




# USER HANDBOOK

**JDW Pathology Inc.** is an independent private laboratory specialising in Anatomical Pathology services. Our focus is exclusively on histology and cytology specimen examinations with ancillary testing.

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<b>Approval Group/Committee</b>	Quality Team	<b>Date</b>	12/07/2024
<b>Approved by</b>  <b>Signature:</b>	Dr Roger James, Managing Director  	<b>Date</b>	12/07/2024

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1.0	Quality Team		03/07/2020
2.0	Bonita Dyers & Quality Team	Formal Review. Reviewed Quality Policy to v2	21/10/2021
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3.0	Bonita Dyers & Quality Team	11. Consent	25/10/2022
4.0	Bonita Dyers & Quality Team	2. Quality policy statement reviewed. 16. Turnaround time: - change from 'within 24 hours' to 'the next working day.' - additional investigation may breach the turnaround time stated.	03/09/2023

5.0	Kayla-Lee Steyn, Subash Govender & Dr Aldera	<p>4. Confidentiality statement: Addition of "All JDW employees shall undertake all activities with impartiality."</p> <p>7. Contact Details: -JDW Pathology Inc (Dr James, Dr Munbodh and Dr Aldera) changed to (Dr.James and Dr.Aldera)</p> <p>8. Contact List: -Head of cytology changed to Ignat Arendse - Quality Assurance Manager changed to Kayla-Lee Steyn.</p> <p>23. Addition of Molecular Pathology</p>	26/02/2024
6.0	Kayla-Lee Steyn and Quality Team	2. Quality Policy reviewed.	12/07/2024

## Contents

<b>1. INTRODUCTION .....</b>	<b>5</b>
<b>2. QUALITY POLICY STATEMENT .....</b>	<b>5</b>
<b>3. STAFFING AND TRAINING .....</b>	<b>6</b>
<b>4. CONFIDENTIALITY STATEMENT .....</b>	<b>6</b>
<b>5. SAFETY AND INFECTION CONTROL.....</b>	<b>6</b>
<b>6. COMPLAINTS AND FEEDBACK .....</b>	<b>6</b>
<b>7. CONTACT DETAILS. ....</b>	<b>6</b>
<b>8. LABORATORY HOURS .....</b>	<b>7</b>
8.1 ROUTINE HOURS .....	7
8.2 OUT OF HOURS SERVICE: 4PM – 7 AM .....	7
<b>9. URGENT REQUESTS.....</b>	<b>8</b>
<b>10. GENERAL POINTS TO NOTE. ....</b>	<b>8</b>
<b>11. CONSENT .....</b>	<b>8</b>
<b>12. THE REQUEST FORM .....</b>	<b>9</b>
<b>13. ACCEPTANCE AND REJECTION CRITERIA .....</b>	<b>9</b>
<b>14. RESULTS.....</b>	<b>9</b>
<b>15. SPECIMEN TRANSPORT .....</b>	<b>10</b>
15.1 SPECIMEN COLLECTION ROUTES .....	10
<b>16. TURNAROUND TIMES .....</b>	<b>11</b>
<b>17. TIME LIMITS FOR ADDITIONAL TESTS.....</b>	<b>11</b>
17.1 HISTOLOGY:.....	11
17.2 CYTOLOGY:.....	11
<b>18. HISTOLOGY .....</b>	<b>11</b>
18.1 GENERAL.....	11
18.2 PRODUCTS OF CONCEPTION/ PLACENTAS: .....	12
18.3 PROSTATE BIOPSY KITS .....	12
18.4 FROZEN SECTIONS.....	12
18.5 IMMUNOHISTOCHEMISTRY.....	12
18.6 TABLE OF TESTS WITH COLLECTION CONTAINERS.....	13
<b>19. CYTOLOGY .....</b>	<b>13</b>
19.1 NON-GYNAECOLOGICAL CYTOLOGY SPECIMENS: .....	13
19.2 GYNAECOLOGICAL CYTOLOGY SPECIMENS: .....	14
19.3 PCR TESTS .....	14
19.4 TABLE OF TESTS WITH COLLECTION CONTAINERS.....	14
<b>20. ON-SITE FNA SERVICE .....</b>	<b>19</b>

<b>21. MICROBIOLOGY .....</b>	<b>19</b>
21.1 GENERAL.....	19
21.2 TABLE OF TESTS WITH COLLECTION CONTAINERS.....	19
<b>22. CYTOGENETICS .....</b>	<b>20</b>
<b>23. MOLECULAR PATHOLOGY.....</b>	<b>21</b>
<i>Appendix A: Acceptance / Rejection Policy.....</i>	<i>23</i>
<i>Appendix B: Release of Pathology Specimen.....</i>	<i>24</i>
<i>Appendix C: An example of a request for an LBC and Reflex HPV test. ....</i>	<i>25</i>
<i>Appendix D: An example of a routine Histology request. ....</i>	<i>26</i>
<i>Appendix E: An example of a Dermatology request. ....</i>	<i>27</i>

## 1. Introduction

This guide is written to support all clinical users of the pathology services offered at JDW Pathology Inc.

The document is designed to provide information on how best to contact the departments or request their services and provides an outline of the current test repertoire available.

## 2. Quality Policy Statement



### Quality Policy

Version No: 4.0

Document Ref No: QUA-003

JDW Pathology Inc is committed to providing a service of the highest quality and shall be aware and take into consideration the needs and requirements of its users.

