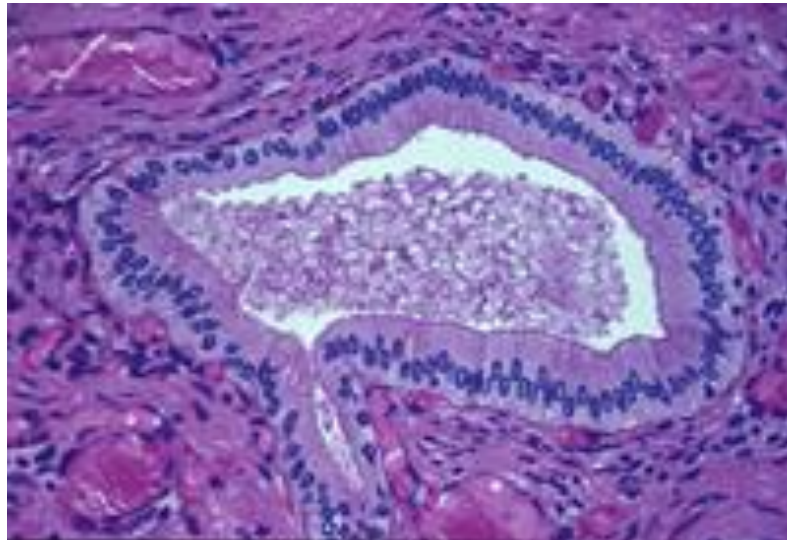




# Cellular Pathology User Manual



 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 2 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## Cellular Pathology User Manual

<b>Contents</b>	<b>Page</b>
<b>1.0 Laboratory Location</b>	3
<b>2.0 Key Contacts</b>	4
<b>3.0 Service Operating Hours</b>	5
<b>4.0 Comments or Complaints</b>	5
<b>5.0 Clinical Services Information</b>	6
<b>6.0 Laboratory Results and Accessing Clinical Advice</b>	8
<b>7.0 Request Forms and Instruction for Completion</b>	9
7.1 Criteria for Sample Acceptance/ Rejection	10
7.2 High Risk Samples	14
7.3 Requirements for Informed Patient Consent	14
7.4 Protection of Personal Information	15
<b>8.0 Sample Transport</b>	15
<b>9.0 Sample Requirements and Turn Around Times</b>	15
9.1 Diagnostic Cytology	17
9.2 Histopathology	33
9.3 Andrology	42
9.4 Mortuary and Body Store Facilities	47
<b>10.0 Appendix Section</b>	50
10.1 Histopathology and Diagnostic Cytology Request Form	51
10.2 Barcode labels for request from and sample container	52
10.3 WHSCT Diagnostic Cytology Request Form	53
10.4 Histopathology Examination Request Form	54
10.5 Post Vasectomy Analysis Request Form	55
10.6 Early pregnancy Loss Consent Form	56
10.7 Abortion – record of Burial or Cremation Arrangements	57
10.8 Placenta Request Form	58
<b>11.0 Clinical User Information and Measurement Uncertainty (MU)</b>	59

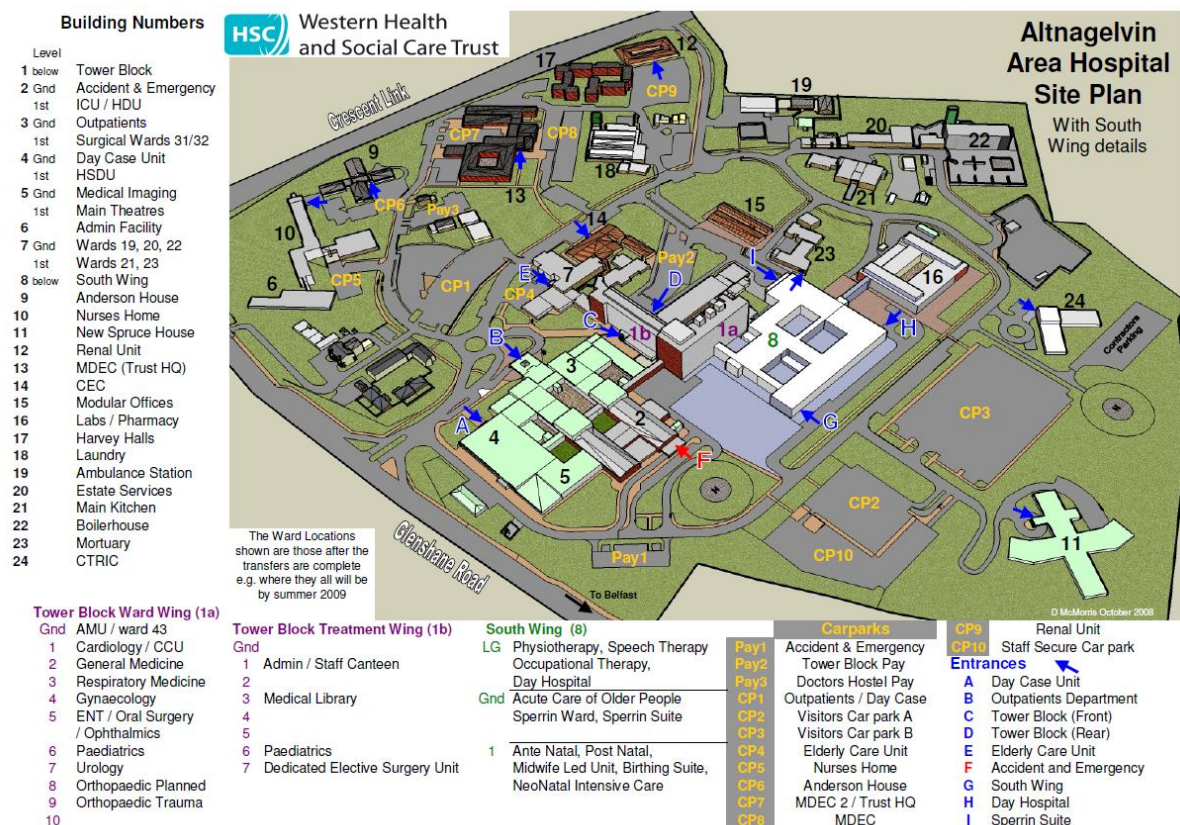
 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 3 of 67
CELLPATH/MAN/1	Edition Number 1.11

## 1.0 Laboratory Location


Altnagelvin Switchboard	028 713 45171 00 44 28 713 4171 (outside UK)
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WH SCT Cellular Pathology	
Cellular Pathology Laboratory Altnagelvin Hospital Glenshane Road Londonderry Co. Londonderry N. Ireland BT47 6SB	Mortuary Department Altnagelvin Hospital Glenshane Road Londonderry Co. Londonderry N. Ireland BT47 6SB

The Western Health and Social Care Trust (WH SCT) Cellular Pathology Service is located on the first floor of the Laboratory/ Pharmacy Building in the South wing on the Altnagelvin Hospital site – see point 16 on the site map shown above.




Car parks are shown on the above map. There are also disabled car-parking spaces at the front of the Main Pharmacy/ Laboratory building. The main Altnagelvin Laboratory Reception Desk and Cellular Pathology laboratory are accessible by lift and therefore are accessible for disabled patients.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 4 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## 2.0 Key Contacts

Name	Position	Contact details
<b>Dr Ciaran Flynn</b>	Cellular Pathology Clinical Lead	Ext. 213967 <a href="mailto:ciaran.flynn@westerntrust.hscni.net">ciaran.flynn@westerntrust.hscni.net</a>
	Secretary	Ext. 213436
<b>Dr Iain Cameron</b>	Consultant Pathologist	Ext. 213969 <a href="mailto:iain.cameron@westerntrust.hscni.net">iain.cameron@westerntrust.hscni.net</a>
	Secretary	Ext. 213989
<b>Dr Niall Corry</b>	Consultant Pathologist	Ext. 213966 <a href="mailto:Niall.Corry@westerntrust.hscni.net">Niall.Corry@westerntrust.hscni.net</a>
	Secretary	Ext. 213986
<b>Dr Robert Harkness</b>	Consultant Pathologist	Ext. 213981 <a href="mailto:Robert.Harkness@westerntrust.hscni.net">Robert.Harkness@westerntrust.hscni.net</a>
	Secretary	Ext. 213436
<b>Dr Ali Ben-Mussa</b>	Consultant Pathologist	Ext. 213964 <a href="mailto:Ali.Benmussa@westerntrust.hscni.net">Ali.Benmussa@westerntrust.hscni.net</a>
	Secretary	Ext. 213986
<b>Dr Ciaran O'Neill</b>	Consultant Pathologist	Ext. 213976 <a href="mailto:Ciaran.ONeill@westerntrust.hscni.net">Ciaran.ONeill@westerntrust.hscni.net</a>
	Secretary	Ext. 213986
<b>Nora McDonald</b>	Cellular Pathology Lead	Ext. 213977
	BMS	028 77 246978 07776458958
		<a href="mailto:Nora.McDonald@westerntrust.hscni.net">Nora.McDonald@westerntrust.hscni.net</a>

**Please note cervical cytology testing is provided by the regional cervical cytology laboratory based in BHSCT.**

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 5 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

### 3.0 Service Operating Hours

Laboratory	Operational Hours	Further Information
Histopathology	08:00 – 20:00 Monday – Friday  08:00 – 12:00 Saturday	Laboratory is closed on Sundays and Bank Holidays. As no on-call service is available, all samples taken outside operational hours <b>MUST</b> be stored appropriately – see relevant sample collection information. Ext. 213986/ 213987/ 213988/ 213989/ 213432 and 213436.
Diagnostic Cytology	08:00 – 19:00 Monday – Friday  08:00 – 12:00 Saturday	Laboratory is closed on Sundays and Bank Holidays. As no on-call service is available, all samples taken outside operational hours <b>MUST</b> be stored appropriately – see relevant sample collection information. Ext. 213409/213412 and 213403.
Andrology	As per appointment times <b>ONLY</b>	See section 9.3 for further information. Ext. 213409/213412 and 213403.
Altnagelvin Body Store Facilities	08:00 – 16:00 Monday – Sunday	From 08:00 to 16:00 all hospital deaths must be reported on ext. 214559/214560. Bleep 8181
SWAH Body Store Facilities	08:00 – 16:00 Monday – Sunday	From 08:00 to 16:00 all hospital deaths must be reported on ext. 254458. Bleep 139


Direct arrangements must be made with the relevant consultant pathologist if any special arrangements are required for any Histopathology or Diagnostic Cytology samples. Please also ensure that appropriate transport/portering arrangements are also in place.

Please note that when any Cellular Pathology sample is not stored appropriately or is sent in an inappropriate sample container, this will adversely impact the examination result/ diagnosis.

### 4.0 Comments or Complaints

We welcome comments about our service provision from any user. If you have any comments, please contact the Cellular Pathology Lead.

