## Genitourinary Grossing Guidelines

## 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<sup>\*\*\*</sup>] cm [describe lesion- circumscription, encapsulation, color, consistency<sup>\*\*\*</sup>]. The lesion is located [distance<sup>\*\*\*</sup>] cm from the parenchymal margin and [distance<sup>\*\*\*</sup>] cm from the [capsule/perinephric fat/Gerota's fascia<sup>\*\*\*</sup>]. The mass is [confined to the kidney/protruding into perinephric fat <sup>\*\*\*</sup>]. [Comment on presence or absence of hemorrhage and necrosis in the tumor<sup>\*\*\*</sup>].

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:
  - 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.



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

Beaker, Test2         SSW-23-00073           MRN 4592966         Prostate, Prostate           F, 22 years, 8/19/2000         From the second s	Case Status Accessioned
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- 4. Click Order Entry.
- 5. Based on the patients encounter (Inpatient or Outpatient) you will be presented with the following:

## a. Outpatient encounter



ADD ORDER ADD DX (1)

- Select Add Order
- b. Inpatient encounter

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SIGN VISIT

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

8	Order an	nd Order Set Search					_	
KA	RYOTY	/PE	<u></u>			<u>B</u> rowse	Preference List	Database
ŧ	I Orde	er Sets, Panels, & Pathways	(No results found)	Se	earch order set	s by user		9
-	🖥 Med	lications (No results found)						
	P Proc	edures 😤						
		Name		Туре	Pref List	Px Code		Cost t
	4	Karyotype and FISH (Oncology, H	leme)	Path,Cy	t BKR IP LA	LAB9020	DR	
	7	Karyotype Only		Path,Cy	t BKR IP LA	LAB9018	BR	
	2	Karyotype and FISH (Constitution	al, Postnatal)	Path,Cy	t BKR IP LA	LAB9053	3R	
	4	FISH and Karyotype (to be ordered	ed ONLY by Bone Marrow Lab staff)		BKR IP LA	O24644	0	
					Select Ar	nd Sta <u>v</u>	✓ <u>A</u> ccept	X 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.

## **Genitourinary Grossing Guidelines**

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 Cance
Reference Links:	UCLA Test E Amniotic Flu UCLA Test E Chorionic V     UCLA Test E Tumor	Directory Information - uid Directory Information - illus Sampling Directory Information - :	UCL4     High     UCL4     Percu     Samp Solid     UCL4     Skin	A Test Directory Information - Resolution A Test Directory Information - Itaneous Umbilical Cord Bloc oling A Test Directory Information - Biopsy	Blood, • • d Tissue, •	UCLA Test Director Marrow, Neoplasti <u>UCLA Test Director</u> <u>Products of Conce</u> Integrated Genetic Form	ry Information c Blood. Lymp <u>ry Information</u> <u>ption</u> s - Sendout F	n - Bone oh Nodes <u>1 -</u> Requisition
Priority:	Routine	,O Ro	utine STAT					
Frequency:	Once							
	At 8/11/2023	Today Tomorrow	w 1850	R				
Process Instructions:	Please indicate If you would lii Transport to th	Anatomic Location and ke to add-on a test to a ne Laboratory immediat	d any additiona specimen that ely. Maintain a	al specimen specific informat : is already in the lab, please of t room temperature.	on in the c all Outrea	comment field next ich Client Services 3	to each spec 10-267-2680	imen.
Specimen Type:	Blood Bone	Marrow Body Fluid	Tissue Urine					
Provider #1 to CC on La	b Results							
Describes # 2 to CC and	- Desults							2
Provider # 2 to CC on L	ab Results							0
Provider #3 to CC on La	b Results							
								, P
Comments:	🖋 Enter additi	onal clinical information	n if needed.					
Modifiers:		Q						
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- 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.



b. Inpatient: click **Sign Orders** at the bottom of the screen.



11. Select the appropriate **Order Mode** 

Order mode 🖋							
Standard							
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.

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	←→	Summary	Chart	Results	Work List	MAR	Flowsheets	I/O	Notes	Education	Care Plan	Orders	Immunizations	Patient Statio	Order Inquiry	
ð	Order	Inquiry										-				3

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

C	Order Inquiry												
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	✓	RONALD REA	F	2	ĸ	ARYOTYPE (AP)			Tissue				08/1
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3. Select Print Labels within the **Specimen Collection** activity.



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

A. Other, Ente	er source info	rmation 🚯 Scan label of	r click to document collection	×
Time	Date	Collector	Department	
Source			Draw Type	
Other, Enter sou	n Description		Collection	

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.

