Specimen Type: PARTIAL NEPHRECTOMY

Procedure:

- 1. Weigh and measure overall dimensions of specimen, size of kidney tissue, and size of perinephric fat.
- 2. Inspect perinephric fat for tumor extension; inspect the renal parenchymal margin for tumor involvement; note the presence or absence of renal sinus fat.
 - a. Ink renal parenchymal margin in blue
 - b. Ink perinephric fat margin in black
- 3. Serially section the specimen perpendicular to the long axis and perpendicular to the renal capsule or renal parenchymal margin.
- 4. Describe tumor: location, demarcation, color, texture, hemorrhage/necrosis/cystic degeneration, extension into: renal sinus, vein, or perinephric fat, if applicable.
- 5. Photograph the representative slices containing the largest dimension of tumor and the closest renal parenchymal resection margin.
- 6. Look for additional lesions in the uninvolved kidney.
- For any solid or solid-cystic tumor > 2 cm \rightarrow collect tissue for cytogenetics
 - Place order for cytogenetics (Karyotype only)
 - o Place Karyotype label on RPMI container
 - Send sample to cytogenetics lab on next available courier
 - DO NOT PLACE SPECIMENS IN BACK FRIDGE OF LAB
- For tumors < 2 cm, cystic tumor without solid component, or urothelial cancers → do not need to collect tissue for cytogenetics
- FOR NORTHRIDGE CASES ONLY ACCESSION CYTOGENETICS AS ZKO CASE TYPE

Gross Template:

MMODAL Command: "INSERT PARTIAL NEPHRECTOMY"

It consists of an [*intact, disrupted, previously incised****], [*weight****] gram, [*measure in three dimensions****] cm, partial nephrectomy. [*mention if any orientation is provided****]

Sectioning reveals a [measure in three dimensions^{***}] cm [describe lesion- circumscription, encapsulation, color, consistency^{***}]. The lesion is located [distance^{***}] cm from the parenchymal margin and [distance^{***}] cm from the [capsule/perinephric fat/Gerota's fascia^{***}]. The mass is [confined to the kidney/protruding into perinephric fat ^{***}]. [Comment on presence or absence of hemorrhage and necrosis in the tumor^{***}].

The uninvolved renal parenchyma displays [*unremarkable or describe additional pathology****] cut surfaces. No additional lesions or masses are identified. A portion of tumor tissue is placed in RPMI and sent for cytogenetics studies [*delete if not collected****]. Gross photographs are taken. Representative sections are submitted.

INK KEY:

BlueParenchymal marginBlackCapsule/perinephric fat margin

[insert cassette summary***]

Cassette Submission: 5-6 cassettes

- One section of kidney away from tumor if a good portion of uninvolved kidney is present - try to include cortex and medulla. This should be placed in cassette A1 (It will be a pink block, which includes 1 PAS stain).
- Tumor:
 - o From areas with different color or texture
 - To include areas with necrosis
 - To include relationship to normal renal parenchyma
 - 1-2 sections with closest renal parenchymal margin
 - 1 section with perinephric fat invasion, if present
 - 1 section with renal sinus fat invasion, if present
 - 1 section with closest perinephric fat margin, if present
 - If the tumor is 3 cm or smaller in size submit it entirely

ORDERING CYTOGENETICS

At times Cytogenetic testing needs to be performed on existing cases. This job aid describes the scenario for placing add-on Karyotype orders on existing cases.

Placing an order for Karyotype on an existing case

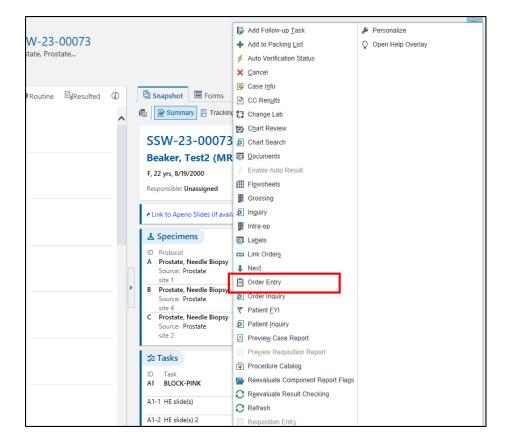
- 1. Open the Case in the Outstanding List Editor
 - **a.** Within the Outstanding List Editor, **scan case label** to bring up case, or enter the **Case ID** in search field in the Outstanding List Editor.