The WHSCT complaints process is found on the [WHSCT website](#). This is accessed by accessing the complaints section using the search function. Any complaint either verbal or written should also be directed to the Cellular Pathology Lead for further investigation.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 6 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## 5.0 Clinical Services Information

The following Clinical Services are provided:


- Breast Pathology
- Diagnostic Cytology
- Andrology
- Bone/ soft tissue Pathology
- Cardiovascular Pathology
- Dermatopathology
- Body Store Services
- Endocrine Pathology
- ENT Pathology
- Gastrointestinal Pathology
- Lung Pathology
- Renal Pathology
- Urological Pathology
- Oral and dental Pathology
- Ultrasound Pathology

In certain instances specialist additional Clinical Diagnostic Cellular Pathology services are obtained by referral to other Laboratories, these are listed below:

<b>Samples Referred</b>	<b>Address</b>	<b>UKAS number</b>
<b>Haematopathology - Lymphoma</b>	Haematological Malignancy Diagnostic Service, St. James' Institute of Oncology, Level 3 Bexley Wing, Beckett Street, Leeds, LS9 7TF	9305
<b>Adult Consented Post-Mortem (non-coroners)</b>	Institute of Pathology, Belfast HSCT Royal Victoria Hospital Grosvenor Road Belfast BT12 6BA	8638
<b>Placenta Paediatric Post Mortems transported via BHSCT</b>	Alder Hey Hospital, Children's NHS Foundation, Mortuary Dept. Eaton Rd, Liverpool, L12 2AP	9091
<b>Molecular Diagnostic Testing</b>	Regional Molecular Diagnostic Service – RMDS, Belfast City Hospital, Lisburn Road, Belfast, BT9 7AB	8638
<b>Molecular testing – PDL-1 NRTK, FISH, ACGH</b>	Department of Pathology, Queen Elizabeth Hospital, Mindelsohn Way, Edgbaston, Birmingham, B15 2 WB	8784
<b>Eye Specimens</b>	Department of Pathology, Queen Elizabeth University Hospital, Govan Road, Glasgow, G51 4TF	9569
<b>Soft tissue and bone specimens, further testing, second opinion.</b>	Histopathology Department, Institute of Orthopaedics, Royal national Orthopaedic Hospital NHS Trust, Brockley Hill, Stanmore, Middlesex HA7 4LP	
<b>Head and neck samples, further testing, opinion</b>	Sheffield Teaching Hospital NHS Foundation Trust, Royal Hallamshire, Sheffield	



<b>GI specimens Skin specimens</b>	Source Bioscience, Medical Solutions Nottingham Business Park, Nottingham, NG8 6PX	9571
<b>Trophoblast disease</b>	Pathology Quality office RM 2L20, Charing Cross Hospital, Fulham Palace road, London	9615
<b>Oncotype DX</b>	Genomic Health, Inc. 301 Penobscot Drive, Redwood City, CA 94063-4700	
<b>Ophthalmology</b>	<p>Scottish Ophthalmic Pathology Service Dr. Fiona Roberts Scottish Ophthalmic Pathology Service Department of Pathology South Glasgow University Hospital Glasgow G51 4TF</p> <p>For ocular melanoma: Dr Hardeep Singh Mudhar Consultant Ophthalmic Pathologist National Specialist Ophthalmic Pathology Service. Histopathology, E-Floor, Royal Hallamshire hospital, Sheffield, S10 2JF.</p>	9609
<b>Hepatocellular</b>	Royal Victoria Hospital Institute of Pathology, Belfast HSCT	8638
<b>POC Medical Genetics</b>	Northern Ireland Regional Genetics Laboratories Belfast Trust Laboratories A Floor Belfast City Hospital 51 Lisburn Road BELFAST BT9 7AB	8952
<b>National: Charing Cross Hospital</b>	Trophoblastic Tumour Screening and Treatment Centre Department of Medical Oncology Charing Cross Hospital Fulham Palace Road LONDON W6 8RF UK	9615
<b>National: Amyloidosis Centre</b>	National Amyloidosis Centre, UCL Division of Medicine Royal Free Hospital, Rowland Hill Street, London, NW3 2PF	9878
<b>Source Bioscience</b>	Source Bioscience, Medical Solutions Nottingham Business Park, Nottingham, NG8 6PX	9571

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 8 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

The Cellular Pathology Laboratory services are accredited by United Kingdom Accreditation Service (UKAS) to ISO 15189:2022 Medical Laboratory requirements. Laboratory Management aim to maintain the highest standards in professional and service standards for all of our Service Users. Laboratory Management operates a comprehensive Quality Management System with integrated Audit, Internal Quality Assurance (IQC), Quality Assurance policies/ procedures and participates in accredited External Quality Control programmes (EQA).

Evidence of Cellular Pathology accreditation status and scopes of practice can be accessed on the UKAS web site by clicking the hyper link below.

<http://www.ukas.com>

Please use UKAS reference number 7911 to obtain the Cellular Pathology scope of practice in the “who’s accredited” menu on the UKAS website.

## 6.0 Laboratory Reports and Accessing Clinical Advice

Relevant information is provided below:


Please note that all clinical advice must be made between 09:00hrs to 17:00hrs Monday to Friday by contacting the applicable Consultant Pathologist. In unforeseen circumstances there is a Consultant Pathologist on-call who can be reached by contacting the main Altnagelvin Hospital switchboard.

**PLEASE CHECK EPIC FOR RESULT AVAILABILITY BEFORE CONTACTING THE LABORATORY**

*A hard copy report is generated and dispatched from the Cellular Pathology laboratory to all referring Clinicians after the report has been authorised in accordance with established laboratory reporting procedures.*

*When the sample examination report has been authorised the full report can be accessed electronically via EPIC.*

*All Clinical requestors are required to access and check EPIC for their required examination report and/ or await receipt of the hard copy report before contacting the Cellular Pathology laboratory. Phoning our laboratory offices to ask for reports to be read out is an inefficient use of laboratory resource and ultimately causes delay to reports being generated on other cases. Requestors are required to await the hard copy report or access EPIC.*

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 9 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Only in exceptional cases should the reporting consultant be contacted directly for a verbal report, for example sudden deterioration in patient condition.

Please provide the patient's full name; date of birth, sample type (s) and unique identification number e.g. H&C etc. when contacting the laboratory to discuss any patient. This information is required to comply with patient confidentiality requirements. Additionally all callers will be asked to provide their name and location. Failure to provide this information will result in Laboratory staff being unable to discuss any patient or sample.

### 7.0 Request Forms and Instructions for Completion


Information on the types of request forms used and additional guidance is provided in the table below. Each sample **MUST** be accompanied by a fully completed request form. Examples of all request forms are shown in the Appendix section.

All Cellular Pathology samples must be unequivocally traceable by request and labelling to an identified patient and site of sample. This enables a Minimum Acceptance Criteria (MAC) to be evidenced.


Please note: Cellular Pathology samples are deemed precious and non-repeatable. Examination of these sample types **will be delayed** where MAC requirements are not met.

### THIS MAY ADVERSELY IMPACT PATIENT CARE.

Request Form	Appendix	Additional Comments
Histopathology and Diagnostic Cytology Request Form	See appendix 10.1 & 10.2 (for appropriate labels)	Requester prints off when requesting via <b>EPIC</b>
Diagnostic Cytology Referral Form	See appendix 10.3	For GP requests Provided by laboratory
Histopathology Examination Request Form	See appendix 10.4	For GP requests Provided by laboratory
Post Vasectomy Analysis Request Form	See appendix 10.5	Provided by Laboratory
Early Pregnancy Loss Consent Form	See appendix 10.6	Held at Ward/ Clinical/ Theatre sources.
Abortion – Record of Burial or Cremation Arrangements	See appendix 10.7	Held at Ward/ Clinical/ Theatre sources.
Placenta Request Form	See appendix 10.8	Held at Ward/ Clinical/

 <b>Western Health and Social Care Trust</b>	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 10 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

		Theatre sources.
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 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 11 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

### 7.1 Criteria for Sample Acceptance/ Rejection

It is essential that the Cellular Pathology service provides information on established criteria used to accept or reject any sample sent to the laboratory for examination. Where any labelling does not comply with information in Section 7.0 of the manual laboratory, staff will, to the best of their ability, attempt to obtain this information. However where this is not possible the sample will be rejected for examination. Please note such instances have an adverse impact on Laboratory resources.


The Laboratory cannot accept responsibility for any loss of or delay to any sample examination where the incorrect or incomplete laboratory request form was used by the requestor or when the sample container was sent separate to the laboratory request form.

The Laboratory will attempt to chase up any missing information due to the unrepeatable nature of the samples. For example:

- Form received with no sample or sample received with no form;
- Discrepancy between the patient details on the form and the sample container and vice versa;
- Unlabelled request form and/ or unlabelled sample container;
- Missing information from either the laboratory request form and/ or sample container labelling information;
- Broken FNA slides;
- Samples accompanied by a request form with no referring Clinician details;

The following samples will be **rejected** by the Laboratory:


- Samples which have leaked and are insufficient for examination;
- Samples deemed unsuitable for examination by Laboratory staff at the point of testing;
- Sample containers containing any foreign object;
- Sample containers with sample preservative which are out of date (e.g. LBC vials, formalin etc.);
- Time dependent samples that are delivered to the laboratory in a manner which does not comply with specific pre-examination guidelines/ information provided in laboratory user manuals, patient information leaflets or other relevant materials;
- Samples (e.g. body fluid) sent to the Laboratory in a drain bag (s).

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 12 of 67
CELLPATH/MAN/1	Edition Number 1.11

### Mandatory Laboratory Request Minimum Acceptance Criteria [MAC]

<b>A. MANDATORY INFORMATION ON LABORATORY REQUEST FORM</b>	
<b>Request Form</b>	<b>Cellular Pathology: Cytology and Histopathology</b>
Unique identifier Number <sup>1</sup>	<b>YES</b>
Patient Official First Name	<b>YES</b>
Surname	<b>YES</b>
Sex	<b>YES</b>
Date of Birth (DD/MM/YYYY)	<b>YES</b>
Date and Time of Sample Collection	<b>YES</b>
Requestor Name/Code	<b>YES</b>
Source (Ward/Clinic /GP)	<b>YES</b>
Investigation (test) Required	<b>YES</b>
Signature/Name of staff member taking the sample	<b>YES</b>
Anatomical Site and Specimen type	<b>YES</b>


Please note the laboratory request forms **MUST** have a barcode label attached and an order ID if requested through EPIC.

