  
  **SEND: CONTACT TELE:** | See CPSOP12 for further details on urgent samples and |
| CPP 20 for further details on specimen transport |                                                                                                                                                                                                                                             |
### Name: NOC Frozen Sections
- Bone & related soft tissue, osteoarticular specimens

**Specimen/container requirements - Routine:**
- **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

**Other:**
- Contact lab in advance with details of the:
  - 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)

### Name: Paediatric rectal biopsies (to exclude Hirschprungs)

**Specimen/container requirements - Routine:**
- **Do not** add any fixative
- Send ASAP, dry in a sterile universal container

### Name: Renal biopsies

**Specimen/container requirements - Routine:**
- For native samples and transplants over 6 months - send 2 cores minimum:
  - 1 in millionigs fixative
  - 1 in fresh, phosphate buffer (contact lab for formulations) – **keep cool**
- For transplant samples less than 6 months – send at least:
  - 1 core in millionigs fixative
  - For tissue donation assessment – send at least:
  - 1 core in formalin

**Other:**
- **Urgent samples** received by 14.00 hours will be processed, cut and stained that day.
  - Urgent samples after 14.00 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)
  - Refrigerate routine samples that will not reach the lab by 16.30 – send ASAP the following day

### Name: Skin samples for immunofluorescence

**Specimen/container requirements - Routine:**
- Place sample into labelled nunc tube
- Freeze in liquid nitrogen
- Transport in insulated shipper to Pathology Laboratory reception

**Other:**
- If liquid nitrogen is unavailable use:
  - normal saline (maximum 24 hours) or
  - Michels transport medium (24 – 48 hours)
Results

<table>
<thead>
<tr>
<th>Histopathology and Diagnostic Cytology</th>
<th>Results are available for viewing electronically on Case Notes and EPR</th>
<th>Hard copies are sent to requesting clinicians/G.P.s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cytology</td>
<td>Returned electronically to GP practices where supported.</td>
<td>Primary Care Support England is notified of all results and send a result letter directly to the patient.</td>
</tr>
<tr>
<td></td>
<td>Hard copies of reports are sent to all requesters, unless practices indicate they no longer wish to receive reports this way.</td>
<td>Colposcopy referrals are sent directly from the Colposcopy department by letter to the patient with appointment details and explanatory leaflet.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If no GP is given it is the responsibility of the requesting clinician to ensure that the GP is aware of the result.</td>
</tr>
</tbody>
</table>

Governance

See the departmental quality policy Appendix 4a JR Histology and Appendix 4b 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
- NOC licence 12217

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

- National Musculoskeletal Pathology EQA
- British Bone & Soft Tissue Tumour Panel
- NOC/RNOH/ROH QA Scheme UK
- 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)
- Cervical Cytology Technical EQA for South Central Region
- Dermatopathology EQA Scheme
- GI EQA
- Gynae EQA Scheme
- South Central Gynae Cytology 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
- Regional EQA Scheme
The Cervical Screening component of the Cytology department is inspected by the Regional Quality Assurance Team – this occurs every 3 years, with interim visits at the intervening 18 month point.

**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 Hospital,
- 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:**

<table>
<thead>
<tr>
<th>Centralised numbers</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Histology / Cytology</td>
<td>Telephone: 01865 220491 / 90</td>
</tr>
<tr>
<td>Specimen reception</td>
<td>Fax: 01865 220516</td>
</tr>
<tr>
<td>Telephone: 01865 220493</td>
<td></td>
</tr>
<tr>
<td>Bone / Soft Tissue / Osteoarticular Histology</td>
<td>Telephone: 01865 738137 (technical enquiries)</td>
</tr>
<tr>
<td></td>
<td>Fax: 01865 738139 (general enquiries)</td>
</tr>
<tr>
<td></td>
<td>01865 738140 (technical enquiries)</td>
</tr>
<tr>
<td>Mrs Sharon Roberts-Gant</td>
<td>01865 220494 <a href="mailto:sharon.roberts-gant@ouh.nhs.uk">sharon.roberts-gant@ouh.nhs.uk</a></td>
</tr>
<tr>
<td><strong>Histology On Call Service</strong> (renal and small bowel transplants only)</td>
<td>01865 741166 ask for Histology on call technician</td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td>See above</td>
</tr>
<tr>
<td>Formal service complaints</td>
<td>See above</td>
</tr>
<tr>
<td>Patient complaints</td>
<td>Verifying the laboratory manager</td>
</tr>
<tr>
<td>Direct complaints to the Patient Advice Liaison Service (PALS)</td>
<td>01865 221 473 <a href="http://www.ouh.nhs.uk/patient-guide/pals.aspx">http://www.ouh.nhs.uk/patient-guide/pals.aspx</a></td>
</tr>
</tbody>
</table>
Specialist expertise / clinical guidance – Contact via Cellularpathology.advice.ouh@nhs.net  
Please note – confidential /sensitive patient data must always be sent from a secure nhs.net account