	Outstanding List - RR	PATHOLOGY A	ND CLINICAL LABO	RATORY MED	ICINE - A	AP Residents	s - Active SSW	&SSU Cas
l	🍇 Views 👻 📄 Comm Log 🛛 🖡 I	Pi <u>n</u> 🖱 Hol <u>d</u> s						
	Search			Outstanding Scann	ed Recent	Pinned		
Ľ	6 All	Ο STAT	0 Overdu	a	1 Resulted			

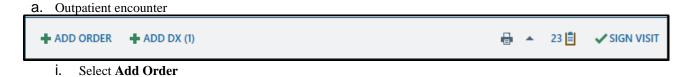
- 2. Verify that the correct case is open.
- 3. Click the Actions button in the top right corner of the activity.

Beaker, Test2 MRN 4592966 F, 22 years, 8/19/2000	SSW-23-00073 Prostate, Prostate	Case Type SSW Case Status Accessioned	Responsible Unassigned
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4. Click Order Entry.



5. Based on the patients encounter (Inpatient or Outpatient) you will be presented with the following:



b. Inpatient encounter

Brain Orders 👻	
Manage Orders Order Sets	Options 🕶
R Providers 🖓 New Interactions	
Place orders, order sets, or pathways	∔ Ne <u>w</u>
Verbal with readback	✓ ● <u>N</u> ext

6. Find the order you want to place as an add-on.

E Order	and Order Set Search				_	
KARYO	TYPE 👂			<u>B</u> rowse	Preference List	<u>D</u> atabase
⊟ Ore	der Sets, Panels, & Pathways (No results found)	s	earch order set	s by user		P
🖻 Me	edications (No results found)					
🖻 Pro	ocedures 😤					
	Name	Туре	Pref List	Px Code		Cost t
2	Karyotype and FISH (Oncology, Heme)	Path,C	yt BKR IP LA	LAB9020	R	
2	Karyotype Only	Path,C	yt BKR IP LA	LAB9018	R	
R	Karyotype and FISH (Constitutional, Postnatal)	Path,C	yt BKR IP LA	LAB9053	R	
R	FISH and Karyotype (to be ordered ONLY by Bone Marrow Lab staff)		BKR IP LA	0246440	D	
· · · ·						
			Select An	d Sta <u>v</u>	✓ <u>A</u> ccept	× Cancel

Refer to table below for order-specific descriptions and codes.

Cytogenetic Orders (Karyotype)

Order Name	Order Code	Order Description
Karyotype Only	LAB9018R	This is the main order to be used if Karyotype is only being requested.
Karyotype and FISH (Oncology, Heme)	LAB9020R	This order is to be used when both Karyotype and FISH is requested on Oncology or Hematologic cases.
Karyotype and FISH (Constitutional, Postnatal)	LAB9053R	This order is to be used when both Karyotype and FISH is requested on Constitutional or Postnatal cases.

- 7. Indicate the **Specimen Type** for the order.
- 8. Select the appropriate answers to all questions and add the relevant clinical information in the *Comments* field.

Karyotype Only					✓ <u>A</u> ccept	X Cancel
Reference Links:	UCLA Test Directory Informat Amniotic Fluid UCLA Test Directory Informat Chorionic Villus Sampling UCLA Test Directory Informat Tumor	High R ion - UCLA [®] Percut Sampli	est Directory Information - Tiss	Marrow, Neoplasti • <u>UCLA Test Directo</u> <u>Products of Conce</u>	c Blood. Lymp ry Information ption	oh Nodes <u>1 -</u>
Priority:	Routine 🔎	Routine STAT				
Frequency:	Once					
	At 8/11/2023 🗟 Today Tor	norrow 1850	Ð			
Process Instructions:	Please indicate Anatomic Locati If you would like to add-on a te Transport to the Laboratory imm	st to a specimen that i	already in the lab, please call C			
Specimen Type:	Blood Bone Marrow Body F	uid Tissue Urine				
Provider #1 to CC on Lab	Results					
Provider # 2 to CC on La	Results					9
Provider #3 to CC on Lat	Results					Q. Q.
Comments:	Enter additional clinical information	mation if needed.				
Modifiers:	ç					
℅ Additional Order Details						

9. Click **Accept** when complete.

- 10. Once all the order details are filled out:
 - a. Outpatient: click **Sign Orders** at the bottom of the screen.