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 13 of 67
CELLPATH/MAN/1	Edition Number 1.11

B. MANDATORY INFORMATION ON SAMPLE LABEL	
Sample Label	Cellular Pathology: Cytology and Histopathology <sup>3</sup>
Unique identifier Number <sup>1</sup>	YES
Patient Official First Name	YES
Surname	YES
Sex	NO
Date of Birth (DD/MM/YYYY)	YES
Date and Time of Sample Collection	NO
Signature/Name of staff member taking the sample	NO

### DIAGNOSTIC CYTOLOGY FNA SLIDES:

Essential Slide Labelling Criteria
<p>All slides MUST be labelled to provide an unequivocal link with patient from whom it was collected. All slides must have the following:</p> <ul style="list-style-type: none"> <li>• Patient name</li> <li>• Unique ID Number NHS Patients – H&amp;C</li> <li>• Unique ID Number Non-NHS* – personal alpha or numerical number</li> </ul> <p><i>*This applies to Non-NHS patients such as Cross Border, Private users etc.</i></p>

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 14 of 67
CELLPATH/MAN/1	Edition Number 1.11

### Requesting Tests via EPIC:

Please note that requests for Histopathology and Diagnostic Cytology are held on the System Navigator section of EPIC. **Clinicians should note suspicion of malignancy on the comment section available on the registration screen.**

Where any user does not have access to EPIC for sample requesting – please follow the guidance below:


The Histopathology and Diagnostic Cytology Request Form (Appendix 10.1):

- **MUST** accompany all Histopathology and Diagnostic Cytology samples.
- **MUST** have an attached barcode label (Appendix 10.2) to include CELLPATH HISTOPATHOLOGY for Histopathology samples or CELLPATH DIAGNOSTIC CYTOLOGY for Diagnostic Cytology samples.
- Should **ONLY** have relevant test requests for Histopathology or Diagnostic Cytology. Please remove any other requested tests for other laboratories.
- **MUST** have an order ID and completed sample details under Specimens section of the form.
- A sample label (Appendix 10.2) **MUST** be attached to the sample.

Please note that Histopathology samples are alphabetic (A, B etc.) while Diagnostic Cytology samples are numeric (1, 2 etc.).

### Key additional points:

- All information provided on laboratory forms and sample containers **MUST** be legible if not originating from EPIC.
- All information used to label the request form and sample container must match/ correspond exactly;
- GP practice labels are preferred for both the request form and sample containers;
- Any handwritten requests **MUST** be legible and complete.

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 15 of 67
CELLPATH/MAN/1	Edition Number 1.11

## 7.2 High Risk Samples

For suspected or known Category 3 pathogens it is essential that appropriate information is communicated to the Laboratory. It is the responsibility of the referring Clinician to ensure that the laboratory request form **AND** sample container are labelled with hazard warning Category 3 pathogen labels. Hazard labels must also be used to label any sample from patients with pyrexia of unknown origin following foreign travel.

A hazard Group 3 pathogen is defined as any biological agent that may cause severe human disease and presents a serious hazard to any person or persons who may be exposed to the pathogen. Such pathogens also present a risk of spreading in the community, but there is usually effective prophylaxis or treatment available.

Examples of Category 3 Pathogens are provided below:


Viruses	Bacteria	Fungi
<ul style="list-style-type: none"> <li>• SARs</li> <li>• HIV</li> <li>• All viral Hepatitis</li> <li>• Prion Proteins</li> <li>• Kuru</li> <li>• Fatal familial insomnia</li> <li>• Transmissible spongiform encephalopathies (TSE) e.g. the agents of CJD variant vCJD</li> <li>• Covid 19</li> </ul>	<ul style="list-style-type: none"> <li>• Bacillus anthracis</li> <li>• Brucella species</li> <li>• E. Coli</li> <li>• Mycobacterium tuberculosis and other strains thereof</li> <li>• Salmonella typhi</li> <li>• Shigella dysenteriae (type1)</li> </ul>	<ul style="list-style-type: none"> <li>• Blastomyces dermatitidis</li> <li>• Coccidioides immitis</li> <li>• Histoplasma species</li> <li>• Paracoccidioides brasiliensis</li> <li>• Penicillium marneffeii</li> </ul>

Please note that the Cellular Pathology Laboratory will not accept any sample that is vCJD positive or where there is a clinical suspicion of this condition. In this instance further guidance must be sought from the Microbiology Laboratory in Altnagelvin Hospital site.

The above lists are examples only and are not a comprehensive list – if there is any doubt whether a sample is high risk please, contact the Laboratory for further guidance. Hazard Group 4 pathogens are defined as a biological agent that will cause severe human disease and is a serious hazard to any person or persons who may be exposed to the pathogen. It is likely to spread to the community, and there is usually no effective prophylaxis or treatment available. **Please contact the appropriate Medical Microbiology Laboratory immediately if a Hazard Group 4 pathogen is suspected. Under no circumstances should any samples be taken from such patients without prior consultation with the Cellular Pathology Laboratory.**

## 7.3 Requirements for Informed Patient Consent

Consent is inferred when the patient submits to the sample collecting procedure. It is the responsibility of the referring Clinician to ensure that appropriate consent has been obtained from the patient, guardian or patient representative. It is the responsibility of the Referring Clinician to ensure that informed consent is obtained and evidenced from the patient **BEFORE** their sample (s) are sent for examination and reporting. Where

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 16 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

any patient withdraws their consent to any Cellular Pathology examination the Clinician MUST contact the Cellular Pathology Lead and provide the necessary information.

Informed consent also extends to the provision of other information such as other patient information, family information, partner information, etc. Where any additional information is required by and provided to the Cellular Pathology service it is the responsibility of the referring Clinician to obtain consent from all relevant parties and to ensure that applicable GDPR requirements are adhered to at all times. Further information can be found at the Information Commissioners Office NI on the web site link below:

[Information Commissioner Office for Northern Ireland](#)

In the case of early miscarriage it is essential that evidence of consent is provided to the Laboratory. In this instance the referring Clinician must ensure that a fully completed Early Pregnancy Loss Consent Form which has also been signed by the patient is provided to the Laboratory in addition to Histopathology request form. Failure to provide this form will result in a delay to sample examination and could adversely affect the patient.

#### **7.4 Protection of Personal Information**

Protection of personal information pertaining to Cellular Pathology is an essential part of service provision. The Laboratory is required to comply with all applicable requirements within the WHSCT Data Protection and Confidentiality Policy to ensure protection of personal information; this can be accessed on WHSCT Web Site.


Any suspected breach of personal information protection must be reported to the Cellular Pathology BMS Lead.

#### **8.0 Sample Transport**

The Cellular Pathology Laboratory sample transport procedures are detailed in SPECREC/22 Transport of Specimens. This document can be requested from the laboratory and includes sample packaging and temperature information.

The WHSCT operates a van transport system both for GP services and between the South West Acute Hospital, Enniskillen and the Tyrone County Hospital, Omagh sites and the Pathology Laboratory at Altnagelvin Hospital. A van transport system also operates between Altnagelvin Hospital and all Laboratory sites in the BHSCT and Causeway. Also to Mid-Ulster as needed. Samples transported in this way are housed in purpose made containers fitted and securely fastened. They are designed to contain spillage and are autoclavable. During transportation it is essential that these containers are securely fastened. A spill kit and disposable gloves are always carried on the Departmental van and held at both sample reception areas. Additional van transport also operates between the Pathology Laboratory and the Kingsbridge site in Ballykelly.

The Trust operates a sample vacuum transport system delivery systems on the Altnagelvin site with a station in the Cellular Pathology Specimen Reception area Room

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 17 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

01.060 and the general reception area. The Trust is responsible for the operation and maintenance of these systems.

Referring Clinicians must ensure that they comply with all legal responsibilities when any sample is sent to the Cellular Laboratory for examination. They hold the legal responsibility to ensure that samples are packaged and labelled in compliance with this manual and other relevant road, COSHH regulations.

Sample containers must be securely closed to prevent leakage. Please also ensure that sample containers are placed inside a specimen bag. These are either attached to the corresponding Laboratory request form or are supplied with the Laboratory request form.

For larger samples such as theatre sample for Histopathology examination it is essential that these containers are securely closed and checked before dispatch as the contain 10% Buffered Formalin. Referring Clinicians must ensure that the Laboratory request form is suitable attached.

A sample with a known hazard group 3 pathogen **MUST NOT** be placed into the VTS system for transport to the Laboratory under any circumstances.


Where any patient is directed to deliver a sample to the laboratory in person (i.e. Andrology Patients), applicable guidance is provided in patient information leaflets. These leaflets are provided by the Laboratory to applicable Service Users and contain all information required.

### **9.0 Sample Requirements and Turn Around Times (TAT)\***

The Cellular Pathology laboratory operates a system of sample triage to prioritise samples using the information provided to the laboratory on the relevant sample request form.


The concept of fixed turnaround times for all histopathology samples has been superseded by a requirement that reports are available for timely clinical decision making as outlined in Key Assurance Indicators for Pathology Services (RCPATH Document G181, Nov 2019). This can be agreed between relevant clinical teams and the Laboratory and monitored by regular audit and monitoring. Where a TAT is stated in this manual there are for guidance purposes only.


Instructions on sample requirements, triage classifications and turn-around times (guidance only) are given below:


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 18 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


### 9.1 Diagnostic Cytology – (Please refer to Section 9.0 of this manual for additional TAT guidance\*).


Diagnostic Cytology Respiratory			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	<b>Sputum</b>	<p>Please ensure that the sample container and Laboratory request form are labelling as previously stated in Section 7.0.</p> <p>Please note the Cellular Pathology Laboratory does not supply sample containers for this sample type. Please refer to Ward/ Clinic/ Practice sample container guidelines.</p> <p>Early morning deep cough samples should be sent on 3 different days. These should be collected <b>before</b> the patient has eaten or brushed their teeth so as to prevent contamination of the sample. Samples must be sent in a <b>sterile</b> wide mouthed sputum pot immediately on collection each day and not accumulated over the 3 days. Any samples collected outside normal Laboratory hours must be refrigerated until they can be sent to the Cellular Pathology Laboratory.</p> <p><b>Pneumocystis Analysis</b> – where samples are taken for suspected Pneumocystis infection, these <b>MUST</b> be collected in a sterile container e.g. sputum container. Sputum or bronchoalveolar lavage samples are the recommended sample type for this this investigation. These samples are sent to the Regional Virus Laboratory, Kelvin Building, Royal Victoria Hospital, Belfast, BT12 6BA for PCR testing. <u>Please ensure that when this test is required that this is clearly stated on the laboratory request form.</u></p>	


