

# Head and Neck and Oral Pathology Reporting Service for Hospital Specialties

*Guy's, King's & St Thomas'*

*Dental Institute*

*Dept of Head and Neck/Oral Pathology,  
Guy's Campus*

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**Opening hours 9-5pm Mon-Fri**

NHS and independent surgeons may send biopsy and resection specimens for specialised histopathology reporting using the head & neck/oral pathology service.

This leaflet explains how the reporting service works, how to submit a specimen and obtain a result.

## Introduction

The head and neck and oral pathology reporting service is provided by Synnovis in conjunction with The Guy's and St Thomas' Hospitals NHS Foundation Trust and King's College London. All NHS and independent surgeons may send biopsy specimens for reporting. Special posting packs can be provided.

## Sending a specimen

All specimens should be sent to the laboratory fixed in 10% neutral buffered formalin (**not** normal saline). After biopsy place the specimen in the formalin fixative immediately. Specimens that become dry or are partly crushed on removal will autolyse rapidly if not fixed straight away. The volume of the specimen should not be more than 10% of the volume of fixative. Larger containers are available from theatre reception or the laboratory as necessary. Formalin is harmful. All specimens in transit (except large buckets) must be sealed in specimen bags.

Forms for GSTT users are printed from EPR. The Department secretary will provide forms for other users, and current versions are available on the Synnovis web-site at <http://www.synnovis.co.uk/departments-and-laboratories/oral-pathology-laboratory-at-guys>. This ensures porters do not deliver the specimen to the Cellular Pathology Department by accident. Please fill out paper forms legibly ensuring that the patient details are clear and use printed patient identification labels when possible. Ensure that all specimen pots are labelled with the patient's name and biopsy site. All information is appreciated and may be critical for diagnosis – include all the clinical features that helped you make your clinical differential diagnosis. Particularly ensure that the site of biopsy, extent of lesion, clinical appearance, age and ethnicity of the patient, smoking, alcohol and drugs are given. Write forms in biro or similar insoluble ink and if using double compartment specimen bags, place in the second compartment of the plastic bag, separated from the specimen itself.

If digital photographs are available and relevant please ensure that they are sent to the laboratory within 48 hours, before the specimen is dissected.

The laboratory will request radiographs for reporting all bone lesions (except routine periapical granulomas and typical radicular cysts). Ideally these radiographs should be sent with the specimen. They will be returned as soon as possible

## Head and Neck resections

Head and neck resection specimens from within the Guy's site should be delivered fresh to the laboratory as soon as possible after removal and labelling. Neck dissections and soft tissue sections are best sutured to packaging foam or similar porous support to maintain shape and anatomical relationships. Node levels, anatomical landmarks, close margins, nerves exiting specimens are all ideally labelled by suture, clips or writing on the support material.

Specimens that cannot be transported to the laboratory the same day (e.g. outside hospitals) should be pinned out, sutured out and labelled as above and then fixed in a large volume of formalin (more than 10x specimen volume). Ensure that the specimen is immersed in the formalin. Outside hospitals using couriers or similar transport need to be aware that formalin is harmful and must be adequately sealed and labelled as *harmful to health* on the outside of the container. For all specimen transport a specialised tissue courier must be used.

Head and neck resections require a separate form which includes details of previous surgery, radio-therapy, chemotherapy and clinical TMN staging.

## Intraoperative rapid frozen sections

These are very expensive of staff time and are difficult to arrange out of hours. They should be booked at least 24 hours prior to the operation. More notice is preferable.

Specimens for rapid frozen section must be small or be small areas clearly marked on a larger specimen. The best size is approx 8mm square.

It must be appreciated that rapid frozen section diagnosis is not suitable for all lesions and tumours. Please discuss all rapid

frozens for lesions other than squamous carcinoma with the pathologist in advance.

Rapid frozen section specimens must be delivered fresh and dry to the laboratory accompanied by a form indicating what question the surgeon needs to have answered (e.g. diagnosis, margins, metastasis?) and contact details for the theatre or bleep number.

### Frozen sections for immunofluorescence

The department no longer offers an immunofluorescence service for vesiculo-bullous disease. Samples from Guy's or St Thomas' hospitals should be sent to the St John's Institute of Dermatology Immunodermatology Laboratory at St Thomas' Hospital. Samples from Denmark Hill should be sent to King's College Hospital Trust Department of Immunology.

The Department continues to offer advice on diagnosis and sample taking and transport for immunofluorescence and can provide Michel's medium for posting fresh specimens on an occasional basis.

### Requesting review of a case or review of slides from elsewhere

To request review of previous reports please contact a Consultant or MDM coordinator. To request review of an external case please provide details (name, maiden name, date of birth of patient, approximate date of biopsy, hospital of biopsy and ideally a copy of the original report). Pathology staff will then request the appropriate material. If you request slides directly, it may lead to delay because specific stains, blocks or other material may be needed.

