



# Clinical Practice Change Alert

## New Breast Excision Requisition for Pathology

**Date Effective: June 29, 2016**

**Date Issued: June 28, 2016**

### New Breast Excision Requisition:

- As the first step in a multiphase communication from our breast disease site group, DSM Pathology is implementing a new Breast Excision requisition to ensure we more accurately capture the critical time points required for our downstream testing
- The new requisition is to be used for all EXCISIONAL specimens, including:
  - Lumpectomy and mastectomy specimens with or without axillary node sampling
  - Reduction mammoplasty specimens
  - Incisional biopsies
- A quick reference guide is included to fully outline the mandatory requirements
- As DSM does not have Pathology services at all sites, all breast cases should be submitted in formalin to a site with full pathology services as quickly as possible to streamline the process

### Patient Benefits:

- Improved accuracy of clinical information, allowing pathologic correlation
- Reduction in errors
- Faster turnaround time for breast cases

### Implementation & Requisition Access:

- The requisition will be implemented June 29; please adopt the new requisition as soon as you are able. The current Pathology requisition will remain in use for other surgical specimens and does not need to be discarded.
- The new requisition is available:
  - Through the St. Boniface Print Shop – Orders can be placed through your purchasing department by referencing stock number 7102-8999-9 and then forwarding the order to St. Boniface Hospital Print Shop by email or fax:
    - Email: [printcentre@sbgh.mb.ca](mailto:printcentre@sbgh.mb.ca)
    - Fax: 204-237-2261
  - On DSM's Laboratory Information Manual - Select DSM Resources/Requisition/ Breast Excision Requisition for Pathology - <https://apps.sbgh.mb.ca/labmanual/test/loadDocumentPdf?documentId=1401>

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## Critical Data Elements Required:

- **Ischemic start time:** Indicate the time removed from the patient (cut off from the blood supply) on the requisition next to the formalin fixation line to capture the ischemic start time.
- **Record the fixation time:** Indicate the time placed into formalin on the line next to the ischemic time. Breast cases should be placed into formalin immediately and brought to the lab as soon as they are labeled and ready to ship (ideally within one hour if submitted untrimmed).
- **Physician's signature:** Required to ensure the history is complete and the surgeon acknowledges this is the correct patient/specimen.

## Future Education & Training:

- In the fall, DSM will offer education on trimming cases and submitting in formalin for optimal fixation during transport
- A poster and additional educational materials will be provided later this year to all sites to ensure everyone is shipping cases to DSM labs using the same procedures.
- To request a fall session or training materials please contact Karen Cormier at [kcormier3@dsmanitoba.ca](mailto:kcormier3@dsmanitoba.ca) OR Phone: 204-926-1428

## DSM Contact Information:

Please do not hesitate to contact us if you have questions or concerns:

**Dr. Cynthia Santos,** DSM Breast sub specialty pathologist-HSC Ph# 787-1657

**Dr. Belinda Lategan,** DSM Breast sub specialty pathologist-SBH Ph# 258-1467

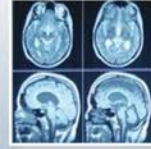
**Dr. Gabor Fischer,** Provincial Pathology Medical Director Ph# 237-2851

**Lisa Manning,** Provincial Pathology Technical Director Ph#204-926-1416

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## Appendix A DSM Pathology Breast Excision Requisition

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DIAGNOSTIC SERVICES OF MANITOBA  
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**PATHOLOGY SERVICES  
HISTOLOGY - BREAST REQUISITION - EXCISION**

**PHYSICIAN ORDERING TEST:**

Physician Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Copy of report to:  
 Clinician  
 Other Location (ex. diagnostic imaging, COMB, etc.)

**PATIENT DEMOGRAPHICS (ex. Addressograph Imprint):**

LOCATION: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SEX:  F  M  
 FACILITY MRN: \_\_\_\_\_  
 MB PHN (8 digit): \_\_\_\_\_  
 PHYSICIAN (PRINT): \_\_\_\_\_  
 COLLECTION DATE: \_\_\_\_\_

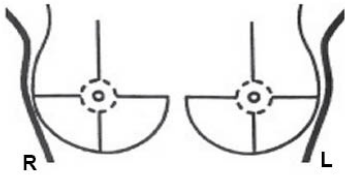
Physician Signature: \_\_\_\_\_  
 Referring Institution: \_\_\_\_\_

PLEASE COMPLETE THE INFORMATION ABOVE. PRINT CLEARLY  
 \*\*\* Specimens may not be examined without the appropriate Demographic and Clinical Information \*\*\*

Total Number of containers: \_\_\_\_\_ SPECIMEN SUBMITTED IN:  FORMALIN  FRESH SPECIMEN  OTHER

Location of lesion: Right or Left \_\_\_\_\_ o'clock \_\_\_\_\_ cm from Nipple

**LOCATION:**



History:  
 Preop core biopsy?  Yes  No  
 Previous breast surgery?  Yes  No  
 Path number: \_\_\_\_\_ (if available)  
 Markers/clips placed?  Yes  No  
 Multifocal?  Yes  No Number of foci: \_\_\_\_\_  
 Distance between lesions: \_\_\_\_\_  
 Size of largest focus: \_\_\_\_\_ mm Clinical  Imaging   
 Neoadjuvant Radio/Chemo/Endocrine therapy?  Yes  No  
 Other: \_\_\_\_\_ (BRCA status, etc.)