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 19 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Diagnostic Cytology Respiratory			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	<b>Trap sputum</b>  <b>Bronchial washings</b>  <b>Broncho Alveolar lavage</b>  <b>Trans Bronchial needle aspirate</b>	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The Laboratory supplies containers for all of these samples and these are obtained from the Cytopathology laboratory on extension 213403. An example is shown below.</p>  <p>These containers contain CytoLyt, please refer to label for further guidance on associated hazards and stored at room temperature. Please ensure that your staff are made aware of this information and that the expiration date is checked before use. <b>Do not use any container that is out of date.</b> It is <b>ESSENTIAL</b> that all sample containers are correctly labelled especially if multiple samples from different clinical sites are submitted. Please clearly indicate each separate clinical site on the sample containers <b>AND</b> on the request form. A maximum of 70ml per sample pot can be sent for examination, more than one pot per sample may be sent ensuring that they are correctly labelled. Return out of date or damaged containers to the Cytology laboratory for disposal.</p> <p><b>White blood cell differential analysis</b> - this test is carried out by the Cellular Pathology Laboratory, Kelvin Building, Royal Victoria Hospital, Belfast, BT12 6BA. Please contact them with respect to appropriate containers and advice. <u>Please ensure that when this test is required that this is clearly stated on the laboratory request form.</u></p>	7 days


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 20 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

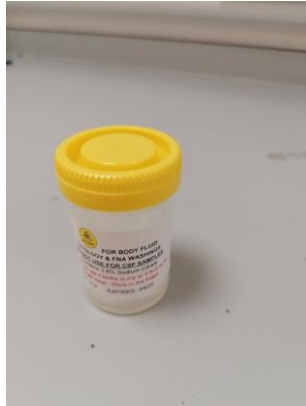

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 21 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Diagnostic Cytology Respiratory			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Bronchial Brush	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The Laboratory supplies containers for all of these samples and these are obtained from the Cytopathology laboratory on extension 213403. An example is shown below.</p>  <p>These containers contain CytoLyt, please refer to label for further guidance on associated hazards and store at room temperature. Please ensure that your staff are made aware of this information and that the expiration date is checked before use. <b>Do not use any container that is out of date.</b></p> <p>If a disposable bronchoscopy brush has been used, the distal part of the brush's wire stem must be cut and the brush placed into this type of sample container. It is important to unsheathe the brush <b>prior</b> to immersion in CytoLyt to ensure optimal fixation. The sheath can be placed on the wire above the brush and placed in the CytoLyt.</p> <p>It is <b>ESSENTIAL</b> that all sample containers are correctly labelled especially if multiple samples from different clinical sites are submitted. Please clearly indicate each separate clinical site on the sample containers <b>AND</b> on the request form.</p>	7 days

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 22 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


		Return out of date or damaged containers to the Cytology laboratory for disposal.	
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 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 23 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Diagnostic Cytology – Fluid Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Serous Fluids  Peritoneal, Pleural, Pericardial, Cyst, and other fluids.	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The Laboratory supplies containers for all of these samples and these are obtained from the Cytopathology laboratory on extension 213403. An example is shown below.</p>  <p>The container is labelled with the label below. The lid colour may vary.</p> <p style="text-align: center;">   <b>FOR BODY FLUID CYTOLOGY &amp; FNA WASHINGS DO NOT USE FOR CSF SAMPLES</b>            Contains 3.8% Sodium Citrate  <b>Do not use if bottle is dry or if fluid is no longer clear. Store in the fridge.</b> </p>	7 days

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 24 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

		BATCH:                      EXPIRES:	
		<p>These containers <b>MUST</b> be refrigerated when stored before use. Any sample (s) collected outside normal laboratory hours <b>MUST</b> be refrigerated until dispatch to the laboratory for processing.</p> <p>A minimum of 50ml and up to 75ml is recommended for cytological analysis for pleural fluids and 40 ml for pericardial fluids; however a maximum of 100ml will be accepted for processing. More than one pot per sample may be sent ensuring that they are correctly labelled.</p> <p>Sterile universal container(s) can be used if the above container is not available.</p> <p><b>Do not send drain bags to the laboratory for processing as these cannot be accepted as they pose a risk of infection to staff working with them. In the event of a drain bag being sent to the laboratory, these will be returned to the sender for transfer to the correct containers which may result in a delay to the test result.</b></p>	

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 25 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Diagnostic Cytology – Fluid Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	CSF	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The laboratory does not supply containers for the test.</p> <p>Only those fluids requiring investigation for malignant cells should be sent to the Cytopathology Laboratory for analysis. Aspirated fluid should be placed into a sterile universal container (see below) and dispatched immediately to the laboratory. Samples should be kept refrigerated for up to 24 hours if there is a delay in transport to the laboratory or if the sample is collected at the weekend.</p>  <p>A 2ml sample is usually sufficient for cytological examination.</p>	7 days
Diagnostic Cytology – Fluid Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Synovial (joint) Fluid	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The laboratory does not supply containers for the test.</p> <p><b>Only</b> those fluids requiring investigation for malignant cells should be sent to the Cytopathology Laboratory for analysis. Aspirated fluid should be placed into a sterile universal container (see below) and dispatched immediately to the</p>	7 days

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 26 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


laboratory. Samples should be kept refrigerated for up to 24 hours if there is a delay in transport to the laboratory or if the sample is collected at the weekend.




When examination for **crystals** is required then the sample should be collected as stated and sent to the Bacteriological Laboratory in the Royal Victoria Hospital, Belfast for examination and reporting.

For a **differential WBC count and/ or O+S investigation**, then a separate sample should be sent as stated to the Microbiology Laboratory, Altnagelvin Hospital. Please consult the WHSCT Microbiology Laboratory User Manual for further information. Please ensure that the sample is labelled in accordance with EPIC guidelines.

For investigation of **Rheumatoid Arthritis** a clotted blood sample should be collected as sent to the Microbiology Laboratory, Altnagelvin Hospital as stated above. The Microbiology Laboratory can be contacted on ext. 214017.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 27 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Diagnostic Cytology – Fine Needle Aspirate (FNA) Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Breast FNA Samples	<p>Please ensure that all slides and the Laboratory request form are labelled as stated in Section 7.0. If a cyst fluid sample is sent as part of this sample type for processing please refer to the Serous Fluid Section of this manual for further information – these must be sent separately from the FNA sample. If aspirating from more than one site please use different sodium citrate containers ensuring that they are labelled accordingly and that the request form indicates correctly as well. Ensure that these containers are stored as previously stated.</p> <p>All FNA slides must be labelled with the patients full given first and surname <b>AND</b> their health and care number / unique identification number. <b>These must be written in pencil.</b></p> <p>The sample must be aspirated onto a pre-labelled slide and spread evenly along the slide, allowing the slide to air dry. Please do not aspirate too much material onto the slide as this may adversely affect staining and hence final diagnosis.</p> <p>If these slides are not stained as part of the BSU/OABC clinics by Laboratory staff they must be sent to the Cytology laboratory. These slides must be placed into a plastic slide holder (after they are fully air dried) before dispatch to the laboratory with the request form. Slide holders can be obtained from the Cytopathology laboratory on extension 213403.</p>	7 days
	Other FNA Samples including Thyroid	Please ensure that all slides and the Laboratory request form are labelled as stated in Section 7.0.	7 days

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 28 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Primarily LBC (Liquid Based Cytology) is the optimum diagnostic methodology used. These FNA samples should be gently aspirated into universal containers containing Sodium Citrate preservative as per Serous Fluids/other Fluids stated above if **NOT** making air dried slides. Ensure that any material in the hub of the needle is aspirated into the collection fluid. **DO NOT SEND NEEDLES.**

If aspirating from more than one site please use different sodium citrate containers ensuring that they and the request form are labelled accordingly. Please ensure that these sample containers are stored as previously stated.


Any samples collected outside normal laboratory hours must be refrigerated until they are sent to the laboratory for processing. If a sample is taken later in the day (after 19:00hrs) it can be kept in the fridge at source and sent to the laboratory the following morning.



Whilst **slides** can be made at the time of procedure (similar to that of Breast FNA slides) these cannot be checked for adequacy which can prohibit ancillary testing often vital in diagnosis particularly of malignancy. Any remaining sample after the slides are made should be aspirated into a container with Cytolyt.




 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 29 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


	<p>This container should always accompany the FNA slides as this allows for ancillary testing. To ensure adequacy another pass may be required which can be aspirated into the same Cytolyt container.</p> <p>Please note syringe holders can be ordered from Morton Medical U.K. email <a href="mailto:sales@mortonmedical.co.uk">sales@mortonmedical.co.uk</a> product code 391-946-E, Cameco universal (10ml and 20ml) syringe pistol/ gun.</p> <p>To obtain further information, obtain sample containers etc. please contact the Cytology laboratory on extension 213403. Please note a supply of Sodium Citrate containers is also held at Laboratory Reception in the South Western Acute Hospital, Enniskillen.</p> <p>Please ensure that stock levels are checked before commencing any FNA procedures. Please contact the laboratory as stated at least 30 minutes prior to any FNA procedure to ensure that any materials needed can be dispatched in time.</p>	
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 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 30 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Diagnostic Cytology – Fluid Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Urology Samples  Urine (Voided/ instrumented)  Renal Washings  Bladder Washings  Ureteric Washings  Urethral washings	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The Laboratory supplies containers for all of these samples and these are obtained from the Cytopathology laboratory on extension 213403. An example is shown below. The lid colour may vary.</p>  <p>A sample of voided urine collected mid-morning is required for cytological examination. Early morning samples are of little value as these show marked cellular degeneration. Samples should be sent to the laboratory in urine containers containing PreservCyt with the following label with a red/ orange dot on the container lid:</p>  <p><b>URINE CYTOLOGY ONLY</b>  <b>50ml MAX PER SAMPLE</b>            Contains PreservCyt  <b>STORE AT ROOM TEMPERATURE</b></p>	7 days


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 31 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


		<p style="text-align: center;">BATCH:                      EXPIRES:</p> <p>If a PreservCyt container is not available please use a sterile universal container (s). <b>Containers with Boric Acid MUST NOT be used for these sample types.</b></p> <p>Approximately 50 ml per <b>voided</b> urine sample is recommended for cytological analysis. Please state on the request form if the patient was catheterised, has had any form of instrumentation, has stones in the urinary tract or is on any form of chemotherapy or relevant treatment.</p> <p>All washings should be submitted in containers containing PreservCyt. All of the samples should be submitted for analysis. It is extremely important that these samples are correctly labelled especially if multiple samples from different sites are submitted. Please indicate the different sites on the sample containers AND on the corresponding laboratory request form.</p>	
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 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 32 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Diagnostic Cytology Other Brush/ Stent Types			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Bile Duct and Stent samples	<p>Please ensure that the container and Laboratory request form are labelled as stated in Section 7.0. The Laboratory supplies containers for all of these samples and these are obtained from the Cytopathology laboratory on extension 213403. An example is shown below.</p>  <p>These containers contain CytoLyt, please refer to label for further guidance on associated hazards and store at room temperature. Please ensure that your staff are made aware of this information and that the expiration date is checked before use. <b>Do not use any container that is out of date.</b></p> <p>If a disposable brush has been used, the distal part of the brush's wire stem must be cut and the brush placed into the labelled container as stated. It is important to unsheath the brush prior to immersion in CytoLyt to ensure optimal fixation. The sheath can be placed on the wire above the brush and placed in the CytoLyt, alternatively place the sheath into the fluid along with the brush.</p>	7 days


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 33 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


Diagnostic Cytology – Flow Cytometry			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	FNA Node and Washing Samples	<p>These samples should be aspirated into a flow cytometry container (pink solution for haemato-oncology).</p>  <p>These samples must be sent to the Haemato-oncology Laboratory, BHSCT for processing and reporting. They must be labelled in accordance with EPIC guidelines and clearly labelled for Flow Cytometry. Containers are obtained from the Haematology Laboratory on extension 213489.</p> <p>Aspirates should not be undertaken on a Friday afternoon or prior to any Bank Holiday as the samples need to be received by 15:00hrs to permit processing/ completion of testing. Samples are viable for 24hrs provided they are collected as stated and stored at room temperature.</p> <p>Please liaise with Haemato-oncology Laboratory on 02895040913.</p>	
	Serous Fluid Samples –	These samples should be placed in a purple topped EDTA container and labelled as previously stated.	