In order to ensure that the needs and requirements of users are met, the Company will:

- Operate a quality management system to integrate the organisation, procedures, processes and resources.
- Ensure that all personnel are familiar with the contents of the quality manual and all procedures relevant to their work.
- Involve personnel in the review and development of quality objectives to enhance the service.
- Uphold professional values and be committed to good professional practice and conduct.
- Commit to the health, safety and welfare of all its staff.
- Ensure that visitors to the department will be treated with respect and due consideration will be given to their safety while on site.
- Keep advised of and implement, where applicable, all current legislation relating to the Health and Safety of staff and visitors.
- Comply with relevant environmental legislation.
- Conform to confidentiality in accordance with Protection of Personal Information Act 2013.

The Company will comply with standards set by ISO 15189:2022 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 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 laboratory examinations.
- The use of examination procedures that meet the relevant standards.
- Reporting results of examinations in ways which are timely, confidential, impartial, accurate and clinically useful.
- The assessment of user satisfaction, in addition to internal audit, external quality assessment, identification and control of nonconformities as part of risks and opportunities for continual quality improvement.

Signed Director

Dr Roger James

Date.....12/07/2024.....

This Quality Policy is reviewed at least annually as part of Management Review.

Quality Policy – QUA –003 v4.0

Active date: 12-07-2024

### **3. Staffing and Training**

Each laboratory department has a designated Consultant Lead.

All staff groups undertake regular training and competency assessment with those professionally registered required to maintain an on-going portfolio of continuing professional development.

### **4. Confidentiality Statement**

The confidentiality agreement signed by all staff members ensures the protection of all patient and business information.

All staff have a legal obligation to ensure that any confidential information they encounter is always kept secure and confidential. Where a member of staff receives a request for information relating to an individual, staff must ensure that any disclosure of confidential information is fully justified and in compliance with the Protection of Personal Information Act 2013.

All JDW employees shall undertake all activities with impartiality.

### **5. Safety and infection control**

Standard infection prevention measures should be applied when undertaking processes involving the handling of biological material.

### **6. Complaints and Feedback**

At JDW Pathology we strive to provide a quality service to our users and patients. Should we not meet your requirements as a user, we would encourage you to contact the individual laboratory department in the first instance. If they are unable to resolve your query, please speak to the relevant Laboratory Lead. In the unlikely event that the department is still unable to resolve your concern, please contact the Quality Assurance Manager on 021 512 6400.

In addition to wanting to resolve your concerns, we are always eager to receive feedback when the service exceeds your expectations and would encourage you to contact the individual laboratory with your comments.

### **7. Contact details.**

JDW Pathology Inc (Dr James and Dr Aldera) is an independent private laboratory specialising in Anatomical Pathology services. Our focus is exclusively on Histology and Cytology specimen examinations with ancillary testing.

**Physical address:**

19 Upper Camp Road  
Chapters House  
Maitland

7405

Telephone: 021 512 6400 Email: [hello@jdwwpathology.co.za](mailto:hello@jdwwpathology.co.za) Fax: 086 406 1609

Website: [www.jdwwpathology.co.za](http://www.jdwwpathology.co.za)

To check pathology results on our website: A username can be provided by calling reception on 0215126400 or email [hello@jdwwpathology.co.za](mailto:hello@jdwwpathology.co.za)

Title	Name	Contact Number
Managing Director	Dr Roger James	021 512 6409
Pathologist / Director	Dr Alessandro Aldera	021 512 6406
Pathologist	Dr Ingrid Penzhorn	021 512 6421
Pathologist	Dr Cassandra Bruce-Brand	021 512 6413
Head of Histology	Ella Erasmus	021 512 6417
Head of Cytology	Ignet Arendse	021 512 6403
Results (via switchboard)	Anél Hope	021 512 6400
Accounts (via switchboard)	Japhet Mbikayi	021 512 6400
Transport Co-ordinator	Lindsay Fernandez	021 512 6412
Quality Assurance Manager	Kayla-Lee Steyn	021 512 6400

## 8. Laboratory Hours

### 8.1 Routine Hours

Department	Hours
Histology	6am - 6pm
Cytology	6am – 6pm
Results	7am – 4pm
Accounts	7am – 4pm

### 8.2 Out of hours service: 4pm – 7 am



Switchboard will re-direct to the on-call telephone: 076 341 5999

An on-call service is in operation for Histology and Cytology.

## 9. Urgent Requests

During normal laboratory working hours contact the laboratory directly to ensure priority processing of urgent requests.

Histology turnaround time – short cycle (4hours) – rapid processing depends on the type of tissue received. Example, fatty (adipose) tissue and large specimens are not ideal for short cycle processing.

Cytology turnaround time – result within 1 hour of receipt of sample.

## 10. General points to note.

- Formalin solution must be used for all fixation of routine histology specimens with a ratio of 1:10 (x10 formalin) and should completely cover the specimen. Poor fixation may affect interpretation which could result in further tests and a delayed turnaround time.
- All specimens must clearly specify the anatomical site with a full clinical history. Failure to give a full clinical history could result in reporting delays or misleading results.
- All requests for supplies such as request pads and specimen containers should be made by calling **021 512 6400**.
- Safely dispose of material used in the collection of samples.

## 11. Consent

All procedures carried out on a patient need the informed consent of the patient. Consent can be inferred when the patient presents himself or herself at a laboratory with the request form and willingly submits to the usual collection procedure.

