

## PULMONARY PATHOLOGY GROSSING GUIDELINES

**Specimen Type:** LUNG BIOPSY

### **Communication of Post-Transplant results:**

- A. **Routine, normal results** (*i.e. A0B0 with no abnormalities*) will be preliminarily reported via an email to a group list that includes all MDs, coordinators and NPs who see post-transplant patients: [LungTransplantPathology@mednet.ucla.edu](mailto:LungTransplantPathology@mednet.ucla.edu)
- B. **Urgent or critical results** (*rejection or other concerning findings*) will be communicated directly to the pulmonologist on record. The name of the pulmonologist who should be paged with biopsy results should be noted in the comments section of the pathology order by the clinical team.
- C. **Biopsies done Mon-Thurs** will be read by the heart/lung attending pathologist and have a preliminary report the next day, reported by one of the two ways detailed above.
- D. **Biopsies done on Fridays and Saturdays** (*inpatient or outpatient*) will not routinely be reported over the weekend - by default, these will be preliminarily reported on Monday after being reviewed by the heart/lung attending pathologist. If there is a biopsy done on Friday or the weekend and a result is needed next day, the clinicians will notify the AP resident on-call so that the on-call attending pathologist can review the slides. A prelim report will be available the next day, reported by one of the two ways detailed above.

### **Protocols that can be ordered:**

Beaker Protocol	Clinical Information	Order
<b>BRONCHUS</b>	<ul style="list-style-type: none"><li>• Endobronchial biopsy</li><li>• Bronchus biopsy</li></ul>	1 HE
<b>TB2</b>	Infectious/ Interstitial Disease	2unstained Immunos 2 HE
<b>TB3</b>	Transplant	Masson-EVG 3 Unstained Immunos 3 HE
<b>LUNGCA</b>	Cancer	Molecular Cytogenetics IHC Tempus

\*\* Note: Often, we get endobronchial biopsies from transplant patients (e.g., stenotic or infected anastomosis). Endobronchial biopsies are not lung biopsies and should not get the TB packages.

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### Procedure:

1. Measure and describe, noting number of pieces (if > 5, state, “greater than 5”), and color.

**\* In order to determine if a biopsy is optimal/suboptimal, the number of fragments must be documented in the gross description. Please do not state that ‘multiple’ fragments are received.**

### Gross Template:

#### **MMODAL Command: “INSERT LUNG”**

The specimen is received in one formalin filled container, labeled with patient's name ([*last name, first name*\*\*\*]), medical record number ([insert MRN\*\*\*]), and designated as “[*Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order*\*\*\*]”. It consists of [*greater than five fragments*\*\*\*] of pink-tan soft tissue ranging in size from [*smallest to largest* \*\*\*]. The specimen is entirely submitted, in a mesh bag, in [*describe cassette submission*\*\*\*].

[*Insert grosser's initials and today's date (SM 01/01/2000)*\*\*\*]

**Cassette Submission:** All tissue submitted, in one cassette.