

Lee Health
Lee County, FL
CLINICAL LABORATORY
Histology Test List

Sample Type & Requirements	Requirement Information
Abdominal Fluid	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.
Abscess	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Abortion/Products of Conception (With no request for Chromosome Analysis/Cytogenetics)	
Container	Any appropriate sized container.
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	If Chromosome Analysis/Cytogenetics is requested - no Fixative. See Chromosome Analysis/Cytogenetics
Acid Fast Bacilli/AFB (Kinyoun's Stain) - Brushings	
Container	Any appropriate sized container or holder for glass slides.
Fixative	Spray alcohol fixative/70%-85% alcohol (ethyl or reagent)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Acid Fast Bacilli/AFB (Kinyoun's Stain) - Fluid	
Container	Any appropriate sized container
Fixative	None - Fresh Fluid
Performed	Monday - Friday
Location	GCMC

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Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Acid Fast Bacilli/AFB (Kinyoun's Stain) - Tissue	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Adenoids	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Adnexa	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Adrenal Gland	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Alcian Blue, pH 2.5 for Acid Mucopolysaccharides	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday 7:30am - 4:00pm
Location	GCMC
Special Instructions	Note request for this stain on Requisition

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Sample Type & Requirements	Requirement Information
Amyloid Stain - Crystal Violet, Congo Red	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Note request for this stain on Requisition
Aneurysm	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If saline is used during the procedure please pour it off and add 10% formalin.
Aortic Valves - Heart Valves	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If saline is used during the procedure please pour it off and add 10% formalin.
Appendix	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If a plastic bag is used during a laparoscopic procedure the bag must be removed before adding 10% formalin.
Arm/Limb	
Container	Double bagged - large red biohazard bags
Fixative	None - Because of specimen size
Performed	Monday - Friday

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Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Place in refrigerator after hours. Place Epic requisition in Histology receiving area to alert Histology staff to the specimen location
Artery - Temporal Biopsy; Biopsy, Aneurysm	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Ascites Fluid	
Container	No fixative in an appropriate sized container.
Fixative	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.
Autopsy - Adult	
Container	Appropriate cadaver bag
Fixative	
Performed	Monday - Friday
Location	LMH
Special Instructions	Autopsy Authorization form #0511, copy of patient's chart, death record and copy of Physician's order requesting autopsy are all required if an autopsy is requested. The Autopsy Authorization must be signed by the family and witnessed by a nurse. any exclusions to the complete autopsy must be listed on the Autopsy Authorization. Histology must be notified.
Autopsy - Pediatric - 3 year old or less	
Container	Appropriate cadaver bag
Fixative	
Performed	Monday - Friday
Location	HP

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Special Instructions	Autopsy Authorization form #0511, copy of patient's chart, death record and copy of Physician's order requesting autopsy are all required if an autopsy is requested. The Autopsy Authorization must be signed by the family and witnessed by a nurse. any exclusions to the complete autopsy must be listed on the Autopsy Authorization. Histology must be notified.
Bladder - Biopsy, Total/Subtotal Resection, Tumor, or TUR	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Bladder Washings	
Container	No fixative in an appropriate sized container.
Volume	Minimum 1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	
Bone - Biopsy, Tumor, Osteomyelitis	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Bone Marrow Aspirations/Biopsies	
Container	EDTA and NaHep for aspirate and 10% formalin for bone core biopsy
Minimum Volume	4 mL aspirate and 1 cm bone core biopsy
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Contact Histology or the Pathologist for assistance. Touch preparations on glass slides must be obtained from the bone core biopsy before it is placed in formalin.
Brain Biopsy	

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Sample Type & Requirements		Requirement Information
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue is required for Frozen Section	
Breast Cancer Profile - ER/PR, Ki-67, p53, HER2/NEU		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	Reference Laboratory	
Special Instructions	Note this request on the Histology Requisition. Since this test is done from the paraffin block it may be ordered at any time by contacting the Histology Department at GCMC.	
Breast Cyst/Fluid Aspiration		
Container	No fixative in an appropriate sized container.	
Minimum Volume	1 mL or less	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions		
Breast Discharge		
Container	Fixed slides in a crush resistant holder	
Fixative	1 -2 spray fixed slides	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Slides and spray fixative can be obtained from Histology	
Breast Tissue - Biopsies or Mastectomies		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Bronchial Brushings		
Container	Fixed slides in a crush resistant holder	