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 34 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

	Pleural, Peritoneal and Pericardial	 <p>These are processed and reported as stated above.</p>	
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 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 35 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Diagnostic Cytology: Covid Positive Samples			
Laboratory Section	Sample Type	Sample Requirements and other information	TAT
Diagnostic Cytology	Any Diagnostic Cytology Sample Type EXCEPT CSF	<p>Please ensure that the following procedures are carried out when any patient is <b>Covid positive only</b>.</p> <p>Users must ensure that these sample types are labelled correctly. This will ensure that Laboratory staff can safely and correctly examine and report applicable samples.</p> <p>Below is shown an example of how bronchial wash and brush samples are labelled by the Cellular Pathology Laboratory.</p>  <p>Please ensure Clinical/ Ward staff use the appropriate sample containers and that these are solely used for Covid positive patients only as the sample preservative medium is different from routine Diagnostic Cytology sample containers used for the different sample types.</p> <p>To obtain these sample containers please contact the Cytopathology laboratory on extension 213403. Please ensure that the laboratory request form clearly indicates that the patient is Covid positive and labelled with a category 3 sticker.</p>	7 days

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 36 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## 9.2 HISTOPATHOLOGY

All samples for routine histological examination **MUST** be placed into suitable containers with 10% neutral-buffered formalin. There **MUST** be sufficient formalin in the container to completely cover the sample. (Ideally there should be at least 3 times the volume of fixative in ratio to the size of the sample to ensure adequate fixation).

An appropriately sized container must be used and samples that have been forced into containers may be returned unprocessed. It is important to ensure that samples are properly sealed before transportation. Containers should not be overfilled as they tend to leak and obviously leaking containers should not be sent to the laboratory under any circumstances.


Sample containers for large specimens used in theatre/DESU in both acute hospitals are supplied by the Histopathology department. Pre-filled 60ml formalin sample containers can be obtained through the e-procurement system through EMM stores, please requisition 10% Neutral Buffered Formalin 60ml (pk/25) Code: HBB001156 Supplier: Roche Diagnostics. Note: the Histopathology laboratory provides these sample containers to low turnover users; e.g. health centres.

10% Neutral Buffered Formalin is a hazardous substance and due care must be taken when working with it. Beware of spillages or inhalation of the vapour as it is a toxic agent that may cause mild to severe irritation to skin and mucous membranes. Appropriate Personal Protective Equipment must be worn when dealing with Histopathology samples. If any advice is needed in relation to leaking formalin containers or 10% neutral buffered formalin please contact the Histopathology Department directly.


Samples **MUST NOT** be placed into any other solution or into a dry container (exceptions to this applies to Product of Conception (POC) samples, refer to the relevant section below for further information), as irreversible deterioration of the sample will take place, making accurate microscopic interpretation impossible. Large surgical resection samples **SHOULD NOT** be sliced or opened by the surgeon, but sent directly to the laboratory without delay. Samples in 10% neutral buffered formalin **MUST NOT** be placed in the fridge as this may affect the fixation of the specimen.

All samples from known or potential carriers of Hazard Category 3 pathogen (TB, Hepatitis B, Hepatitis C or HIV) **MUST** be clearly labelled with Category 3 stickers on both the request form and the sample container and sealed in a separate specimen bag.

All samples must be transported to the laboratory in a safe and timely manner. In accordance with Trust policy they **MUST NOT** be sent via VTS within the hospital and must be delivered by hand to the main laboratory reception. Samples can be sent to the laboratory via porter staff or Trust transport as per the clinic/wards current protocol. Samples from GP practices, Tyrone County Hospital, North West Independent Hospital and the South West Acute Hospital should be transported to the main laboratory reception on the ground floor by van. Samples being sent to the laboratory from within

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 37 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Altnagelvin Hospital should be brought to the main laboratory sample reception by relevant staff. Samples which are not fixed in 10% buffered formalin i.e. dry or in saline should be sent to the laboratory or body store in a timely manner to avoid deterioration of the sample. It is imperative that there is good communication between source and laboratory when transporting frozen section samples.


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 38 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## Histopathology Turn Around Time

Referral status	Pathology standard
<b>Routine -</b>	90% reported in 60 calendar days
<b>Urgent -</b>	90% reported within 10 calendar days*
<b>Accelerated</b>	90% reported within 28 calendar days

\* Procedures for resection samples, post dissection, are triaged to ensure the earliest possible inclusion in the relevant MDT. For any further information please contact the clinical lead for Histopathology


Histopathology – Routine Sample		
Laboratory Section	Sample Type	Sample Requirements and other information
Histopathology	Routine and Surgical Biopsies	Please ensure that the sample container and Laboratory request form are labelling as previously stated in Section 7.0.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 39 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>




It is **ESSENTIAL** that all sample containers are correctly labelled especially if multiple samples from different clinical sites are submitted. Please clearly indicate each separate clinical site on the sample containers **AND** on the request form especially if several containers are being placed into the same sample bag attached to one request form. Return out of date or damaged containers to the Histopathology laboratory for disposal.


	<p>Muscle Biopsies</p> <p>Medical Renal Biopsies</p> <p>Skin Immunofluorescence</p>	<p>Please contact the :</p> <p>Institute of Pathology Royal Victoria Hospital Grosvenor Road Belfast</p> <p>Contact Telephone: 02890240503</p> <p>These samples must be treated as Red Flag and require immediate transportation under specialized circumstances. It is the responsibility of the requestor to directly arrange with the</p>

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 40 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


		provider in Belfast. All suspected lymphoma cases are sent to the Belfast Trust for expert opinion.
Histopathology	Eye Biopsies	<p>Please send these biopsies to the Histopathology Laboratory as per routine surgical biopsies ensuring that the sample is labelled as directed and in an appropriately sized container. Please note that the sample MUST be fixed in 10% formalin.</p> <p>These biopsies will then be referred on to Dr. Fiona Roberts, Scottish Ophthalmic Service, Department of Pathology, South Glasgow University Hospital, Govan Road, Glasgow, G51 4TF. Returned reports are received by the referring Cellular Pathology Pathologist, these will then be transferred to NIECR by Laboratory Administration staff.</p>

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 41 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

HISTOPATHOLOGY		
Laboratory Section	Sample Type	Sample Requirements and other information
Histopathology	Early Miscarriage: Products of Conception	<p><b>These procedures <u>MUST</u> be followed when <u>NO</u> medical genetic testing is required. Please refer to the next section for procedures to be undertaken when medical genetic testing is required.</b></p> <p>Please ensure that the sample container and Laboratory request form are labelling as previously stated in Section 7.0.</p> <p>The Histopathology laboratory provides an efficient and dignified service for all early miscarriage cases (POC) throughout the WHSCT.</p> <p>In addition to the sample labelling requirements outlined above, these samples require patient consent for post mortem form. It is the responsibility of ward based medical professional staff to ensure that the correct consent form is correctly completed and sent to the Laboratory. Failure to provide this form will delay the process. Staff must complete this form in accordance with WHSCT Consent For Hospital Post- Mortem Examination. This ensures:</p> <ul style="list-style-type: none"> <li>• Confirmation that the patient has read and understood the contents of the form</li> <li>• Completion of the relevant consent section on the form(See Appendix 5)</li> <li>• Confirmation or Refusal of the consent</li> <li>• Patients Signature &amp; Date</li> <li>• Doctors/Healthcare Professional Taking the Consent Print &amp; Signature &amp; Date</li> </ul> <p>If there is any discrepancy with the consent forms the POC and relevant forms are BOTH returned to the ward for correction. The sample cannot be examined until the fully completed consent form</p>


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 42 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

		<p>and sample have been returned.</p> <p>If Products of Conception are NOT to be examined then this must be clearly stated on the consent form. These cases MUST be sent directly to the Body Store with <b>NO</b> Histopathology request form. It is the responsibility of ward based staff to organise transport to the Body Store for these samples.</p> <p><b>In the event of a molar pregnancy, ward based personnel <u>MUST</u> ensure that this is noted in the comments section on the EPIC request.</b></p>
	<p>Early Miscarriage: Products of Conception and Placental Sample</p> <p><b>THAT REQUIRE MEDICAL GENETICS</b></p>	<p><b>These procedures are to be followed when medical genetic testing <u>IS</u> required.</b></p> <p>The Histopathology Laboratory will process cases for medical genetics (up to 12 weeks gestation) between the hours of 8 -4 Monday – Friday. Samples for medical genetics will be sent to the regional medical genetics laboratory in Belfast City hospital at the first available opportunity via hospital transport.</p> <p>Should a sample be retrieved outside normal working hours it MUST be placed in a saline filled container and sent to the laboratory where it will be kept in a fridge until processed. <b><u>DO NOT PLACE THE POC INTO FORMALIN.</u></b></p> <p>For Intrauterine death, stillbirth and neonatal death after 12 weeks it may be important to undertake genetic analysis. If the baby is for post mortem examination in Belfast the paediatric pathologist will submit a sample of skin for genetic testing if required.</p> <p>If there is to be no post-mortem then the clinicians may request genetic analysis. The clinician MUST contact the regional medical genetics laboratory directly for advice.</p> <p>For any placenta samples that require medical genetic examination the ward staff must ensure that</p>


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 43 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

		the sample is placed into an appropriately sized dry container that does not contain any formalin or other fluid type. The lid and side of the container must be labelled as per Section 7 and must be accompanied with the corresponding laboratory AND consent forms.
--	--	---

HISTOPATHOLOGY		
Laboratory Section	Sample Type	Sample Requirements and other information
Histopathology	Frozen Section Samples	<p>Frozen sections should only be requested if the immediate management of the patient is likely to be altered as a result. This service is only available between the hours of 09:00hrs and 16:00hrs Monday to Friday.</p> <p>In cases where an unplanned frozen section is required, as much notice as possible must be given to the laboratory as the equipment used requires appropriate preparation. If the procedure is delayed, or if it is subsequently found that the frozen section is not required, please notify the Histopathology Department without delay.</p> <p>Urgent requests for frozen section <b>MUST</b> always be discussed with a Consultant Pathologist, these should be directed to the appropriate Cellular Pathology Consultant Pathologist. Otherwise a letter requesting a frozen section will be accepted provided the letter states;</p> <ul style="list-style-type: none"> <li>• Date of Biopsy and time</li> <li>• Sample type</li> <li>• Clinical suspicion</li> <li>• Consultant in charge</li> <li>• Ward/Area frozen section will take place and EXTENSION NUMBER.</li> </ul> <p>ALL correspondence should be sent to Dr Ciaran Flynn.</p>

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 44 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

		<p>Please note that Hazard Category 3 cases e.g. High TB risk, known HIV, Hepatitis B or C are contraindications to frozen section. If such a sample is inadvertently processed, full decontamination of the equipment used will be required, and during this time no further frozen sections can be performed for at least 24hrs. Such instances will be recorded as clinical incidents.</p>
--	--	---

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 45 of 67
CELLPATH/MAN/1	Edition Number 1.11

### 9.3 Andrology

#### Diagnostic Fertility Semen Analysis Test

##### **Referring a Patient:**

All patients **must** have an appointment. Samples sent to the laboratory without an appointment will **not** be examined.