It is the responsibility of the clinician to ensure the patient understands the reason for making the request for an examination or investigations and the range of tests that may be involved.

Patients can give consent orally or in writing, or they may imply consent by complying with the proposed examination or treatment, for example, by rolling up their sleeve to have their blood sample taken.

## 12. The request form

The request form is a contract, by completing the form the requestor is confirming consent for the sample being taken. A request form must accompany all specimens sent to the laboratory.

There are different Pathology request forms in use; use the correct form and fill in the details clearly.

The request form should clearly state the following information: ***Examples of forms are shown in Figures 1 and 2 in Appendix C – Pathology request form.***

- Patient surname and first name;
- Date of birth;
- Sex;
- Patient address
- Requesting doctor's name and location (if working at different sites)
- Type of specimen (anatomical site)
- Date and time specimen taken.
- Tests required.
- All relevant clinical details (relevant to or affecting sample collection, examination performance or result interpretation (e.g., history of administration of drugs)).
- It should be noted that if there is a strong suspicion of a patient having a notifiable infectious disease the clinician responsible for the patient's treatment has a duty of care to inform other healthcare professionals.
- All urgent specimens should be clearly marked on the request form.

## 13. Acceptance and Rejection Criteria

The following information is essential for sample processing:

At least three patient identifiers, first name, surname, date of birth, ID, hospital number or folder number will normally be required.

To protect the patient the sample will not be processed if unlabelled or incorrectly labelled until details can be verified.

***Appendix A - Acceptance / Rejection Policy***

## 14. Results

Hardcopy reports are delivered twice a day between:

- 1) 11am and 1pm
- 2) 2pm and 5pm.

Doctors who opted for email reports will receive automated PDF reports in real time.

Reports with critical results are telephoned by the Pathologists.

Provisional results will be available as appropriate.

Reports can also be accessed online via a login to the JDW Pathology website.

Any delays in TAT of results due to temporary service disruption will be communicated to the client.

## 15. Specimen Transport

All specimens must be packaged and handled in a manner that ensures the safe and proper delivery of pathology samples to the laboratory.

Specimens should be collected and placed in the appropriate containers according to the guidelines set out in the appropriate tables in this handbook, including any specific volume or transport media requirements.

- **Office Hours:** 10h00 – 19h00
  - **After Hours:** 19h00 – 23h00
- The on-call telephone: **076 341 5999**

### 15.1 Specimen Collection Routes

**These are the daily Monday – Friday office hours routes.**

The cut off time for the standby driver for sample collection is 23h00. However, the standby driver will arrange for collection early the following morning.

#### **Southern Suburbs:**

Rondebosch Medical Centre → Kingsbury Hospital → Constantiaberg → Medi Clinic Tokai  
→ Gatesville → Mitchells Plain Melomed → Tokai Medicross.

#### **City Bowl:**

Vincent Pallotti Hospital → UCT Private Hospital → Cape Town Medi Clinic → Christian Barnard Medical Hospital → Cosmetic Surgery Renaissance Building.

#### **West Coast:**

N1 City Hospital → Panorama Hospital → Advance Surgical Panorama → Century City Intercare  
→ Milnerton Medi Clinic → Blaauwberg Netcare Hospital.

#### **Northern Suburbs:**

N1 City Hospital → Louis Leipolt Hospital → Bellville Melomed → Kuilsriver Netcare Hospital  
→ Somerset West Surgery.

#### **Paarl Boland:**

Cape Gate Medi Clinic → Langeberg Medicross → Durbanville Medi Clinic → Advance Surgical Durbanville → Paarl Medi Clinic → Cureday Paarl.

**Central Route:** (The Central route is an afternoon route which starts at 14:00).

N1 City Hospital → Cureday Bellville → Panorama Hospital → Thembani Surgery → Century City Intercare → Goodwood Mall Surgery.

## 16. Turnaround Times

Please note 'day' refers to normal working days i.e. Monday-Friday. Therefore this excludes weekends and public holidays.

Histology: Reports received by the next working day.

Large specimens – 24 to 48 hours.

Additional tests +/- 48 hours.

Cytology: Cervical cytology reports received by the next working day.

Non-gynaecological cytology reports: 48 hours from receipt of sample.

When additional investigation is required, these turnaround times may be breached.

## 17. Time limits for additional tests

### 17.1 Histology:

**Requests for specimens to be returned to the patient** must be made up to 48 hours after receipt of specimen in the laboratory. Best practice is to make a note on the form at the time of specimen collection. This allows staff to label the specimen '**do not discard**' at the time of receipt.

Once reported, our driver will return the specimen to the hospital or the clinician's rooms with a release form (indemnity) for signature. **Appendix B: Release of pathology specimen**

Histology specimens are kept for 14 days.

### 17.2 Cytology:

Requests for Human Papilloma Virus (**HPV**) or Chlamydia and Gonorrhoea (**CT/NG**) PCR testing can be made up to 8 weeks after receipt of the specimen in the laboratory.

Requests can be made by emailing: [hello@jdwwpathology.co.za](mailto:hello@jdwwpathology.co.za) or by calling reception on 021 512 6400.

## 18. Histology

### 18.1 General

Processing: Routine processing turnaround time – 12 hours

Rapid processing turnaround time – 4 hours for small biopsies

All specimens received by 7pm will be processed and reported the following working day. If immunohistochemistry is required a provisional report will usually be issued with a final supplementary report to follow.