See table below:

<table>
<thead>
<tr>
<th>TEAM</th>
<th>MEMBERS</th>
<th>TEAM</th>
<th>MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone &amp; Soft Tissue</td>
<td>Prof Nick Athanasou [Lead]</td>
<td>Gynaecology</td>
<td>Dr Sunanda Dhar [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Zsolt Orosz</td>
<td></td>
<td>Dr Stephen Damato</td>
</tr>
<tr>
<td>Breast</td>
<td>Dr Ben Phillips [Lead]</td>
<td></td>
<td>Dr Sanjiv Manek</td>
</tr>
<tr>
<td></td>
<td>Dr Derek Roskell</td>
<td></td>
<td>Dr Marco McCole</td>
</tr>
<tr>
<td></td>
<td>Dr Ioannis Roxanis</td>
<td></td>
<td>Dr Rosa Oliveira [Speciality Doctor]</td>
</tr>
<tr>
<td></td>
<td>Dr Lucie Winter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cytology</td>
<td>Dr Sanjiv Manek [Lead]</td>
<td>Haematopathology</td>
<td>Dr Daniel Royston [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Sunanda Dhar</td>
<td></td>
<td>Prof Francesco Pezzella</td>
</tr>
<tr>
<td></td>
<td>Mrs Julia Fox (ABMSP)</td>
<td></td>
<td>Dr Elizabeth Soilleux</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>Dr Olivia Espinosa [Lead]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Ruth Asher</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Eleni Ieremia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Chris Stonard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>Dr Ketan A. Shah [Lead]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Stephen Damato</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td>Dr Lucie Winter [Lead]</td>
<td>Paediatric</td>
<td>Dr Colene Bowker [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Ben Phillips</td>
<td></td>
<td>Dr Darren Fowler</td>
</tr>
<tr>
<td></td>
<td>Dr Derek Roskell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper GI</td>
<td>Dr Eve Fryer [Lead]</td>
<td>Respiratory</td>
<td>Dr Colin Clelland [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Caroline Hughes</td>
<td></td>
<td>Dr Mark McCole</td>
</tr>
<tr>
<td></td>
<td>Dr Elena Collantes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Ruchi Tandon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Aniko Rendek</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Lai Mun Wang</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Natasha Onwu (Specialty Doctor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower GI</td>
<td>Dr Eve Fryer [Lead]</td>
<td>Urology</td>
<td>Dr Clare Verrill [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Ruchi Tandon</td>
<td></td>
<td>Dr Lisa Browning</td>
</tr>
<tr>
<td></td>
<td>Dr Aniko Rendek</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Natasha Onwu (Specialty Doctor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatobiliary / GI Cytology</td>
<td>Dr Eve Fryer</td>
<td>Autopsy</td>
<td>Prof Ian Roberts [Lead]</td>
</tr>
<tr>
<td></td>
<td>Dr Caroline Hughes</td>
<td></td>
<td>and other pathologists</td>
</tr>
<tr>
<td></td>
<td>Dr Elena Collantes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Useful Links

Translational Research Collaborations
Oxford Universities and the Biomedical Research Centre via the Oxford Centre for Histopathology Research (OCHRe)
http://wyvern.ndcls.ox.ac.uk/ochre/

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

<table>
<thead>
<tr>
<th>Test not carried out directly by Cellular Pathology – send sample to Cell Path</th>
<th>EGFR, Braf, KRAS, MSI</th>
<th>Samples will be prepared and sent to Molecular Diagnostics, Haematology JR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test not carried out by Cellular Pathology – DO NOT SEND to Cell Path</td>
<td>CSF</td>
<td>Send to Neuropathology, West Wing, John Radcliffe Hospital, Oxford.</td>
</tr>
<tr>
<td></td>
<td>Urine screening for BKV</td>
<td>Send to the Transplant Immunology Laboratory at the Oxford Transplant Centre, Churchill Hospital.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Only if the sample is also classified as 'Danger of Infection' should it be sent to the Cytology Lab at the John Radcliffe Hospital.</td>
</tr>
</tbody>
</table>

Document Library

Information from the following documents have 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