Please do not email any test requests to the laboratory. All GP referrals should be processed via the electronic CCG referral system. Clinicians, who cannot access the CCG system, may organize a test by sending a written referral letter to the Cellular Pathology laboratory.

All referrals must provide the following information:

- Full name
- Date of Birth
- Gender
- Address
- Health & Care Number
- Name and location of referring clinician
- Risk status of patient if applicable

Should any patient require additional considerations relating to their cultural, ethnic, physiological etc. needs; please ensure that these are clearly communicated to and discussed with the laboratory at time of referral.

Patients, who have undergone a reversal of vasectomy and require semen analysis, should be referred as per diagnostic fertility analysis patient referral by their clinician. Please ensure that the referral clearly states that the sample is a reversal of vasectomy.


Once the referral is received, an acknowledgment letter is sent to the patient. When there is capacity for an appointment, a PB1 letter is sent. The patient has 14 days to respond to the PB1 letter and to make their appointment. If they haven't responded in that timeframe, a PB2 letter is sent out that allows another 7 days. If patients have still not responded within that timeframe, they are discharged.

When patient receives PB1/PB2 letters, they ring the laboratory to make an appointment. They will then receive an appointment letter and a sample pack (to include instruction leaflet, laboratory request form and sample container).

##### **Patient Preparation for Diagnostic Fertility Semen Analysis and Viability Test:**

##### **Patient should:**

- Abstain from intercourse or masturbation for at least 2 days before appointment but no longer than 7 days.
- Produce their sample by masturbation only. Do not use a condom or lubricant.
- Attempt to collect the entire sample into the container provided. **Do not use any other container.** Advice laboratory staff if any of the sample is not collected.


 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 46 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

- Keep the sample at body temperature by carrying it in an inside jacket or trouser pocket during transport to the laboratory.
- Arrive in the laboratory within **50 minutes** of production with laboratory request form and sample. Suitable arrangements are in place if any patient cannot produce their sample at home and transport it to the laboratory within this time frame. Please note that we do not provide facilities for on-site production of sample.
- Ensure that the laboratory request form and sample container are fully labelled with full name, date of birth and H&C number. Please complete all sections of grey shaded area of laboratory form. By signing the consent section, it is indicated that it is your own sample and that consent is given to the laboratory to use the sample for quality control procedures.
- Inform laboratory staff if they have been ill or had a viral infection e.g. flu, in the last three months.
- 

**Failure to comply with these requirements may result in a repeat test**

We provide a comprehensive examination and report the following parameters:

<b>Parameter</b>	<b>Comments</b>
<b>Volume</b>	The volume of the ejaculate measured in millilitres (ml).
<b>Appearance</b>	A visual appearance of the ejaculate. Normal/ yellowish/ red/brown/ cream/grey opalescence/ grey opalescent /other.
<b>Viscosity</b>	Assessment of whether the sample has normal viscosity or outside normal limits.
<b>Liquefaction</b>	Assessment of whether the sample has satisfactory, unsatisfactory, less than 30 minutes, less than 60 minutes or greater than 60 minutes liquefaction.
<b>Presence of Agglutination</b>	Present of motile sperm clumping together. Classed as isolated, moderate, large or gross. The site of agglutination classed as head to head, tail to tail, tail tip to tail tip, mixed, tangle or non-specific.
<b>Presence of Aggregation</b>	Presence of immotile sperm clumping together or of motile sperm clumping to debris. Classed as + non specific or ++ non specific.
<b>pH</b>	The pH of the ejaculate.
<b>Sperm Motility</b>	Sperm are graded on their ability to move in a progressive manner. The motility of at least 200 sperm is assessed and expressed as a percentage showing rapid progressive, slow progressive, non-progressive or immotile.
<b>Sperm concentration</b>	Millions of sperm per ml of ejaculate (M/ml)
<b>Sperm morphology</b>	The shape of the sperm are assessed using a stained smear. 200 sperm are assessed and expressed as a percentage normal.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 47 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

Our testing methodologies are based on the WHO laboratory manual for the examination and processing of human semen Sixth Edition standards. The lower reference limits for semen characteristics are given below along 5th centiles and their 95% confidence interval data, shown in brackets. These will aid in the interpretation of results.

<b>Parameter</b>	<b>Lower reference limit</b>
Semen Volume (ml)	1.4 (1.3 – 1.5)
pH	≥7.2
Total sperm number (10 <sup>6</sup> per ejaculate)	39 (35 – 40)
Total Motility %	42 (40 – 43)
Progressive Motility %	30 (29 – 31)
Sperm morphology (normal forms %)	4 (3.9 – 4.0)

When applicable, additional comments/ observations are provided when any factor (s) which may adversely affect examination results are noted (e.g. incomplete sample etc.). Clinicians must carefully consider all examination results as well as all interpretative comments to determine if a repeat sample is needed or other clinical care pathway.

### **Reporting of Results:**

Reports will be posted to the referring clinician at the address that is detailed on the referral form. No result can be emailed or faxed due to patient confidentiality. Results are **not** provided to patients and the laboratory is unable to discuss any test results with patients.


References ranges and interpretative comments, if applicable are incorporated into the reports. All clinical interpretation queries must be directed to Cellular Pathology Clinical Lead Dr Ciaran Flynn.

### **Retrograde Analysis:**

In some men, semen passes into the bladder at ejaculation, resulting in no apparent ejaculate. To confirm this situation a sample of post-orgasmic urine is examined for the presence of spermatozoa. The patient is required to produce an ejaculate sample followed by a urine sample. A set of instructions with urine container and semen container will be sent to the patient upon referral.

### **Post Vasectomy Semen Analysis Test**

Please refer to 2016 Laboratory guidelines for post vasectomy semen analysis: Association of Biomedical Andrologists, the British Andrology Society and the British Association of Urological Surgeons. These guidelines recommend that:

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 48 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

- PVSA should take place a minimum of 12 weeks after surgery and after a minimum of 20 ejaculations.
- Laboratories should routinely examine PVSA samples within 4 hours of production if assessing for presence of sperm.
- If non-motile sperm are observed, further samples must be examined within 60 minutes of production
- Assessment of a single PVSA sample is acceptable to confirm vasectomy success if all recommendations and laboratory methodology are met and no sperm are observed. Clearance can then be given.
- The level for special clearance should be <100,000 sperm/ml non motile sperm. Special clearance cannot be provided if any **motile** sperm are observed.
- Assessment of a single sample is acceptable to confirm vasectomy success if all recommendations and laboratory methodology are met and no sperm are observed. Clearance can then be given.

After the procedure, patients are given instruction leaflet, laboratory request form and sample container to include telephone number of the laboratory. The patient is instructed to ring the laboratory to make an appointment for PVSA in 12 weeks' time.

### **Patient Preparation for Post Vasectomy Semen Analysis:**


#### **Patient should:**

- Submit their sample after a minimum of 20 ejaculations **and** after a minimum of 12 weeks **after** their procedure.
- Abstain from intercourse or masturbation for at least 2 days before appointment but no longer than 7 days.
- Produce their sample by masturbation only. Do not use a condom or lubricant.
- Attempt to collect the entire sample into the container provided. **Do not use any other container.** Advise laboratory staff if any of the sample is not collected.
- Transport their sample and completed request form to any of the collection points indicated on the instruction leaflet and **only** during specified times within **50 minutes** of production. The sample should be kept at body temperature by carrying it in an inside jacket or trouser pocket.
- Ensure that the laboratory request form and sample container are fully labelled with full name, date of birth and H&C Number. Please complete **all** of the information in Section B and sign the patient consent section. By signing the consent section, the patient indicates that it is your own sample and consents to the laboratory using their sample for quality control procedures.

• Inform laboratory staff if they have been ill or had a viral infection e.g. flu, in the last three months.

**Failure to comply with these requirements may results in a repeat test**

The following parameters are reported:

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 49 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

<b>Volume</b>	The volume of the ejaculate measured in millilitres (ml).
<b>Presence/Absence of Sperm</b>	<ul style="list-style-type: none"> <li>• If <b>non-motile sperm are observed</b>, they are expressed as number per ml. Laboratory recommends that the patient is referred for viability testing where sample should be examined within one hour of production.</li> <li>• If <b>motile sperm are observed</b>, a full motility assessment and full sperm concentration will be carried out. A morphological assessment will not be carried out.</li> </ul>

Comments may be provided to the clinician to assist with interpretation of results e.g. period of abstinence, interval from production to examination etc. Comments will also mention any factor (s) which may adversely affect the examination result e.g. no time or date of production given, viscous sample incomplete sample etc. Clinicians should consider these carefully and determine if a repeat sample is required or other suitable clinical follow up.

#### **Reporting of Results:**

A paper copy of the result is posted to referring clinicians at the address that is detailed on the request form. No result can be emailed or faxed due to patient confidentiality. Results are **not** provided to patients and the laboratory is unable to discuss any test results with patients. Clinical interpretation queries must be directed to Cellular Pathology Clinical Lead Dr Ciaran Flynn.

#### **Post Vasectomy Semen Analysis Viability Test:**


The result issued for this examination will follow the format used for diagnostic fertility analysis; however the morphological examination is not undertaken. When non-motile and/ or motile sperm are observed in a viability test sample, clearance cannot be given. A repeat test is **not** recommended, and the possibility of vasectomy failure/ recanalisation should be investigated.