A clearly labelled, appropriately sized container must be used. The lids must be correctly fitted and sealed.

Small specimen pots should be placed in a JDW specimen bag, and the request form enclosed in the attached open sleeve to avoid any contamination from leaking fluid.

All samples must clearly specify the anatomical site from which they have been taken and include a full clinical history. Full clinical details are required for histopathological consultation and failure to provide this can lead to delays in reporting or even misleading results.

If special fixative or transport medium is required, please contact the Histology laboratory **(021 5126417)** at least 48 hours in advance.

Requests for Bouin's fluid or Michel's medium for immunofluorescence should be made at least 48 hours in advance.

#### 18.2 Products of Conception/ Placentas:

- Products of Conception (POCs) after a failed pregnancy: specimens should be received in 10% formalin, in a suitably sized pot, and accompanied by a request for specimens to be returned (if appropriate) – *Appendix B*.
- The specimen will be disposed of after 14 days of issuing a report.
- Please send POC / placenta in saline or without formalin if karyotyping is required. (*Please see Cytogenetics below*)

#### 18.3 Prostate biopsy kits

Requests for prostate biopsy kits should be made by calling reception on 0215126400.

#### 18.4 Frozen sections

All frozen sections must be booked with the laboratory at least 24 hours in advance **(021 5126400)**. Previous relevant clinical history is required when booking cases.




If there is a risk of infection, then it is not possible to carry out a frozen section (TB or hepatitis B or C) unless absolutely essential for patient care. The notifiable disease must be clearly indicated on the form for staff safety.

If it is decided not to proceed with the frozen section, or the theatre time has changed, please notify the laboratory at the earliest possible moment **(021 5126400)**

#### 18.5 Immunohistochemistry

The laboratory does a range of immunohistochemical stains used for diagnostic as well as prognostic purposes. Although the use of these tests is usually at the discretion of the pathologists, they can be performed upon request. Please contact the reporting pathologist to arrange.

### 18.6 Table of tests with collection containers

Specimen type/ Test	Collection container	Collection instructions
Small biopsies/specimens		Prefilled formalin pots.  Please use the correct size container for the specimen with a ratio 1:10 (formalin)
Large specimens		Please use the correct size container/bucket for the specimen with a ratio 1:10 (formalin). If possible, please place tissue paper under large specimens to allow for complete formalin contact with the specimen
Prostate biopsies		The biopsies should be transferred to the formalin pots as stated on the container labels.

## 19. Cytology

### 19.1 Non-gynaecological cytology specimens:

All samples must clearly specify the anatomical site from which they have been taken and include a full clinical history. If samples cannot be sent on the day of collection, please refrigerate the samples until they can be sent.

Please make sure all pots are securely capped to prevent leakage and correctly labelled with the patients Hospital or folder number, name, date of birth, sample date and time of collection. Place the pot in a JDW specimen bag accompanied by a fully completed cytology request form. Prepared slides should be labelled in pencil with the patient's surname, first name and whether air dried or fixed. Fixed slides should be fixed immediately. Put the slides in a slide holder and place into a JDW specimen bag accompanied by the completed cytology request form.

## 19.2 Gynaecological cytology specimens:

For patients without the need for lubricant, use lukewarm water to lubricate the speculum. When necessary, sparingly apply carbomer-free lubricant (e.g., KY Jelly) on the exterior of the speculum blades.

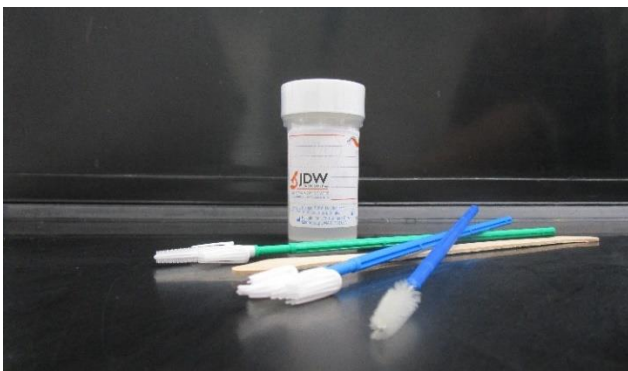
Carbopol polymer (thickening agents) may interfere with obtaining a representative cervical sample. Do not use an excessive amount of lubricant jelly.

## 19.3 PCR Tests

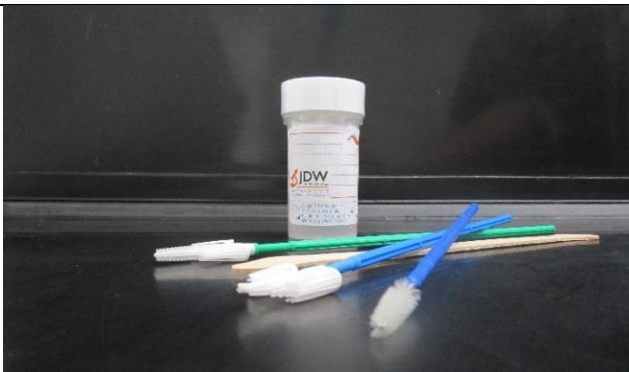



PCR tests are performed in the Cytology Laboratory using GeneXpert CT/NG, HPV and MTB PCR Assays.

HPV linear array tests are sent to Lancet Laboratories.