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Fixative	1 or more slides fixed immediately in 85% alcohol or spray fixed
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Slides and alcohol can be obtained from Histology. The material from the brush smeared thin in the center of the slide, the size of a nickel. Never allow slides to air dry. Prepare 1 slide at a time.
Bronchial Washing	
Container	No fixative in an appropriate sized container. Separate for Culture.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	25 mL of sterile saline is rinsed into the lung and aspirated back out
Bursa	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Cartilage	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Cerebral Spinal Fluid/CSF	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	After hours or weekends send specimen to hematology for processing.
Cervix - Biopsy and Cervical Cone Biopsy	

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Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Cholesteatoma		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Chromosome Analysis/Cytogenetics - Bone Marrow or Blood		
Container	Sodium Heparin (Green Top Tube)	
Minimum Volume	2 mL	
Performed	Monday - Friday	
Location	Reference Laboratory	
Special Instructions	Note this request on the Requisition in Epic.	
Chromosome Analysis/Cytogenetics - Tissue		
Container	Any appropriate sized container (sterile preferred)	
Fixative	None, Fresh Tissue Required (tissue transport media will be added by the laboratory)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Note this request on the Histology Requisition in Epic.	
Colon - Biopsies or Partial Resection		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Common Bile Duct Brushings		
Container	Fixed slides in a crush resistant holder	

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Fixative	1 -2 spray fixed slides
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Slides and spray fixative can be obtained from Histology.
Congo Red Stain - Amyloid Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Conjunctiva	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Copper Measurement, Hepatic Quantitative - Liver Wedge or Biopsy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Please note request on Histology Requisition in Epic.
Cornea	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Crystal Violet Stain - Amyloid Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)

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Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Cytogenetics/Chromosome Analysis - Bone Marrow or Blood	
Container	Sodium Heparin (Green Top Tube)
Fixative	2 mL
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Cytogenetics/Chromosome Analysis - Tissue	
Container	Any appropriate sized container (sterile preferred)
Fixative	None (tissue transport media will be added by the laboratory)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Note this request on the Histology Requisition in Epic.
Diverticulum	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Duodenum - Biopsy or Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Elastic Stain (EVG)	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC

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Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Endocervix - Biopsy or Currettings	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Endometrium - Biopsy or Currettings	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Esophageal Brushings	
Container	Fixed slides in a crush resistant holder
Fixative	1 -2 spray fixed slides
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Slides and spray fixative can be obtained from Histology
Esophagus - Biopsy or Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Estrogen and Progesterone Receptor Assay, DNA Analysis	
Container	Any appropriate sized container.
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic. Since this test is done from the paraffin block it may be ordered at

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Sample Type & Requirements	Requirement Information
	any time by contacting Histology Department at GCMC.
Eye - Enucleation	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Fallopian Tube - Biopsy, Ectopic Pregnancy, Sterilization	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Fat Stain (Oil Red O) - Fluid	
Container	Any appropriate sized container
Fixative	None (fluid should be received Fresh)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Fresh fluid required. Please note request for this stain on Histology Requisition in Epic.
Fat Stain (Oil Red O) - Tissue	
Container	Any appropriate sized container.
Fixative	None (Tissue should be received Fresh)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Fresh tissue required. Please note request for this stain on Histology Requisition in Epic.
Femoral Head	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary

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Sample Type & Requirements	Requirement Information
Special Instructions	Fresh tissue not needed unless Cultures or ORC requested.
Fetus Over 20 Weeks Gestation	
Container	Any appropriate sized container or wrapping.
Fixative	None
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Autopsy Authorization form #0511, copy of mother/babies chart, death record and copy of physician's order are all required if parents requested autopsy. If Chromosome Analysis/Cytogenetics are requested please note on Authorization along with any exclusions to the autopsy, autopsy authorization to be signed by the parent and two witnesses.
Fetus Under 20 Weeks Gestation	
Container	Any appropriate sized container or wrapping.
Fixative	None if Chromosomal Studies are requested. 10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio) for Routine
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Epic Histology requisition required. No autopsy authorization or death record required (surgical specimen). If Chromosome Analysis/Cytogenetics are requested, please note on Histology requisition in Epic. Parents may request a gross examination only (no dissection, no internal examination)
Fibroids - Uterine	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Fine Needle Aspirations (FNA)	
Container	saline container for cell block

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Minimum Volume	1 mL or as much as can be obtained
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Contact Histology or the Pathologist for assistance. Contact Histology for the supplies. Spray fix slides.
Fingers/Toes	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
FISH - Fluorescent In-Situ Hybridization	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic. Since this test is done from the paraffin block it may be ordered at any time by contacting Histology Department at GCMC.
Fissure/Fistula	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Flow Cytometry - Bone Marrow or Blood	
Container	Sodium Heparin (Green Top Tube)
Minimum Volume	2 mL
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Flow Cytometry - Tissue	