#### **Turnaround Times**

The laboratory aims to report 95% of cases within one calendar day and to report 100% of cases within three calendar days. Any unexplained delays with test results will be communicated to the relevant user if necessary.

#### **Factors which can affect andrology examination results:**

- Non-compliance with any pre-examination instruction/ procedure.
- Patient is not provided with an instruction leaflet or other information provided in this manual.
- Samples are not transported at the correct temperature outside the control of this Laboratory.
- Patient uses a sample container not provided by the Cellular Pathology laboratory.
- Sample does not undergo complete liquefaction and/or is viscous.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 50 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## 9.4 Mortuary and Body Store Facilities

On notification of a death the body of the deceased is transported to the body store. The deceased must have an identification armband/addressograph label on the right wrist with corresponding band on left leg. These must be placed on the deceased by ward staff before the deceased can leave the ward and must include the following information:

- Surname
- Forename
- Health and Care number
- Date of Birth
- Ward
- Address
- Hospital Number/ Unique Identification Number (Non NHS only)
- Consultant
- Date of Death

Body Store/ portering staff must complete all registration procedures in the Body Store. Appropriate sections of the transfer form and identification can only be completed by Body Store staff, Portering staff cannot undertake these duties.

In exceptional circumstances a member of laboratory staff is on-call for the body stores and can be contacted through switchboard.

All Hazard Group 3 Cases must be clearly identified to either the Body Store staff. It is responsibility of Ward staff to undertake this.

A body will not be released until the staff member in the body store receives the Death Certificate.

### 9.4.1 Autopsies


Where there is cause to inform the Coroner this should be done at the earliest opportunity and the staff member covering the body store should be made aware. These cases can be transported to the body store as per section 4 above as the procedure for transport of a body to the body store is the same.

Ward staff must inform Body Store immediately if immediate transport is required.

If a Coronial Autopsy is required the PSNI will, on behalf of the coroner, arrange for the deceased to be transported to Belfast.

When the death of an adult occurs in the hospital and no coronial autopsy has been ordered the death certificate should be completed without delay. Failure to do so will mean a delay in the release of a body to family.

There is no adult consented autopsy service available in the WHSCT.

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 51 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

### 9.4.2 Paediatric Autopsies

Coronial Paediatric autopsies should be dealt with in the same manner as that for any other reportable death.

Consented Paediatric autopsies are undertaken by Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool, L12 2AP by means of a Service Level Agreement with the BHSCT. Reports are uploaded to NIECR by the BHSCT.

All requests for this service must be pre-booked. Body Store staff must be informed as soon as possible so they can arrange transport of baby to Belfast. The baby and placenta must be sent to the mortuary Altnagelvin at least 2 hours before the appointed time of autopsy to allow for travelling to Belfast.

The following documents must also accompany the baby to the body store,

- a signed and witnessed consent form,
- a concise and complete clinical summary in association with a completed perinatal autopsy proforma.

In cases of a foetus that is less than 24 weeks gestation the Regional consent form regarding burial intentions must be completed and signed. Where family burial has been indicated the body store staff will liaise with either the undertaker or appointed nurse.


It is important that ward staff do not make arrangements for the eventual release of a body without first contacting the body store staff to ensure that families are not given unnecessary expectations of return of a body.

### 9.4.3 Early Pregnancy Loss

In most cases the miscarriage consists of placenta, blood clots and lining cells from the uterus. The placental tissue is microscopically examined to see if there is a reason for the miscarriage. If only a small amount of tissue is miscarried it may be necessary to process all of the tissue for examination under the microscope and so there will be no tissue remaining for burial.

Following examination and if there is foetal tissue/placental tissue remaining the tissue will be sensitively dealt with in accordance with the mother's wishes as indicated on the Consent for Histopathological Examination and Disposal of Early Miscarriages form (see appendix 10.6).

In the Western Health & Social Care Trust, this method is burial. This is scheduled on the first working Monday of each month at Ballyoan Cemetery. If the first Monday of the month is a bank holiday, then burials are scheduled for the second Monday of that given month. There is a service followed by the burial. Any parent can attend this service.

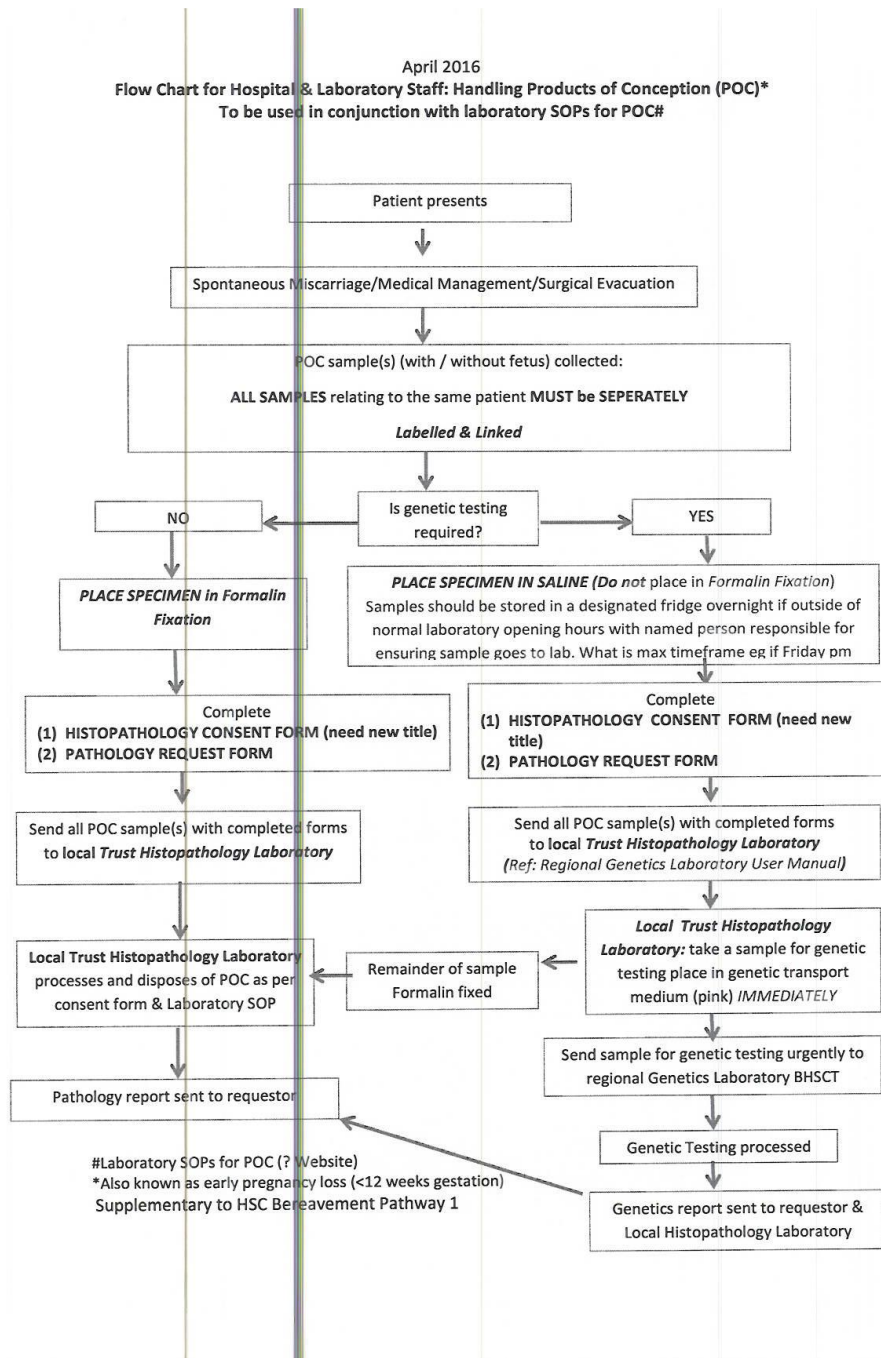
 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 52 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


If the mother decides to bury her early pregnancy loss, she has to contact the body store directly and arrange a date and time for collection. If contact is not made within 3 months then the hospital will bury the early pregnancy loss at the next scheduled hospital burial.

In the case of planned medical termination these samples are received to the Histopathology laboratory with the abortion – consent to bury form. Note no Histopathology request form is required to accompany these specimens and no record of patient information is recorded as these patients are allocated a unique number at clinical source.

#### Additional Information for Users on Monthly POC Burials in the WHSCT


- The WHSCT offers the option of family burial or hospital burial as consented by the mother at the time of pregnancy loss.
- Consent is taken by medically trained personnel whom offer support to the mother throughout the process.
- The mother is given contact details for the mortuary staff should she have any queries regarding the burial etc.
- The pregnancy loss (POC) is transported to the laboratory for analysis or directly to the mortuary if consent for analysis is not provided.
- On completion of the pathology report the mortuary staff will prepare each pregnancy for the monthly hospital burial (Please note those for family burial are collected directly from the Mortuary).
- Monthly burials occur on the 1<sup>st</sup> Monday of every month.
- Monthly burials are **NOT** held on Bank Holidays. Burial date defaults to the 2<sup>nd</sup> Monday of the month on these occasions.
- There is a two week cut off point prior to each hospital burial, this allows time for reflection for the mother involved. A change of mind regarding burial can be facilitated if requested.
- All pregnancy losses received after this cut off point will be included in the next burial, **UNLESS** specifically requested by the mother to be included in the upcoming burial.
- The Hospital appointed undertaker is contacted on the Friday prior to the monthly burial and informed how many coffins there are to be interred so they can make arrangements for the graves.



 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 54 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## 10.0 APPENDIX

### Appendix 10.1: Histopathology & Diagnostic Cytology Request Form

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 55 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

**\*\* ATTACH TO REQUEST FORM (OCS #)\*\***  
 HISTOTEST, Breast  
 HCN: 387 142 9929 f DOB: 19/3/1966  
  
 25941000047  
 CELL PATH HISTOLOGY  
 REQUESTOR: SURGERY, PHYSICIAN  
 GMC:

**HSC HISTOPATHOLOGY & DIAGNOSTIC CYTOLOGY REQUEST FORM**  
 Patient Location: WT ALT MAIN THEATRES  
 Requesting Clinician Signature:

LAB USE ONLY  
 Lab Label Attached  
 23H50000023

<b>Patient Identification</b>	HCN: 387 142 9929 	<b>LAB USE ONLY</b>	Speciality	Code
<b>Breast HISTOTEST</b>	DOB: 19/3/1966	Received / Checked by:	U / A / R	Points
owiefhw	Sex: female	/	Date	Dissector
oihsfdioh	MRN: 800005162	Instructions:	Date/Time	
Northern Ireland	Unit: WT ALT Main		Blocks	
BT60 1AP	Theatres			
<b>NHS/Private:</b> NHS [1]	<b>Room/Bed:</b> Wt ah main theatres / None			

**Surgeon Information**

Panel 1		
Surgeon Physician SURGERY, MD Procedure Trauma Surgery Generic Procedure	Laterality N/A	Role Consultant Anaesthesia General

**Case Information**

Date: 24/3/2025 Location: WT ALT Main Theatre Patient class: Surgery Admit	Case classification: 8: Elective: Routine Theatre: Theatre 7	Status: Unposted Specialty: General Surgery
--	---	--

**Pre-op Diagnosis**

No pre-op diagnosis codes associated with the log.