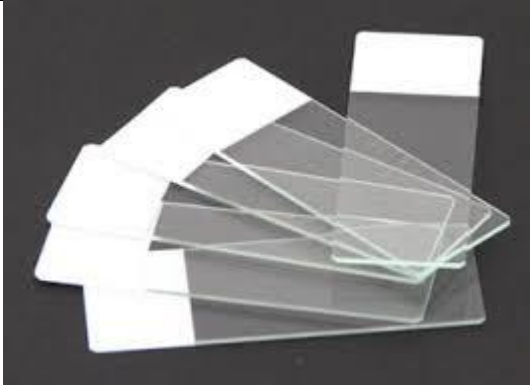

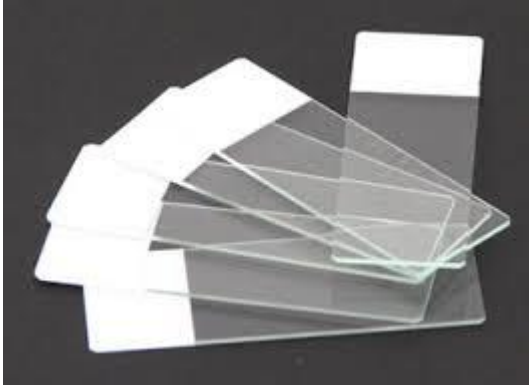
## 19.4 Table of tests with collection containers

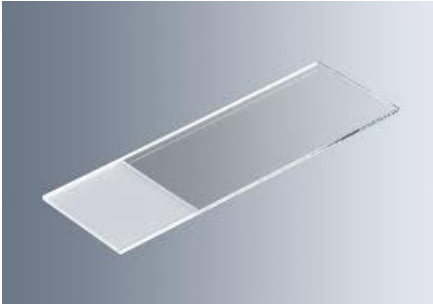



Test	Container	Collection instructions
Female genital tract: <ul style="list-style-type: none"> <li>▪ Cervical sample</li> <li>▪ Vaginal sample</li> <li>▪ Vault sample</li> <li>▪ Vulval sample</li> <li>▪ Endocervical sample</li> </ul>		Obtain an adequate sample from the transformation zone by rotating the cervical sampler (brush) 360° 3-5 times. Rinse the brush by pushing it into the bottom of the vial 10 times forcing the bristles apart. Swirl to release the material and <u>discard</u> the brush.



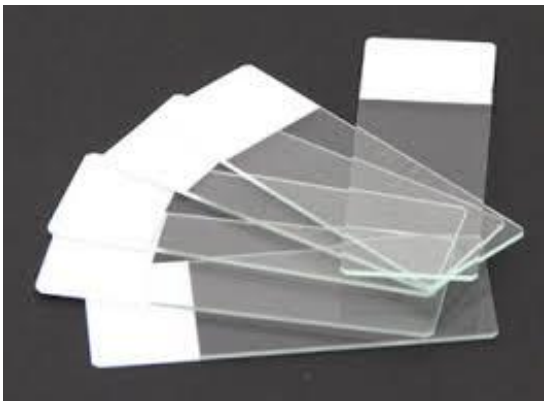


Human Papilloma Virus PCR Test		Thinprep LBC samples. Obtain an adequate sample as above.
Chlamydia/Neisseria Gonorrhoea		Ideal samples include: Vaginal swabs in women. Urine samples in men and women. Pharyngeal swabs. Thinprep LBC samples (validated in-house)
Trichomonas vaginalis		Ideal samples are: vaginal swabs in women. Urine samples in men and women. Pharyngeal swabs. Thinprep LBC samples (validated in-house)
Aspirated body fluids/ Washings: <ul style="list-style-type: none"> <li>▪Pleural</li> <li>▪Peritoneal</li> <li>▪Pericardial</li> <li>▪Hydrocele</li> <li>▪Cyst fluid</li> <li>▪Abdominal washings</li> <li>▪Endometrial fluid</li> </ul>		Fluids aspirated from body cavities e.g., pleura, peritoneum, etc. should be collected in a 30ml sterile container and clearly labelled with the patient's details.
Breast aspirates		The material should be spread onto glass slides and rapidly fixed. At least one slide



		should be air dried (? Do you require this). The slides must be clearly labelled in pencil with the patient's details.
Fine Needle Aspirates (F.N.A)	 	Aspirated fluids should be transferred to a 30ml sterile container and clearly labelled with the patient's details. If only one or two drops are obtained, or a solid mass has been aspirated the needle contents should be spread equally and evenly onto two (or four?) glass slides. One slide should be rapidly air dried; the others must be fixed immediately using either 50% alcohol or fixative spray. Slides must be clearly labelled in pencil with patient's name, date of birth and whether fixed or air-dried.