PRINT AVS	18 🛢	PEND	✓ <u>S</u> IGN ORDERS (1)	•
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b. Inpatient: click **Sign Orders** at the bottom of the screen.

X Remove All	∽ Sa <u>v</u> e Work	✓ Sign Orders
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11. Select the appropriate **Order Mode**

Γ	Order mode 🎜	
	Standard	Q
	Standard Verbal with readback Telephone with readback Per protocol: cosign required	

12. Verify the correct Authorizing Provider.

Do not select a UCLA pathologist as either the **Ordering** or **Authorizing Provider.**

13. Click Accept.

*Note:

If the add-on testing was requested by a different provider than the provider who placed the original Tissue Exam order via e- mail, telephone, or fax, you should change the name of the provider to reflect the name of the provider who is actually is requesting the add-on testing. In such case, the order mode should be changed to **Verbal with Readback**.

Specimen Collection and Label Printing

1. Within the patients encounter, select the **Order Inquiry** tab.

) Be	eaker,Ralp	h	×											Ke I I		
	←→	Summary	Chart	Results	Work List	MAR	Flowsheets	I/O	Notes	Education	Care Plan	Orders	Immunizations	Patient Statio	Order Inquiry	
\mathbf{v}	Order	Inquiry														-

2. Select the **Karyotype** order that was placed on the patient and click **Collect Specimens**.

Order In	quiry										
C Refresh	* View <u>s</u> ▼	🟑 Releas	e∬	Collect Specimens	I Case <u>B</u> uilder ▼	X Cancel	CC Res <u>u</u> lts	co Lin <u>k</u> (Orders	🛃 Lab Collect UCLA	🛃 Clin
Re	esulting Age	Q Pri S	P	Order			Specimen Ty	vpe Exp	ected	Next Expected	Order D
Pa	athology and	Cytology							•		
V R	ONALD REA	R		KARYOTYPE (AP)			Tissue				08/1

3. Select Print Labels within the Specimen Collection activity.

Specimen Collection Collection Sequence	Tissue Specimens	٢
Sterile Container		
Karyotype Only	Sterile Container	Lab: RR PATHOLOGY AND CLINICAL LABORATORY MEDICINE
	Marrow: 1ml-3ml collected in Green top (sodium heparin) tub Cytogenetics transport media Percutaneous Umbilical Con	al Blood-High Resolution: 2ml-10ml collected in Green Top (sodium heparin) tube Bone be Chorionic Villus Sampling (CVS) 40-50 mg budding villi collected in Sterile container with f Blood Sampling: Inti-3ml whole blood collected in Green top (sodium heparin) tube; tube containing cytogenetic transport media (provided by the Laboratory). Tissue, Skin culture medium (available from Cytogenetics Laboratory).
	Transport to the Laboratory immediately. Maintain at room ter	nperature.
	UCLA Test Directory Information - Amniotic Fluid	
	UCLA Test Directory Information - Blood, High Resolution	
	UCLA Test Directory Information - Bone Marrow, Neoplastic Blood.	Lymph Nodes
	UCLA Test Directory Information - Chorionic Villus Sampling	
	UCLA Test Directory Information - Percutaneous Umbilical Cord Blo	Jod Sampling
	UCLA Test Directory Information - Products of Conception	
	UCLA Test Directory Information - Solid Tumor	
	UCLA Test Directory Information - Tissue, Skin Biopsy	
	Karyotype Only Scheduled: 8/17/2023 0910 Comments: Enter additional clinical information if needed.	ා Collect Later
		i and a second

4. Using the barcode scanner, scan the printed label to document collection.

A. Other, E	nter source info	rmation (9) Scan label or	r click to document collection	×
Time	Date	Collector	Department	
Source			Draw Type	
Other, Enter	source information		Collection Collection	
🗊 Add Speci	imen Description			

Note: If barcode scanner is unavailable, click the *Scan label or click to document collection* hyperlink and document all the appropriate fields (if needed).

5. Once the collection required collection information has been filled in, select **Receive or Accept** and the window should automatically close.

All collections documented!	F	መ	⊎	∢
	Procedure Catalog	Reprint Labels	Co <u>l</u> lect All	Recei <u>v</u> e