

Autopsy / Frozen Sections:

Autopsy Service: Orientation to be done by Dr. Kleiner (Date/Trainee Initial/Supv initial)	Observe (Sr. Resident)	Perform supervised (Sr. Resident / Attending)	Perform on Own (Attending)
Verify and retrieve consent (Admissions) and correctly identify patient			
Accession case and print cassettes			
Place orders as appropriate (μ)			
Contact those involved prior to autopsy (Diener, attending, clinical team, histology, senior resident)			
Prepare patient's pertinent history, imaging and clinical questions prior to start			
Identify special biological hazards			
Determine any special requirements for specimen collection for study prior to autopsy.			
Perform external exam and in-situ exam			
Collect specimen as appropriate for clinical studies ex: blood, tissue for micro cultures, fluids for cytology			
Examine and dissect organs			
Properly photograph organs when required			
Document weight and size of organs			
Procure samples for research purposes when required			
Deliver cultured samples to microbiology			
Take signed documents to Admissions			
PAD should be signed out within 72 hours			

Tissue Procurement: Shadow ALL Procurements for 1st month (Date/Trainee Initial/Supv initial)	Reviewed / Test (Date)	Observe (PA / Sr. Resident)	Perform supervised (PA / Sr. Resident)	Can Perform on own (PA / Sr. Resident / Attending)
TIL lab				
Kidney, total/partial				
Prostate, radical				
Neuropath				
Cerebellar				
Thyroid				
Lung				
GI tumors				
Mediastinal/Thymic				
Adrenals				
Hematopathology lymph nodes (Signed off by Heme)				

Frozen Section Room: (Date/Trainee Initial/Supv initial)	Observe (PA / Sr. Resident)	Perform supervised (PA / Sr. Resident)	Perform on own (Attending)
Safe operation of both cryostats			
Produce adequate frozen sections			
Troubleshoot to correct sectioning problems			
Verify patient identifiers across all paperwork and containers for each case.			
Verify FS subpart designations and label slides per SOP			
Operation of Histo-Bath			
Follow H&E and Diff-Quik staining procedures			
Fixing FS control blocks for permanents			
Logging specimen for transport to Histology			

In-house

Surgical Specimen Grossing: (Date/Trainee Initial/Supv initial)	Observe (PA / Sr. Resident)	Perform supervised (PA / Sr. Resident / Attending)	Can Perform on own (PA)
Verify patient identifiers and unique case number across all paperwork and specimen containers for each case.			
Verify subpart designation for all specimen containers and corresponding cassettes.			
Dictate gross description to include size, tissue color, consistency, how cut/bisected, etc.			
Review CRIS orders for relevant information that affects staining/cutting protocols			
Check both refrigerators for specimens that need formalin			
Large specimen preparation the day before grossing: Slice large specimen and merge completely, open and pin GI resection and cystectomy specimen			
GI biopsies with polyps			
Skin punch biopsies			
General biopsies (GI, cervix and ECC biopsies, brain, etc)			
Brain biopsies (pituitary and dura v. all others)			
Breast biopsies and dictation of fixation time			
Transfer FS controls to orange cassettes			
Identify and secure margins			
Understand grossing procedures for individual specimens as described in manual.			
Cut tissue sections into appropriate section sizes to fit cassette			
Lymph node dissection			
Identify proper technique for processing (de-cal, bisect prior to fixation, larger container for fixation, etc.)			
Prostate whole mount			

General duties: (Submitted / In-house / Autopsy) (Date/Trainee Initial/Supv initial)	Observe (Sr. Resident)	Performed supervised (Sr. Resident)	Can Perform on own (Sr. Resident / Attending)
Familiar with the special stains and antibodies on the current test menu or how to find them			
Actively participate in daily quality control/quality assurance of the IHC lab (third year only).			
All requests are correctly entered in SoftPath on the day prior to testing.			
SoftPath reports include appropriate comments (i.e. ER/PR/HER2 ASCO scoring system, research stain disclaimer).			
Molecular test requests – pick the best block, order recuts, circle the areas and give % for Neuro cases (with neuropathologist)			
Use proper molecular template for reporting			
Merge patients when appropriate			
FISH test requests – pick block, order, circle			
Know when and how to issue an addendum vs a supplemental report			
Complete IOC correlation			
Be aware of the turnaround times			
TRC application			
Send out for consultation – request and reporting			
Conference: molecular, dermatopathology, medical kidney			
Understand back-up system: frozen backup when many specimen/autopsy			