**Specimens**

ID	Source	Order ID	Tests	Collected At	Frz?	Priority	Sample Details	Lab Check
1	Bladder	1237638	HISTOLOGY	24/3/25 14:25	No	Urgent	Urinary Bladder Resection (BLADRE)	
Description: ?Bladder cancer								


**Additional Information**

Comments: Patient presented with blood in urine but no pain

**Appendix 10.2 Barcode labels for request form and sample labels for sample container**


 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 56 of 67
CELLPATH/MAN/1	Edition Number 1.11



 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 57 of 67
CELLPATH/MAN/1	Edition Number 1.11

**Appendix 10. 3 WHSCT CR76 Diagnostic Cytology Referral Form.**


ALTNAGELVIN H & SS TRUST		CYTOPATHOLOGY NON-GYNAECOLOGICAL REQUEST FORM	
SURNAME:		NATURE OF SPECIMEN:	
FIRST NAME:			
D.o.B.:	CHI No.:		
HOSPITAL No.:	PRIVATE CLINIC / A & E No.:		
WARD / ADDRESS:	GP CYPHER No.:		
CONSULTANT:			
Clinical Comment: (include all relevant data Gyn cases - please give menstrual data)		Lab. Ref. No.: .....	
		Previous Report No. ....	
		<b>TICK AS APPROPRIATE</b> N.H.S. <input type="checkbox"/> Non U.K. Patient <input type="checkbox"/> Private Patient <input type="checkbox"/> Cat. II Patient <input type="checkbox"/>	
		M.O. Signature .....	
CR 76		Date Sent .....	

 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 58 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>


## **Appendix 10.4: Histopathology Examination Request Form**





 Western Health and Social Care Trust	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 61 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## **Appendix 10.6: Early Pregnancy Loss Consent Form**

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 62 of 67
CELLPATH/MAN/1	Edition Number 1.11

**Abortion - Record of Burial or Cremation Arrangements  
where laboratory / post-mortem examination is not clinically indicated**

**Part 1: Patient's Details** DO NOT USE ADDRESSOGRAPH LABEL

SP No / Unique Identifier (not HCN) : .....	Date of Abortion: ...../...../.....
Hospital: .....	Clinic : .....
Consultant: .....	
Cultural / Faith requirements: .....	

**Part 2: Record of burial or cremation arrangements\***

Please choose: **Option A - Trust Burial or Cremation** OR **Option B - Laboratory to store**

\*Note that where patient has chosen to take pregnancy tissue home for family burial or cremation this will be managed by the clinic directly.

<b>A</b>	<b>Trust Burial or Cremation:</b> <input type="checkbox"/> Trust burial or cremation is requested. The practice in this hospital is Trust Burial <input type="checkbox"/> OR Trust Cremation <input type="checkbox"/>
<b>B</b>	<b>Laboratory to store (maximum 12 weeks):</b> Patient undecided at time of procedure. Storage of pregnancy tissue is requested for maximum of 12 weeks. Patient will contact [Clinic details: ] if collection for family burial or cremation is preferred. Patient advised that if collection is not arranged <b>within 12 weeks</b> , the Trust will make arrangements to bury or cremate the tissue. <input type="checkbox"/> Laboratory storage for a maximum of 12 weeks is requested.

**Part 3: Confirmation of burial or cremation arrangements**

To be completed by the clinician

<input type="checkbox"/>	Patient has indicated their choice of burial or cremation arrangements as part of the consent for their abortion procedure
--------------------------	--

Date and Time: .....

Healthcare professional's signature: ..... Designation: .....


PRINT NAME: ..... GMC / NMC number: .....

**Interpreter's statement (if applicable)** I have interpreted all the information contained on this form for the patient to the best of my ability and I believe that they understand it.


Name: ..... Signature: .....

Contact Details: ..... Date & Time: .....

**FORMS: TOP copy to pathology BOTTOM copy to patient**  
Approved NI Pathology Network October 2023

 <b>Western Health and Social Care Trust</b>	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 63 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## **Appendix 10.7: Abortion – Record of Burial or Cremation Arrangements**

 Western Health and Social Care Trust	Cellular Pathology
	Activation Date: 23/04/2026
Cellular Pathology User Manual	Page 64 of 67
CELLPATH/MAN/1	Edition Number 1.11

**Abortion - Record of Burial or Cremation Arrangements  
where laboratory / post-mortem examination is not clinically indicated**

**Part 1: Patient's Details** DO NOT USE ADDRESSOGRAPH LABEL

SP No / Unique Identifier (not HCN) : .....	Date of Abortion: ...../...../.....
Hospital: .....	Clinic : .....
Consultant: .....	
Cultural / Faith requirements: .....	

**Part 2: Record of burial or cremation arrangements\***

Please choose: **Option A - Trust Burial or Cremation** OR **Option B - Laboratory to store**

\*Note that where patient has chosen to take pregnancy tissue home for family burial or cremation this will be managed by the clinic directly.

<b>A</b>	<b>Trust Burial or Cremation:</b> <input type="checkbox"/> Trust burial or cremation is requested. The practice in this hospital is Trust Burial <input type="checkbox"/> OR Trust Cremation <input type="checkbox"/>
<b>B</b>	<b>Laboratory to store (maximum 12 weeks):</b> Patient undecided at time of procedure. Storage of pregnancy tissue is requested for maximum of 12 weeks. Patient will contact [Clinic details: ] if collection for family burial or cremation is preferred. Patient advised that if collection is not arranged <b>within 12 weeks</b> , the Trust will make arrangements to bury or cremate the tissue. <input type="checkbox"/> Laboratory storage for a maximum of 12 weeks is requested.

**Part 3: Confirmation of burial or cremation arrangements**

To be completed by the clinician

<input type="checkbox"/>	Patient has indicated their choice of burial or cremation arrangements as part of the consent for their abortion procedure
--------------------------	--

Date and Time: .....

Healthcare professional's signature: ..... Designation: .....


PRINT NAME: ..... GMC / NMC number: .....

**Interpreter's statement (if applicable)** I have interpreted all the information contained on this form for the patient to the best of my ability and I believe that they understand it.

Name: ..... Signature: .....

Contact Details: ..... Date & Time: .....

**FORMS: TOP copy to pathology BOTTOM copy to patient**  
Approved NI Pathology Network October 2023

 <b>Western Health and Social Care Trust</b>	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 65 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

## **Appendix 10.8: Placenta Request Form**



This form **MUST BE COMPLETED** for EVERY request for 'placenta only' histology (i.e. not as part of PM). FAILURE TO DO SO WILL CAUSE DELAYS AND RESULT IN THE FORM BEING RETURNED

Alder Hey Children's   
NHS Foundation Trust

Department of Paediatric Histopathology, Eaton Road, Liverpool, L12 2AP

Department of Paediatric Histopathology – A UKAS Accredited Medical Laboratory  
No.9091

**Sample request form for placental examination**

Dr Daniel Hurrell, Consultant Paediatric Pathologist (Daniel.Hurrell@alderhey.nhs.uk); Dr Rajeev Shukla, Consultant Paediatric Pathologist, (Rajeev.Shukla@alderhey.nhs.uk) Dr Jo McPartland, Consultant Paediatric Pathologist (Jo.McPartland@alderhey.nhs.uk); Dr Srinivas Annavarapu, Consultant Paediatric Pathologist (Srinivas.Annavarapu@alderhey.nhs.uk); Dr William Simmons, Consultant Paediatric Pathologist (William.Simmons@alderhey.nhs.uk)

Secretary Tel: 0151-293-3656 Email: Histopathology.Alderhey@nhs.net Mortuary Tel: 0151-252-5219 Email: zhc-tr.mortuary@nhs.net

PLEASE ATTACH PATIENT LABEL

CLINICAL INFORMATION:

STATING NAME,

Gestational age (MANDATORY);

DATE OF BIRTH, ADDRESS, NHS AND

Birth weight and centile

HOSPITAL NUMBER

(MANDATORY): Date of delivery;

Mode of delivery (e.g. vaginal,

ELCS, EMCS etc);

Sex:

Livebirth (yes or no):

Apgar scores:

**INDICATION FOR EXAMINATION:**

Please tick the relevant box(es) below. Each criterion also applies to twin pregnancies. Placentas not meeting these criteria will be stored and disposed of in 4 weeks without examination. In rare instances, examination may be possible but only following consultant-to-consultant referral via the email addresses above.

*Stillbirth	Preterm birth <32 weeks	
*Miscarriage (12+0–23+6 weeks)	<32-week-onset severe PET	
FGR defined as <3 <sup>rd</sup> centile or drop in growth velocity >50 percentiles (e.g. 70 <sup>th</sup> to 19 <sup>th</sup> centile)	Severe sepsis with maternal ITU admission and/or fetal sepsis requiring ventilation or level 3 NICU (placental swabs taken at delivery)	
Fetal hydrops	Massive placental abruption with retroplacental clot	
UA Dopplers (absent/reversed end diastolic flow)	Severe fetal distress defined as pH<7.05 / BE≥12/ scalp lactate >4.8 mmol	
Monochorionic twins with TTTS	Caesarean peripartum hysterectomy for morbidly adherent placenta	


\*Terminations of pregnancy should NOT be labelled as miscarriage or stillbirth

Twin A: sex: \_\_\_\_\_ cord clamps \_\_\_\_\_ Twin B: sex \_\_\_\_\_ cord clamps \_\_\_\_\_

Additional clinical information (e.g. BMI, diabetes, smoking):

High risk (blood borne infections): Yes/No

Person completing request form					
Name: (print)			Referring Hospital:		
Full contact number:			Obstetric Consultant:		
Date:			Ward:		
Requesting Health Care Professional (please tick)					
Consultant obstetrician	Midwife	Jr Doctor ST3 or above	Jr Doctor <ST3		

 <b>Western Health and Social Care Trust</b>	<b>Cellular Pathology</b>
	<b>Activation Date: 23/04/2026</b>
<b>Cellular Pathology User Manual</b>	<b>Page 67 of 67</b>
<b>CELLPATH/MAN/1</b>	<b>Edition Number 1.11</b>

### **11.0 CLINICAL USER INFORMATION AND MEASUREMENT UNCERTAINTY (MU)**

Clinicians/ Service Users can be provided with Measurement Uncertainty information from Cellular Pathology Services. Please contact the Cellular Pathology Lead BMS for this information when required.