<table>
<thead>
<tr>
<th>Reference</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPP13</td>
<td>Cellular Pathology Quality Manual</td>
</tr>
<tr>
<td>CPP20</td>
<td>Specimen Transport Protocol</td>
</tr>
<tr>
<td>HP 0012</td>
<td>NUFFIELD Specimen handling and transport procedure 5.0</td>
</tr>
<tr>
<td>HP 0013</td>
<td>NUFFIELD Orthopaedic histopathology users’ handbook 7.0</td>
</tr>
<tr>
<td>HQM 0002</td>
<td>NOC Histopathology Quality Manual 5.0</td>
</tr>
<tr>
<td>CPSOP 12</td>
<td>Delivery of urgent samples / frozen sections to Cellular Pathology</td>
</tr>
</tbody>
</table>
### Appendix 1

<table>
<thead>
<tr>
<th>Local Codes:</th>
<th>Screeners:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cytological Pattern</strong></td>
<td><strong>Specific Infection</strong></td>
<td><strong>Management Suggested</strong></td>
</tr>
<tr>
<td>Inadequate</td>
<td>1</td>
<td>HPV Positive</td>
</tr>
<tr>
<td>Negative</td>
<td>N/2</td>
<td>HPV Negative</td>
</tr>
<tr>
<td>Borderline changes</td>
<td>B/8</td>
<td>HPV Unavailable</td>
</tr>
<tr>
<td>Borderline glandular</td>
<td>E/9</td>
<td></td>
</tr>
<tr>
<td>Mild dyskaryosis</td>
<td>M/3</td>
<td></td>
</tr>
<tr>
<td>Mod dyskaryosis</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Severe dyskaryosis</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Severe ?invasive</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>?Glandular neoplasia non-cervical</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>?Glandular neoplasia endocervical type</td>
<td>G/0</td>
<td></td>
</tr>
</tbody>
</table>

**Screener's opinion:**

**Checker's opinion:**

**Registrar's opinion:**
### Appendix 2

#### Histopathology, Cellular Pathology

All fields in bold are mandatory

<table>
<thead>
<tr>
<th>NHS Number:</th>
<th>Lab Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigation (Tick):</th>
<th>Danger of Infection</th>
<th>Lab Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen Section</td>
<td>Yes (apply Sticker) / No</td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUST BE COMPLETED FOR ALL CASES: TICK Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSENT FOR ETHICALLY APPROVED MEDICAL RESEARCH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORMATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TISSUE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### CLINICAL DETAILS & DIAGNOSIS

(including other investigations e.g.: imaging)

- **Consultant / GP:**
- **Speciality / Practice:**
- **Requesting Dr:**
- **Blood:**

#### SPECIMEN TYPE:

- **For gynaecological specimens**
  - **LMP:**
  - **Any hormonal treatment:**

#### LAB USE ONLY:

1) **AE/RS**

2) **AE/RS**

3) **AE/RS**

4) **AE/RS**

5) **AE/RS**

6) **AE/RS**

7) **AE/RS**

8) **AE/RS**

#### Date Taken:

#### Time Taken:

#### Date Received: WVG7701
Appendix 3

<table>
<thead>
<tr>
<th>Oxford University Hospitals NHS Trust</th>
<th>HISTOPATHOLOGY REQUEST FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windmill Road, Headington, Oxford, OX3 7LD</td>
<td>Histology Number</td>
</tr>
<tr>
<td>Tel. (01865) 738137 Fax. (01865) 738140</td>
<td></td>
</tr>
</tbody>
</table>

PATOIENT DETAILS

<table>
<thead>
<tr>
<th>NHS No.</th>
<th>Hosp No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Forenames</td>
</tr>
<tr>
<td>DOB</td>
<td>Male/Female</td>
</tr>
<tr>
<td>Ward</td>
<td>Consultant(s)</td>
</tr>
</tbody>
</table>

NHS Private

| Out Patient | Day case | 23H | Radiology |

Suspected Infection (Please circle)

<table>
<thead>
<tr>
<th>Bone</th>
<th>Joint</th>
<th>Soft Tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>TB</td>
<td>Hep B/C</td>
</tr>
<tr>
<td>CJD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revision Arthroplasty Specimen (Please circle)

<table>
<thead>
<tr>
<th>Hip</th>
<th>Knee</th>
<th>Other joint (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stingless-steel</td>
<td>Titanium</td>
<td>Cobalt-chrom</td>
</tr>
<tr>
<td>Polyethylene</td>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

Tumour Specimens (Please circle)

<table>
<thead>
<tr>
<th>Bone</th>
<th>Soft tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign</td>
<td>Malignant (Primary/Secondary)</td>
</tr>
</tbody>
</table>