Procedure:  
 Lumpectomy Wire localized  Yes  No  
 Mastectomy  
 Sentinel lymph node biopsy  
 Axillary dissection

Intraoperative Consultation: \_\_\_\_\_

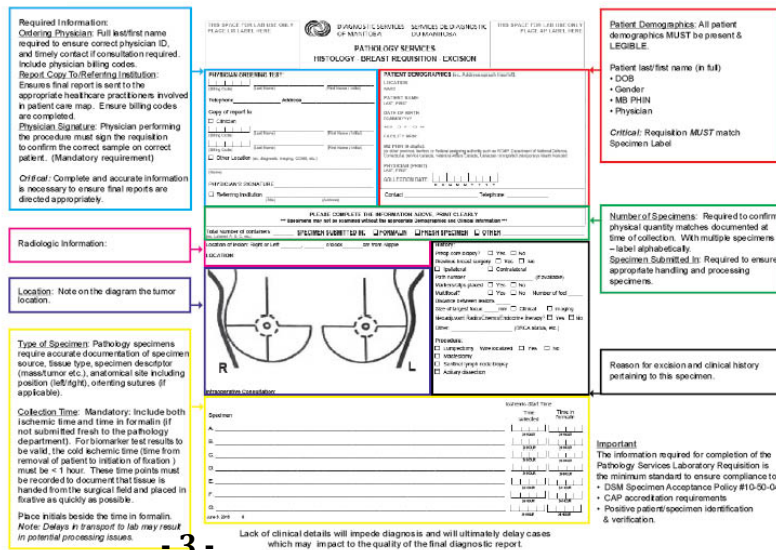
Specimen	Ischemic Start Time	
	Time collected	Time in formalin
A. _____	SHOUR	SHOUR
B. _____	SHOUR	SHOUR
C. _____	SHOUR	SHOUR
D. _____	SHOUR	SHOUR
E. _____	SHOUR	SHOUR
F. _____	SHOUR	SHOUR
G. _____	SHOUR	SHOUR

June 15, 2019 7300-8999-9

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  - Email: [printcentre@sbgh.mb.ca](mailto:printcentre@sbgh.mb.ca)
  - Fax: 204-237-2261
- On DSM's Laboratory Information Manual - Select DSM Resources/Requisition/ Breast <https://apps.sbgh.mb.ca/labmanual/test/loadDocumentPdf?documentId=1401>

### Breast Requisition Quick Reference



**Required Information:** Ordering Physician: Full last/first name required to ensure correct physician ID, and timely contact if consultation required. Include physician billing codes. Report, Copy To/Referring Institution: Ensure final report is sent to the appropriate healthcare practitioners involved in patient care map. Ensure billing codes are completed. Physician Signature: Physician performing the procedure must sign the requisition to confirm the correct sample on correct patient. (Mandatory requirement) Critical: Complete and accurate information is necessary to ensure final reports are directed appropriately.

**Radologic Information:**

**Location:** Note on the diagram the tumor location.

**Type of Specimen:** Pathology specimens require accurate documentation of specimen source, tissue type, specimen descriptor (mass/tumor etc.), anatomical site including position (left/right), ordering surgeon, (if applicable).

**Collection Time:** Mandatory: Include both ischemic time and time in formalin (if not submitted fresh to the pathology department). For biomarker test results to be valid, the cold ischemic time (time from removal of patient to initiation of fixation) must be < 1 hour. These time points must be recorded to document that tissue is handed from the surgical field and placed in fixative as quickly as possible. Place initials beside the time in formalin. Note: Delays in transport to lab may result in potential processing issues.

**Patient Demographics:** All patient demographics MUST be present & LEGIBLE. Patient last/first name (in full) • DOB • Gender • MB PHN • Physician Critical: Requisition MUST match Specimen Label

**Number of Specimens:** Required to confirm physical quantity matches documented at time of collection. With multiple specimens – label alphabetically. Specimen Submitted In: Required to ensure appropriate handling and processing specimens.

**Reason for excision and clinical history** pertaining to the specimen.

**Important:** The information required for completion of the Pathology Services Laboratory Requisition is the minimum standard to ensure compliance to: • DSM Specimen Acceptance Policy #10-00-04 • CAP accreditation requirements • Positive patient/specimen identification & verification.

**3 -** Lack of clinical details will impede diagnosis and will ultimately delay cases which may impact to the quality of the final diagnostic report.