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Sample Type & Requirements	Requirement Information
Container	Any appropriate sized container (sterile preferred)
Fixative	None (Tissue Transport media will be added by the laboratory)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Fluorescent In-Situ Hybridization (FISH)	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition. Since this test is done from the paraffin block it may be ordered at any time by contacting Histology Department at GCMC.
Fontana-Masson Stain for Melanin and Argentaffin Granules	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Foreskin	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Frozen Section	
Container	Any appropriate sized container.
Fixative	None
Performed	Monday - Friday, special instructions listed below for after hours and weekends.
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Note the Frozen section request on the Histology Requisition in Epic. After hours

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	and weekend frozens require clinical laboratory to be given 30 minutes notice prior to need. This is to ensure pathologist and Technologist have travel time.
Gallbladder	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If a plastic bag is used during a laproscopic procedure the bag must be removed before adding 10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio).
Ganglion Cyst	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Gram Stain for Tissue Sections	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
H&E/Hematoxylin and Eosin Staining	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	
Heart Valve - Mitral and Aortic Valves	
Container	Any appropriate sized container

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Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If saline is used during the procedure please pour it off and add 10% formalin.
Heliocobacter pylori - Diff-Quik Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Hematoxylin and Eosin (H&E) Staining	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	
HER2/NEU	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition. Since this test is done from the paraffin block it may be ordered at any time by contacting Histology Department at GCMC.
Ileum - Biopsy or Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.

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Immunofluorescence - Kidney and Skin Biopsy	
Container	Any appropriate sized container
Fixative	None (tissue transport media will be added by the laboratory)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Fresh tissue must be submitted.
Iron Measurement, Hepatic Quantitative - Liver Wedge or Biopsy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Iron Stain - Prussian Blue for Ferric Iron	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Note this request on the Histology Requisition in Epic.
Jejunum - Biopsy or Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Kidney	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Kidney Biopsy for Tumor	

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Sample Type & Requirements	Requirement Information
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Kidney Biopsy Other Than Tumor	
Container	Any appropriate sized container
Fixative	None (Tissue transport media will be added by the laboratory)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	These are generally collected in CAT Scan and are checked for the adequacy of the specimen by a Pathologist during the procedure.
Kidney Washings	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	
Kinyoun's Stain - Acid Fast Bacilli/AFB	
Container	Any appropriate sized container
Fixative	See Acid Fast/AFB depending on specimen (tissue or fluid)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic. See instructions for appropriate fixative under AFB Stain.
Large Bowel - Biopsy or Partial Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.

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Sample Type & Requirements	Requirement Information
Larynx - Biopsy, Partial or Total Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. May be sent fresh at the request of the surgeon.
Leder Stain - Specific Esterase for Tissue Sections	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Leg/Limb	
Container	Double bagged - large red biohazard bags
Fixative	None - Because of specimen size
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Specimen must be refrigerated after hours. Place Epic requisition in Histology receiving area to alert Histology staff that the limb is in the refrigerator.
Leiomyoma	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Lipid Laden Macrophages	
Container	No Fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	

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Sample Type & Requirements	Requirement Information
Lipoma	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Liver Wedge or Biopsy for Copper/Iron Measurements	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Liver Wedge or Biopsy for Tumor/Cyst/Hemangioma/Hepatitis	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Lung - Biopsy, Wedge Resection, Partial Lobectomy, Lobectomy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Lymph Nodes for Lymphomas Studies	
Container	Any appropriate sized container (sterile preferred).
Fixative	None (Tissue Transport media will be added by the laboratory)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.

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Sample Type & Requirements	Requirement Information
Lymph Node(s)- Tissue (Without Lymphoma Studies)	
Container	Any appropriate sized container (sterile preferred).
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not nee
Lymphoma Studies - Any Tissue	
Container	Any appropriate sized container (sterile preferred).
Fixative	None (Tissue Transport media will be added by the laboratory)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Melanin Stain - Fontana-Masson Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Mitral Valves - Heart Valve	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested. If saline is used during the procedure please pour it off and add 10% formalin.
Mucicarmine Stain (Mayer's) for Staining of Epithelial Mucins	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC

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Sample Type & Requirements	Requirement Information
Special Instructions	Please note request for this stain on Histology Requisition.
Muscle and Muscle Biopsy	
Container	Any appropriate container with Muscle Clamp attached.
Fixative	None (tissue will be separated by the laboratory)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Fresh tissue must be submitted in muscle clamp.
Nasal Sinus Tissue/Contents	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Neck Dissection (Radical)	
Container	Any appropriate sized container
Fixative	Fresh (unless fixative is requested by submitting Physician)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Usually sent fresh and oriented by the Surgeon.
Nerve Biopsy	
Container	Any appropriate sized container
Fixative	None (Tissue will be separated by the laboratory)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Fresh tissue must be submitted in clamp.
Neuroma - Morton's/Traumatic	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.