For soft tissue tumours indicate whether the lesion is:

<table>
<thead>
<tr>
<th>Superficial</th>
<th>Deep</th>
<th>Intramuscular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intramedullary</td>
<td>Surface</td>
<td>Spina</td>
</tr>
</tbody>
</table>

For bone tumours indicate whether the lesion is:

<table>
<thead>
<tr>
<th>Epiphyseal</th>
<th>Metaphyseal</th>
<th>Diaphyseal</th>
</tr>
</thead>
</table>

Continue overleaf if necessary

CLINICAL DETAILS

<table>
<thead>
<tr>
<th>Requesting Clinician (block capitals)</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection date: Time:...............</td>
<td></td>
</tr>
</tbody>
</table>

FROZEN SECTION:

<table>
<thead>
<tr>
<th>Contact No. for verbal report:</th>
<th>Routine Histo:</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rapid Histo:</td>
<td></td>
</tr>
</tbody>
</table>

| 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 |
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 and 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.

- It is the policy of Cellular Pathology CSU to perform all its work to the highest possible level of quality and compliance with The International Standard (ISO 15189:2012).

- This policy statement reinforces to both our customers and our staff the commitment that management of Cellular Pathology CSU has to high standards of quality, compliance and service.

- Cellular Pathology CSU has careful management of activities that would diminish confidence in the laboratory’s competence, impartiality, judgement or operational integrity.

- 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.

- Where potential conflicts in competing interests may exist, they are openly and appropriately declared as directed by OUH policies

Incorporates the Cellular Pathology CSU Values of:

- As part of OUH, Cellular Pathology shares the OUH core values of excellence, compassion, respect, delivery, learning and improvement

- Almost every test undertaken in Cellular Pathology contributes to a patient’s pathway through OUH, primary care, or a referring hospital. The patient is central to the department’s operation. 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.
- Provided 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 committed 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:

- 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
Histopathology Quality Policy

The Quality Policy of the Orthopaedic Histopathology Department within the Pathology and Laboratories clinical directorate at the John Radcliffe Hospital, Oxford University Hospitals NHS Trust.

The scope of the Orthopaedic Histopathology Department is to provide a diagnostic Osteoarticular Histopathology service to the surgical, clinical, paediatric, rheumatological and radiological staff of the Oxford University Hospitals NHS Trust consisting of the Nuffield Orthopaedic Centre, the John Radcliffe Hospital, Churchill Hospital and the Horton Hospital. A diagnostic Osteoarticular service is also provided to Nuffield Health the Manor Hospital, Beech Road, Headington, Oxford, OX3 7RP and GP’s. It is actively involved in the Oxford Bone and Soft Tissue Tumour service and also provides a specialist referral service for osteoarticular disease for the Southeast Region and has close links with the other specialist units throughout the country. The Orthopaedic Histopathology Department strives to “Provide excellent care with compassion and respect” as stated in the Trusts values and objectives.

It is committed to providing a high quality, timely and cost effective service which takes into consideration the needs and requirements of its users.

The department operates a quality management system which provides the integration of organisational structure, processes, procedures and resources within the department and is committed to:-

1. Staff recruitment, training, development and retention at all levels to ensure a full and effective service to its users.
2. Correct procurement and maintenance of equipment, resources and consumables to ensure the provision of a full high quality service that is fit for intended use.
3. Treating all human tissue with respect. Ensuring appropriate collection, transport and handling of specimens to ensure the highest quality testing possible and timely, accurate, confidential and relevant reporting.
4. Compliance with the Human Tissues Act (2004) and current legislation in respect of storage, retention and disposal of human tissue.

In providing a framework for establishing and reviewing quality objectives, monitoring the needs, requirements and service satisfaction of its users and regularly reviewing the quality management system through internal audits and external quality assessment, the department is able to achieve continual quality improvement of the laboratory services.

Personnel are notified of the need for commitment to good professional practice, health, safety and welfare of both staff and visitors and compliance with all relevant environmental legislation and are familiar with the contents of the quality manual and all procedures relevant to their work.

Visitors to the department will be treated with respect and due consideration will be given to their safety at all times whilst within the department.
The department is committed to being compliant with the standards as set by the United Kingdom Accreditation Services (UKAS), BE EN ISO 15189; 2012 and the Human Tissues Act (2004)

Signed copy available on request
Appendix 5

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.)

Place labels:

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

Common Category Three Biological Agents/Pathogens

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>CJD/vCJD</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB</td>
<td>Brucella</td>
<td>Typhoid</td>
<td>HIV</td>
</tr>
</tbody>
</table>

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