Histology: To be completed by shadowing and signed off by the Histology Department

Tissue Processing: (Date/Trainee Initial/Supv initial)	Observe	Perform supervised	Can Perform on Own (Histology)
Take block inventory before processing			
Follow posted instructions for processor operation			
Select correct schedule: STAT; routine; prostate; autopsy; etc.			
Verify finishing times, edit if needed			
Verify tissues in station 1 formalin and bottle check done before leaving			
Complete QC sheet			
Special stains - various			

Immunohistochemistry: To be completed by shadowing and signed off by the Immunohistochemistry Department

Immunohistochemistry: (Date/Trainee Initial/Supv initial)	Observe
Understands the basics of IHC techniques and fixation requirements for selected stains (prognostic markers).	
Understands the process of ordering IHC (entered in SoftPath on the day prior to testing, picked up time and place)	
Familiar with the immunohistochemical characteristics (target cells) and staining patterns (cytoplasmic, membrane, nuclear) of antibodies on the current test menu.	
SoftPath reports include appropriate comments (i.e. ER/PR/HER2 ASCO scoring system, research stain disclaimer).	

Test: (Date/Trainee Initial/Supv initial)

Special stains:	Reviewed	Test
B&H, B&B for Gram +/- bacteria		
Iron for ferric ions (Fe ³⁺) (Prussian blue reaction)		
Copper (Rhodamine method)		
Warthin Starry for <i>H. pylori</i> vs. <i>Spirochetes</i>		
Colloidal iron for carbohydrates (Prussian blue reaction)		
Von Kossa for calcium		
Touidine blue for mast cells		
Fontana-Masson for melanin		
Luxol fast blue (LFB) for myelin		
Cresyl Violet (CV) for Nissl bodies		
Bielschowski for neurofibrils		
Oil Red O for lipids		
GMS Grocott's Methenamine Silver		
Reticulin Stain		
Jones Basement Membranes		

Submitted Services: Orientation given by chief and deputy-chief residents and shadow in July.

Submitted: (Date/Trainee Initial/Supv initial)	Orientation (Sr. resident)	Observe (Sr. resident)	Can perform alone (Sr. resident)
Understand the flow and timeframe of the submitted case from specimen drop-off to sign-out and return of the material.			
Understand the structure and completeness of paperwork (submission form or CRIS order sheet, specimen registration form, outside pathology report)			
Verify patient name, DOB, labeling and the number of slides and blocks received.			
Identify special requests (stains, molecular tests) of clinical team in the submission form or CRIS order sheet.			
Identify STAT cases and render diagnosis in requested timeframe.			
Triage cases: hematopathology (same day review), medical kidney biopsy, consult cases for designated attending			
Include referring institute's address and contact numbers in the report.			
Correctly identify submitted blocks and slides in softpath.			
Ordering IHC, Molecular, and Special stain for Submitted cases.			
Requesting additional material from outside institutions.			
Handling cases that are awaiting additional material (Sign out vs. Keeping the case open)			
Communicate with the clinical team			

Hot Seat: Orientation given before starting 3rd year. Teaching 3rd year will sign off.

Hot Seat: (Date/Trainee Initial/Supv initial)	Orientation (Sr. resident)	Can perform (Sr. resident)
Conference: Know how to prepare and present at interdepartmental conferences. Identify conference schedule and location. Communication with attending and clinical team.		
Hot seat tray: Show every case except prostate bx; order stains (some are routine, like HBsAg/HBcAg for HBV liver Bx, ubiquitin for liver Bx with suspected steatohepatitis; ID stains)		
Stat cases during business hours: Let histolab know to process first in the morning, make sure CRIS order and specimen are received; deliver the preliminary results, document on paper or in SoftPath; coordinate with on-call resident/attending/histotech for weekend rush cases (verify that rush is clinically indicated).		
Stat cases during afterhours and weekends: Let histolab, on-call attending and resident know, make sure to deliver call-back number		
IHC control slides review with attending on duty		
Cover procurement for the Pathologist Assistants.		
Showing cases to clinical team; document on paper or in SoftPath		
Additional IHC request (for signed-out cases) and supplemental reports		