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Sample Type & Requirements	Requirement Information
Nipple Discharge	
Container	Spray fixed slides in a crush resistant holder.
Minimum Volume	1 -2 spray fixed slides
Performed	Monday - Friday 7am - 5pm
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Slides and spray fixative can be obtained from Histology.
Oil Red O (Fat Stain) Fluid or Tissue	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh fluid required. Please note request for this stain on Histology Requisition in Epic.
Omentum	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Operating Room Consultations/ORC	
Container	Any appropriate sized container
Fixative	None
Performed	Monday - Friday, special instructions listed below for after hours and weekends.
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Note the OR consult request on the Histology Requisition in Epic. After hours and weekend frozen require clinical laboratory to be given 30 minutes notice prior to need. This is to ensure pathologist and technologist have travel time.
Oral Mucosa and Gingival Tissue	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary

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Sample Type & Requirements	Requirement Information
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Ovary	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Pancreas - Biopsy or Total/Subtotal Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Pancreatic Brushings	
Container	Spray fixed slides in a crush resistant holder
Minimum Volume	1 - 2 spray fixed slides
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Slides and spray fixative can be obtained from Histology
Pap Smear	
Container	Spray fixed slides in a crush resistant holder or fluid based Thin Prep Pap Test container
Minimum Volume	1 - 2 spray fixed slides or fluid based Thin Prep Pap Test Container
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Slides and spray fixative can be obtained from Histology Thin prep bottle must be brought with the collecting physician from their office.
Paracentesis Fluid	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday

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Sample Type & Requirements		Requirement Information
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.	
Parathyroid		
Container	Any appropriate sized container	
Fixative	None	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue is required for weight and frozen section for confirmation of parathyroid tissue.	
Parotid Gland - Salivary Gland		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Pelvic Washings		
Container	No fixative in an appropriate sized container.	
Minimum Volume	1 mL	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.	
Pericardial Fluid		
Container	No fixative in an appropriate sized container.	
Minimum Volume	1 mL	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.	
Periodic Acid Schiffs for Polysaccharides, neutral Mucosubstance, Basement Membranes and Fungus		
Container	Any appropriate sized container	

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Sample Type & Requirements	Requirement Information
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Peritoneum Biopsy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Pituitary	
Container	Any appropriate sized container
Fixative	None (unless fixative is requested by submitting physician)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue is required for Frozen Section.
Placenta - No request for Chromosome Analysis/Cytogenetics	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	If Chromosome Analysis/Cytogenetics requested - no fixative. See Chromosome Analysis/Cytogenetics .
Plaque	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Pleural Fluid/Effusion	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL

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Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.
Pneumocystis carinii (PCP) - Silver Stain	
Container	Any appropriate sized container.
Fixative	See Silver Stain depending on specimen (tissue or fluid)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic. See instructions for appropriate fixative under silver stain.
Polyp - Any Location	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Products of Conception - No request for Chromosome Analysis/Cytogenetics	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	If Chromosome Analysis/Cytogenetics requested - no fixative. See Chromosome Analysis/Cytogenics .
Prostate - Needle Biopsy, Radical Resection, Chips/TUR	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio) or Bouin's Fixative (for biopsies if requested)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary

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Sample Type & Requirements	Requirement Information
Special Instructions	Fresh tissue is not needed unless Frozen or ORC requested. The surgeon may request Bouin's fixative for a needle core biopsy.
Prussian Blue for Ferric Iron - Iron Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please not request for this stain on Histology Requisition in Epic.
Rectum - Biopsy or Partial Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Reticulum Stain	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition.
Salivary Gland - Parotid, Submaxillary, Sublingual	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Sentinel Lymph Nodes	
Container	Any appropriate sized container (sterile preferred).
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday

