General Rules:

This document provides service specific information for coverage of urgent specimens after hours and on weekends. This applies only to specimens which cannot be held until the next normal business day.

Do not assume a specimen is urgent just because it is of a certain specimen type. In general, it is prudent to have a conversation with the submitting clinical team to assess the true urgency of the situation, and specifically whether or not any treatment changes would be made based on the provisional evaluation of the specimen. Ideally, these conversations should occur at a peer-to-peer level (i.e., the senior resident / fellow on call can discuss with the resident / fellow on the clinical team, but the attending pathologist on call should have the discussion with the treating attending clinician.)

In all cases, the senior resident / fellow on call should be contacted first and kept in the loop; if a case comes to the attention of an attending or other pathology staff member, contact the senior resident / fellow on call.

Except as noted in the subspecialty sections below, the general on-call attending (“frozen attending”) should be contacted first about any case needing an urgent assessment.

If the attending on-call feels that subspecialty input is needed on a case which does not fall within the exceptions listed below, that attending should contact a subspecialist pathologist – this task should not be assigned to the senior resident / fellow on call. Subspecialist consultation can be provided either in person or via ScopeCam, but the latter can only be used if the general pathologist is on site and takes responsibility for the case (unless a validation study has been performed and documented).

Bone and Soft Tissue

- Most of these specimens are not urgent. However, if there is an unusual request or one related to specimen handling, one can try to contact Dr. Laskin on his cell phone. Call - don’t send a text message.

Cytopathology

- Specimens that fall into this category are mostly BALs and occasionally, CSFs.
- During the week, the late cytotech informs the cytopathologist on the NonGyn service of any impending case, who in turn stays late until the case is reviewed.
- There is a phone tree of names of cytopathologists on the service, which is made available to the chief residents at the beginning of every academic year. So on weekends, if the general on call pathologist is not credentialed in cytology, the phone tree is activated by the resident on call.

**GI SERVICE**

- Any transplant related biopsies or any other urgent GI biopsies (GHVD or any other issues) will be handled by the GI faculty on call
- For complex frozen sections involving cases known in advance (e.g. pancreatic surgery) the GI faculty will cover weekend cases and cases that go beyond 5PM. However, routine or unanticipated cases send for frozen section (e.g., liver resection margins, esophagectomies or colon cancer) or gross assessment should be handled by the general on-call pathologist (who may elect to seek subspecialty consultation if needed). For frozen sections for routine GI cases after 5PM or weekends, if for some reason the general person is not comfortable taking the call for a case with anticipated issues they should contact the GI faculty as soon as they can. For any complex cases that are known before-hand (e.g. pancreatic surgery) the GI faculty will come in during the weekend or for cases that go beyond 5PM.

**Who is the on-call faculty for GI:**
- Weekends including Monday or Friday holidays when it is a long weekend: Faculty covering the GI biopsies in the immediately following week
- After 5PM and Holidays falling in the middle of the week: For any STAT cases or Frozen sections after 5PM the faculty covering the GI biopsies that week will be on call.

**HEMATOPATHOLOGY**

- Most rush biopsies for the hemepath service are covered by the attending and fellow on the hemopath service (for weekends, it is those on the week BEFORE). They have typically been contacted directly by the clinical teams. If a rush hemepath specimen comes to the attention of the senior resident / fellow on call or the on-call general attending, contact the current hemepath fellow.
- Rush bone marrow biopsies are assessed by first looking at the smear of the aspirate from lab medicine and then determining whether or not rush processing is indicated
- “Rush” lymph nodes for possible lymphoma should NOT be processed on the Rapid Tissue Processor since these invariably need immunohistochemistry and most of our antibodies have not been validated for use following rapid processing – instead, submit for 8AM rush.

**NEUROPATHOLOGY**

- In many cases, the neuropathologist on call will already be aware of any pending urgent cases
- The neuropathologist on call should coordinate with the general pathologist on call on a case-by-case basis, involving the senior resident / fellow on call in the discussions, so it is clear who will be handling each case.
PEDIATRIC SERVICE

- Dr. Morotti will typically take the call for all urgent cases from pediatric patients
- When Dr. Morotti is on vacation or out of town any other reason:
  - Dr. Morotti will notify:
    - Senior resident / fellow on call
    - Dr. Jain / GI faculty
    - Dr. Sinard’s assistant (to update the AMION call schedule)
- Pediatric GI and liver cases will be covered by the GI faculty on call covering the adult GI and liver service
- All the remaining cases will be covered the general faculty on call, including assessment of iron on mucosal biopsies for GALD (formerly called neonatal hemochromatosis)

RENAL (MEDICAL)

- Frozen sections of donor kidney biopsies to assess suitability for transplantation is the responsibility of the senior resident / fellow and general on-call attending pathologist. Instructions for evaluating these specimens are available on the intranet site
- Rush biopsies in the evening and on weekends to assess for acute cellular rejection will be handled by the attending on the renal service (for weekends, it is the attending on the FOLLOWING week), who should be contacted directly by the senior resident / fellow on call. The use of the ScopCam technology for the evaluation of kidney biopsies for acute rejection has been validated via a validation study and approved by the service director.

THORACIC

- No specific subspecialty coverage provided. However, some tips:
  - Biopsies for respiratory failure usually require a GMS stain for fungal organisms; also AFB and/or viral stains if histology suggests
  - Patients with hematologic malignancies may have both tumor and organisms in the lungs
  - Dr. Homer willing to come in or discuss by phone if available

No specific subspecialty coverage (see General Rules) provided for:

- Breast
- Endocrine / Head and Neck
- Genitourinary
- Gynecologic
- Ophthalmic