### Return of reports

For most routine specimens a written report is issued within 7 days. Head and neck resections require longer but are normally available 10 days after delivery (due to fixation and dissection time and greater complexity). Bone and teeth for diagnosis take several weeks.

All reports are returned in sealed envelopes addressed to the Consultant named on the request form.

For those surgeons outside the Trust, please contact us if reports are outstanding and we may well be able to give you a verbal report by phone; email or FAX the report – note faxing is only used if there is no other alternate method of transmitting the report.

### Advice

The pathology staff provide advice by phone on differential diagnosis, biopsy and all aspects of oral disease. Please feel free to contact them on the number below to discuss clinical problems, obtain advice or interpretation on a pathology report or discuss our service to you. The consultant pathologists in the Unit are Dr G Hall (Clinical Lead), Prof EW Odell, Dr S Thavaraj, Dr A Sandison, Prof K Piper and Dr L Collins.

### Charges and private patients

There is no charge for histopathology services for NHS patients. The private charge may be obtained by phoning the secretary and is currently £160.00 for small routine specimens. Larger specimens and head and neck resections are subject to a scale of fees – please contact the department. For private services please indicate whether the invoice is to be sent to the surgeon or the patient and provide the address and/or insurance billing details for the latter.

### Posting packs

These are available to clinics or independent surgeons working outside the Guy's and St Thomas' NHS Trust. To request a posting pack, please contact us at the address below. Posting packs have a very long shelf life and we suggest that they be requested in advance and stored until needed. Posting packs will be despatched by second class post unless requested otherwise. Each package comprises a pre-addressed outer mailing envelope, a two compartment specimen bag, request form, specimen container with 10% formalin in a crush-proof posting container and an information slip.

A replacement biopsy pack is enclosed with the report.

## 1. Frequently asked questions

*Can you trace old biopsy specimens?*

The Department retains paper records on patients indefinitely and in most cases the original specimens are available. When requesting us to find a report from our archives please provide accurate patient details (remember to include maiden names if appropriate) and an approximate year of biopsy. Reports since 1988 are computerised and searches can usually be performed for telephone enquiries.

*What if my report does not arrive?*

Please phone us to check whether it has been received and to see whether a verbal report is available. A duplicate will be sent out. Sometimes the sender's name and address has not been filled in on the form so that we do not know where to send the report. Such cases are kept on file awaiting your contact.

*I have no biopsy pack. Can I send the specimen in something else?*

Unfortunately, unless the specimen is fixed in formalin we cannot guarantee that it will be possible to provide a report. In a genuine emergency 70% alcohol may be used but it is always better to defer biopsy until formalin is available. Pharmacists can provide 10% neutral buffered formalin and medical practices and clinics normally hold a stock.

*What is the shelf life of a posting pack?*

Almost indefinite provided it has been kept sealed, cool and out of sunlight. Under these conditions a pack need not be replaced for 5 years.

*How is the quality of the pathology service assured?*

The Consultants in the department participate in the National External Quality Assurance Scheme for Head and Neck Pathology (NEQAS approved) and the Continuing Professional Development scheme of the Royal College of Pathologists. The Synnovis Analytics laboratory service is a United Kingdom Accreditation Service (UKAS) accredited medical laboratory (No.9323), accredited to ISO15189:2012/ISO15189:2012 Medical laboratories – requirements for quality & competence, for those tests listed on the Schedule of accreditation found at [https://www.ukas.com/wp-content/uploads/schedule\\_uploads/00007/9323-Medical-Multiple.pdf](https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9323-Medical-Multiple.pdf).

Please note that the Laboratory currently holds a Flexible Scope for certain Immunohistochemistry and In-Situ Hybridisation tests. An up-to-date, full list of these is maintained in HN-INST-138, accessible on the Synnovis website: <http://www.synnovis.co.uk/departments-and-laboratories/oral-pathology-laboratory-at-guys>.

Please note that the ground section technique for hard tissues haematoxylin and eosin staining for diagnostic cytology samples are not included in the laboratory's UKAS scope of accreditation. The laboratory also participates in National External Quality Assurance schemes.

*What happens if other tests are required or no diagnosis is possible?*

If a further specialist opinion or investigation is required the tissue will be forwarded as appropriate and you will be sent an interim report indicating to whom it has been sent.

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Any comments, observations or complaints about the service should be sent in writing to the Head of Department at the address below.

In addition, the Synnovis complaints procedure can be found at <http://www.synnovis.co.uk/customer-service>. Please contact us as soon as possible if you are not satisfied with the service and we will endeavour to address your concerns.

**How to contact us:**

Head and Neck/Oral Pathology Laboratory, Floor 4 Tower Wing Guy's Hospital, London, SE1 9RT.

**Telephone 020 7188 4367 or 4366**

**Email:** viapath.hnpath@nhs.net