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Sample Type & Requirements		Requirement Information
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Silver Stain - Brushings for Fungus, Spirochete, Bacteria		
Container	Any appropriate sized container or holder for glass slides	
Fixative	Spray alcohol fixative/70-85% alcohol(ethyl or reagent)	
Performed	Monday - Friday	
Location	GCMC	
Special Instructions	Please note request for this stain on Histology Requisition in Epic.	
Silver Stain - Fluid for Fungus, Spirochete, Bacteria		
Container	Any appropriate sized container.	
Fixative	None - fresh fluid	
Performed	Monday - Friday	
Location	GCMC	
Special Instructions	Please note request for this stain on Histology Requisition in Epic.	
Silver Stain - Tissue for Fungus, Spirochete, Bacteria		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	GCMC	
Special Instructions	Please note request for this stain on Histology Requisition in Epic.	
Sinus Tissue/Contents		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.	
Skin -Biopsy or Excisions		
Container	Any appropriate sized container	
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)	
Performed	Monday - Friday	
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary	

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Sample Type & Requirements	Requirement Information
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Small Bowel - Biopsy or Partial Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Spleen	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Sputum	
Container	No fixative in an appropriate sized container. Submit immediately.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Collect sputum early in the morning, just after waking. Have the patient rid their mouth of saliva and other material by rinsing. Forceful coughing with aerosol inducement may be necessary.
Steiner Stain for Spirochetes, Campylobacter, Legionella	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	GCMC
Special Instructions	Please note request for this stain on Histology Requisition in Epic.
Stomach - Biopsy or Partial Resection	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)

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Sample Type & Requirements	Requirement Information
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Stone - Bladder, Kidney, Renal, Urethral, Ureteral	
Container	No fixative in an appropriate sized container.
Minimum Volume	One or more stones of any size
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary - Stone Analysis Reference Laboratory
Special Instructions	Send to laboratory with Epic Histology Requisition noting for analysis. Do not fastened to a card or paper with cellophane tape. Care should be taken with small fragments; their loss may interfere with the accuracy of the test.
Sublingual Gland - Salivary Gland	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Submaxillary Gland - Salivary Gland	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Synovium	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.

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Sample Type & Requirements	Requirement Information
Temporal Artery Biopsy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Testis - Biopsy, Tumor, Castration	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Thoracentesis Fluid	
Container	No fixative in an appropriate sized container.
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	The container must contain 5 units of heparin or greater for every 1 mL of aspirated fluid.
Thrombus	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Thymus	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Thyroid - Resection, Biopsy, Fine Needle Aspiration	

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Sample Type & Requirements		Requirement Information
Container		Any appropriate sized container
Fixative		10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed		Monday - Friday
Location		CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions		Fresh tissue is required for Frozen or ORC. Contact Histology for assistance for a fine needle aspiration.
Tissue		
Container		Any appropriate sized container
Fixative		10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed		Monday - Friday
Location		CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions		Fresh tissue not needed unless Frozen or ORC requested.
Toes/Fingers		
Container		Any appropriate sized container
Fixative		10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed		Monday - Friday
Location		CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions		Fresh tissue not needed unless Frozen or ORC requested.
Tongue - Biopsy or Resection		
Container		Any appropriate sized container
Fixative		10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed		Monday - Friday
Location		CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions		Fresh tissue not needed unless Frozen or ORC requested.
Trichrome Stain (Masson)		
Container		Slides and alcohol spray fixative
Fixative		10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed		Monday - Friday
Location		GCMC
Special Instructions		Please note request for this stain on Histology Requisition.
Tzanck Prep		
Container		Alcohol container for slides.

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Sample Type & Requirements	Requirement Information
Minimum Volume	As much as can be obtained.
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Contact Histology or the Pathologist for assistance. Contact Histology for supplies.
Urinary Bladder - Biopsy, Total/Subtotal Resection, Tumor, TUR	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Urine for Cytology	
Container	No fixative in an appropriate sized container
Minimum Volume	1 mL
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh voided urine (clean catch) for male and female. Submit urine while still warm for best results.
Uterus	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Uvula	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Vagina	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)

Lee Health
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CLINICAL LABORATORY
Histology Test List

Sample Type & Requirements	Requirement Information
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Vas Deferens - Biopsy, Sterilization	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Vein - Biopsy or Varicose Vein	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Vulva	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	Fresh tissue not needed unless Frozen or ORC requested.
Wilson's Disease - Copper Measurement, Hepatic Quantitative - Liver Wedge or Biopsy	
Container	Any appropriate sized container
Fixative	10% Formalin (Required 10:1 ratio, gallon container minimum 4:1 ratio)
Performed	Monday - Friday
Location	Reference Laboratory
Special Instructions	Note this request on the Histology Requisition in Epic.
Wright Stain - Bone Marrow	
Container	EDTA (Lavender Top Tube)
Fixative	None - any fixation will be done in Histology
Performed	Monday - Friday

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Sample Type & Requirements	Requirement Information
Location	CCH, GCMC, HPMC, LMH, LHCP, Sanctuary
Special Instructions	