Nipple discharge		The slide should be wiped against the discharging nipple and allowed to air dry. The slide must be clearly labelled in pencil with patient's name and date of birth.
Gastro-intestinal tract: <ul style="list-style-type: none"> <li>▪ Oesophageal brushings</li> <li>▪ Gastric brushings</li> <li>▪ Colonic brushings</li> <li>▪ Bile duct brushings</li> <li>▪ Pancreatic brushings</li> </ul>		The material should spread onto a slide and fixed immediately with either 50% alcohol or fixative spray. The slide must be clearly labelled in pencil with the patient's details.
Sputum		The specimen should be a "deep cough sputum", and not saliva. It should be sent in a sterile container clearly labelled with the patient's details. Specimens should be obtained before any food or drink (except water) has been taken.
Urinary tract: <ul style="list-style-type: none"> <li>▪ Voided urine</li> <li>▪ Catheterised urine</li> <li>▪ Ureteric urine</li> </ul>		Ideally the specimen collected should be the 2 <sup>nd</sup> specimen of the day and should consist of the urine voided at the beginning or the end of micturition. <b>M.S.U specimens</b>

		<p><b>are unsuitable for cytology.</b> The specimen should be transferred to a 30ml sterile container clearly labelled with the patient's details.</p>
CSF		<p>The fluid should be collected in a 30ml sterile container and labelled with the patient's details and sent to the Laboratory without delay. CSFs are treated as urgent samples.</p>
Bronchial washings/brushings	 	<p>The fluid collected from bronchial washings should be collected in a 30ml sterile container and labelled with the patient's details.</p> <p>The material obtained from bronchial brushings should be spread onto glass slides and spray fixed immediately with either 50% alcohol or fixative spray. The slide must be clearly labelled in pencil with the patient's details.</p>

## 20. On-site FNA service

FNA's attended by the Pathologists / Med Technologists:

The Pathologist or technologist is present to assess adequacy during the FNA process. This adequacy test is performed by staining the airdried slides with a rapid Giemsa stain followed by a very quick screen for the groups of epithelial cells in question.

All FNA's must be booked with the laboratory at least 24 hours in advance (**021 5126400**). Previous relevant clinical history is required when booking cases.

If it is decided not to proceed with the FNA, please notify the laboratory at the earliest possible moment (**021 5126400**).

## 21. Microbiology

### 21.1 General

All samples for microbiological investigation are sent to Pathcare for culture and sensitivity.

It is important that the date and time of collection is recorded on the Specimen Request Form. This information allows an assessment to be made of the relative quality of the sample.


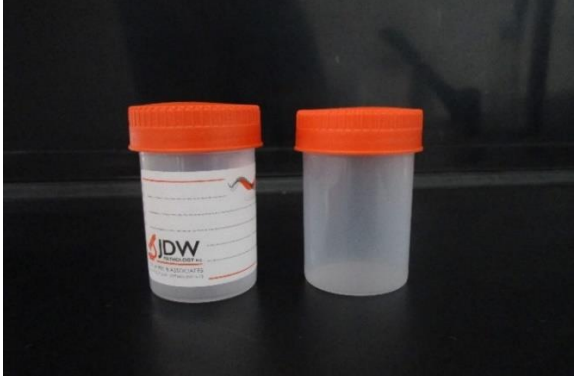

All relevant clinical details should be added to the request form.

Pus swabs: Please state the anatomical site of the swab and the test required e.g., MC+S.

All specimens should be transported to the laboratory promptly. If prompt delivery is not possible, specimens should be refrigerated at 4-8 C.

### 21.2 Table of tests with collection containers

Test	Container	Collection instructions
Routine bacterial swab.	 A photograph showing a routine bacterial swab. The swab is a long, thin, white stick with a blue cap. It is lying next to its transport container, which is a clear plastic tube with a blue cap and a label that reads 'Routine Bacterial Swab'.	Swabs with transport medium are supplied for all wound swabs. Always state the site and nature of the wound. This is essential as the laboratory may need to interpret findings against a background of normal flora.

Genital swabs		Cervical and high vaginal swabs must be taken with the aid of a speculum, to avoid vulval contamination of the swab.
Sputum		The patient should produce an early morning cough specimen. An adequate specimen should contain at least 5ml of sputum.
Urine. Please state the type of specimen, eg mid-stream urine.		Early morning and mid-stream urines are the preferred specimens and have the best yield.

## 22. Cytogenetics

Cytogenetic studies include both traditional cytogenetic techniques (cell culture and karyotyping). Specimens should be transported in cooler boxes (ice packs may be used) and protected from direct sunlight.

Fresh specimens for culture and FISH studies must reach the referral laboratory within 48 hours of sampling.

## 23. Molecular Pathology

- JDW Pathology offers Next Generation Sequencing (NGS) on the Illumina platform.
- Molecular tests currently on offer include:
  - AmpliSeq Focus panel (52 gene).
  - BRCA1/2 panel
  - IDH1/2
  - BRAF V600E
- A formalin fixed paraffin wax embedded (FFPE) tissue block is required for molecular studies (see fig. 1).
- The tissue block must have sufficient tissue for the test to be done (at least 1000 viable tumour cells are required)

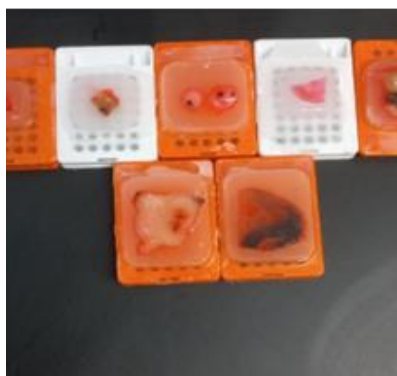


Fig.1 Example of suitable FFPE tissue blocks

- If the whole tissue block does not entirely comprise tumour tissue, please demarcate the area of interest by superimposing a haematoxylin and eosin (H&E) slide on the block and mark the area required with a marker pen (see fig. 2).
- Areas of necrosis and poor preservation should be avoided.
- Send the block together with the demarcated slide to the laboratory.
- Email or call the laboratory to request for the relevant test required.



