**Purpose**

All specimens not exempt from pathology examination must be submitted to the pathology department for gross/macroscopic examination. A microscopic examination of these specimens will be performed whenever there is a request by the clinician or when the pathologist determines a microscopic examination is indicated after gross specimen examination. A diagnostic report will be issued from all cases submitted to the pathology laboratory for examination.

This policy may also act as a reference guide for accessioners. All cases deemed as gross examination are signed out by the assigned Pathologist.

**Applicable Staff**

* Accessioners
* Pathologist Assistants and Residents
* Pathologists

**Policy**

**Definitions**

**gross only** = tissue that is examined grossly with no sections submitted for microscopic examination

**Standards**

Tissue that is submitted as gross examination only should be documented in the pathology report as such. The grosser may opt to submit tissue for histological examination based on findings when grossing the specimen. The categories of specimens that may be submitted as gross include, but are not limited to:

1. **Accessory digits** 
   1. Removal of extra digit(s)- common congenital digital anomaly of the hand called polydactyly or supernumerary digit
      1. *Excluding- enlarged/hypertrophic digits from pediatric cases*
2. **Cardiac Heart valves and leaflets**
   1. All cardiac heart valves that mention stenosis from adult cases.
      1. *Excluding- valves with vegetation’s (bacterial growth causing an infection)*
      2. *Excluding- valves from patients with history of endocarditis*
      3. *Excluding- cases that mention regurgitation*
      4. *Excluding- aorta, aortic dissection*
      5. *Excluding- all tissue from pediatric heart valves*
3. **Femoral heads and articular surfaces of knee joints** 
   1. Removed for degenerative joint disease
   2. Gross description must include examination for features of avascular necrosis
      1. *Excluding- femoral heads or other bone fragments submitted from*
         1. *Fracture sites*
         2. *Diseases other than degenerative joint disease (DJD)*
         3. *Avascular necrosis (AVN)*
4. **Grafts** 
   1. **USED** Excess bone and split thickness skin grafts
      1. *Excluding- grafts with tissue present*
      2. *Excluding- grafts used in recipient sites*
      3. *Excluding- grafts that mention infection*
5. **Hernias (pediatric patients)** 
   1. All inguinal hernias from patients under 18 years of age
      1. *Excluding- inguinal hernias where a gross abnormality is identified*
      2. *Excluding- inguinal hernias from patients over the age of 18*
      3. *Excluding- pediatric hernias that are not* ***inguinal hernias***
6. **Hernias (adult patients)**
   1. All hernias are exempt from microscopic evaluation
      1. *Excluding- inguinal hernia sacs from patients over 18 years of age*
      2. *Excluding- hernias where a gross abnormality is identified*
7. **Pannus or fatty apron** 
   1. Pannus- sheet of fatty tissue that hangs down in front of the intestines as a protective cushion.
8. **Plaque specimens** 
   1. All atherosclerotic plaque specimens – the buildup of fats, cholesterol and other substances in and on your artery walls (plaque).
      1. *Excluding- vascular wall, thrombus, or plaque with attached blood vessel.*
9. **All explanted devices**

*Excluding- infection with attached tissue or valves; patches and grafts from pediatric patients; vaginal mesh with attached tissue.*

1. **Toenails**
   1. From ingrown nail or traumatic avulsion
      1. *Excluding- nails in which a special stain has been requested*
      2. *Excluding- nails that have any skin or soft tissue attached*
      3. *Excluding- nails for fungus/onchomycosis, pigmented streaks or discoloration*
2. **Traumatic amputations**
   1. Amputated digits or limbs
3. **Foreign bodies**

**13) Xyphoid processes for overstretching of skin/poste bariatric surgery**

**14) Calculi from salivary glands, gallbladders, etc.**

***MOST calculi from kidney or bladder are sent for analysis and do not receive an accession number.***

**Revision History**

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| --- | --- | --- |
| **Date** | **Changed by** | **Summary of Changes** |
| **3/8/21** | Maegan Weighman, Matt Gabbeart, Kelli Farhat | Updated specimen list. |
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