Fig.2 Example of demarcating region of interest on haematoxylin and eosin (H&E) slide



## Appendix A: Acceptance / Rejection Policy

**All request forms and specimen containers must adhere to the following acceptance criteria:**

Request forms must have a minimum of 3 patient identifiers: Further information will be sought by the accessioning staff

- Full name (first name and surname)
- Date of birth (DOB)
- ID number or folder number

Specimen container: must be labelled clearly with at least 2 patient identifiers

- Full name (first name and surname)
- Date of birth
- ID number or folder number

Essential patient data requirements: (For accessioning the record)
<ul style="list-style-type: none"> <li>✓ Full name</li> <li>✓ DOB</li> <li>✓ ID number</li> <li>✓ Patient address</li> <li>✓ Med Aid details</li> <li>✓ Name of requesting doctor</li> <li>✓ Test date</li> <li>✓ Reason for test</li> <li>✓ Appropriate clinical information</li> </ul>

**Rejection criteria for discrepant samples (where possible, details will be verified by the requesting doctor): The specimen may be returned to the sender for verification details.**

- A request form has less than 2 patient identifiers.
- The specimen container is unlabelled.
- The patient demographics on the request form and specimen container do not match.

Discrepant sample	Laboratory action
Missing request form or sample	Contact requesting doctor and ask for the form / specimen
Leaking specimen container	Attempt to salvage the sample and process
Mismatched sample type or patient details on form and specimen	Contact the requesting doctor for confirmation of sample type or correct patient details



## *Appendix B: Release of Pathology Specimen*

### **JDW PATHOLOGY**

#### **RELEASE OF PATHOLOGY SPECIMEN**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Surgical Pathology Number: \_\_\_\_\_

Type of specimen: \_\_\_\_\_

Name of person requesting specimen: \_\_\_\_\_

Location to return specimen to:

Hospital name: \_\_\_\_\_

Theatre: \_\_\_\_\_

Returned by: Name in print: \_\_\_\_\_

Signature: \_\_\_\_\_

Returned to (location): \_\_\_\_\_

Received by: Name in print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date received: \_\_\_\_\_

### **Risks involved in handling pathology specimens.**

Pathology specimens consist of human tissues and/or prosthetic materials that have been in contact with human tissues. Although the specimen has been placed in an impermeable container, these tissues and materials may constitute a health hazard and must be handled and disposed of properly as described below. If you wish to discard a specimen, you may return it to the department for disposal.

*Fixed tissues:* Formalin is a fixative that will inactivate most infectious agents. Tissue must always be handled using protective gloves and must not be allowed to contaminate other surfaces. Tissues should preferably be disposed of by incineration.

Formalin is a toxic respiratory irritant and potential carcinogen. It should never be inhaled, ingested or allowed to come into contact with skin or mucosal surfaces. The container must be kept away from children and pets. Containers must only be opened in well-ventilated sites. The fixed specimen may be washed, but small amounts of formalin may remain in or on the specimen.

*Appendix C: An example of a request for an LBC and Reflex HPV test.*

LABORATORY USE ONLY

REFERRING DOCTOR:  
  
Dr S Mathura



JDW

PATHOLOGY

DRS JAMES & ALDERA

ANATOMICAL PATHOLOGISTS

LABORATORY USE ONLY

COPY DOCTOR:  
  
Dr D van Wyk

HOSPITAL STICKER

PATIENT DETAILS

ID Number8501010169085

SurnameBLOGGS

First Name / TitleSolene

Postal Address11 BUSY STREET  
CAPE TOWN

Postal Code8001

Cell Number0608 060608

Phone (H)(W)

Emailjbloggs@bloggs.com

Patient Folder Number

I hereby consent to the requested tests and to release of the diagnostic (ICD 10) codes to my medical aid. I guarantee payment of any amounts not recovered by my medical aid or which exceed the estimated figures given.

Patient Signature

Date taken31/07/2023

PRIORITY

URGENT

ROUTINE

HISTOLOGY AND GENERAL CYTOLOGY

CLINICAL HISTORY AND SPECIMEN DETAILS

GYNAECOLOGICAL CYTOLOGY

SPECIMEN TYPE

☐ Slide

☒ LBC

☐ HPV PCR

☒ Reflex HPV PCR

☐ CT/NG PCR

SPECIMEN SITE

☐ Cervix

☐ Vaginal Vault

☐ Endometrium

☐ Vulva

CLINICAL APPEARANCE

☐ Normal

☐ Abnormal

CLINICAL INFORMATION

☐ Pregnant (weeks)

☐ Post Partum (weeks)

☐ LMP15/7/2023

☐ Post Menopausal

☐ IUCD

☐ Hormonal Therapy

PREVIOUS CYTOLOGY / HISTOLOGY RESULT

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www.jdwpathology.co.za

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Practice No: 0423211 | Reg no: 2011/010007/21 | VAT No: 4580258178 | Directors: Dr. Roger James; Dr. Alessandro Aldera.

Appendix D: An example of a routine Histology request.

<p>LABORATORY USE ONLY</p>	 <p><b>JDW</b> PATHOLOGY DRS JAMES &amp; ALDERA ANATOMICAL PATHOLOGISTS</p>	<p>LABORATORY USE ONLY</p>
<p>REFERRING DOCTOR:</p> <p><i>R. Dannatt</i></p>	<p><b>PATHOLOGY REQUEST FORM</b></p>	<p>COPY DOCTOR:</p>
<p>HOSPITAL STICKER</p>	<p><b>PATIENT DETAILS</b></p> <p>ID Number <i>81021 016 7083</i></p> <p>Surname <i>Bloggs</i></p> <p>First Name / Title <i>Joseph (Mr)</i></p> <p>Postal Address <i>11 Buay Street</i> <i>Cape Town</i></p> <p>Postal Code <i>8001</i></p> <p>Cell Number <i>060 806 0091</i></p> <p>Phone (H) _____</p> <p>Email <i>jbloggs@bloggs-com</i></p> <p>Patient Folder Number _____</p> <p><small>I hereby consent to the requested tests and to release of the diagnostic (ICD 10) codes to my medical aid. I guarantee payment of any amounts not recovered by my medical aid or which exceed the estimated figures given.</small></p> <p style="text-align: right;"> <b>PRIORITY</b>  <input type="checkbox"/> URGENT  <input checked="" type="checkbox"/> ROUTINE         </p> <p>Date taken <i>28/8/23</i></p>	
<p><b>MEDICAL AID DETAILS</b></p> <p>Medical Aid <i>Discover Coastal Save</i></p> <p>Number <i>010169010169</i></p> <p>Option/Plan <i>Coastal Save</i></p> <p>Dependent Code <i>00</i></p> <p>Main Member <i>Joseph Bloggs</i></p> <p>Main Member ID <i>81021 016 7083</i></p> <p>Authorisation Number _____ ICD10 _____</p>		
<p><b>GASTROINTESTINAL HISTOLOGY</b></p>		
<p><b>CLINICAL DATA</b></p> <p>PATIENT HISTORY</p> <p><i>Reflux Dysplasia</i></p>	<p><b>SPECIMEN TYPE</b></p> <p><b>GASTROSCOPY</b></p> <div style="display: flex; align-items: center;">  <div> <p><b>OESOPHAGUS</b></p> <p><input type="checkbox"/> OG Junction</p> <p><input checked="" type="checkbox"/> Lower</p> <p><input checked="" type="checkbox"/> Mid</p> <p><input type="checkbox"/> Upper</p> </div> <div style="margin-left: 20px;"> <p><b>STOMACH</b></p> <p><input type="checkbox"/> Antrum</p> <p><input type="checkbox"/> Body</p> <p><input type="checkbox"/> Fundus</p> <p><input type="checkbox"/> Cardia</p> </div> <div style="margin-left: 20px;"> <p><b>DUODENUM</b></p> <p><input type="checkbox"/> D1</p> <p><input type="checkbox"/> D2</p> </div> </div>	
<p><b>ENDOSCOPIC FINDINGS</b></p> <p><b>GASTROSCOPY</b></p>	<p><b>COLONOSCOPY</b></p> <div style="display: flex; align-items: center;">  <div> <p><input type="checkbox"/> Terminal Ileum</p> <p><input type="checkbox"/> Caecum</p> <p><input type="checkbox"/> Ascending</p> <p><input type="checkbox"/> Transverse</p> <p><input type="checkbox"/> Descending</p> <p><input type="checkbox"/> Sigmoid</p> <p><input type="checkbox"/> Rectum</p> <p><input type="checkbox"/> Random Colonic</p> </div> </div>	
<p><b>COLONOSCOPY</b></p>	<p><b>OTHER</b></p>	

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Appendix E: An example of a Dermatology request.

<p>LABORATORY USE ONLY</p>	 <b>JDW</b> <b>PATHOLOGY</b> <b>DRS JAMES &amp; ALDERA</b> ANATOMICAL PATHOLOGISTS	<p>LABORATORY USE ONLY</p>
REFERRING DOCTOR: Dr. J. J. W. W.	<b>PATHOLOGY REQUEST FORM</b>	COPY DOCTOR:

HOSPITAL STICKER

**PATIENT DETAILS**

ID Number: 810211 016 7083

Surname: Bloggs

First Name / Title: Joseph (Mr)

Postal Address: 11 Bury Street  
Cape Town

Postal Code: 8001

Cell Number: 060 806 0091

Phone (H): (W)

Email: jbloggs@bloggs.com

Patient Folder Number:

I hereby consent to the requested tests and to release of the diagnostic (ICD 10) codes to my medical aid. I guarantee payment of any amounts not recovered by my medical aid or which exceed the estimated figures given.

**PRIORITY**  
☒ URGENT  
☐ ROUTINE

Date taken: 28/8/23

DERMATOPATHOLOGY	
<p><b>PROCEDURE</b></p> <p> <input checked="" type="checkbox"/> Punch    <input type="checkbox"/> Shave    <input type="checkbox"/> Curettage  <input type="checkbox"/> Excision    <input type="checkbox"/> Other: _____       </p> <p><b>SITE</b></p>	<p><b>CLINICAL HISTORY</b></p>
<p><b>A.</b></p> <p style="background-color: #f2f2f2; text-align: center;"><b>CLINICAL DIFFERENTIAL DIAGNOSIS</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	
<p><b>B.</b></p> <p style="background-color: #f2f2f2; text-align: center;"><b>CLINICAL DIFFERENTIAL DIAGNOSIS</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p><b>CLINICAL HISTORY</b></p>

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