

Postal Oral Pathology Reporting Service for General Practitioners

Guy's, King's & St Thomas'

Dental Institute

*Dept of Head and Neck/Oral Pathology,
Guy's Campus*

Opening hours 9-5 Mon- Fri

NHS and independent general dental practitioners may send biopsy specimens for specialised histopathology reporting using the postal service.

This leaflet explains how the reporting service works, how to submit a specimen and obtain a result.

Introduction

The postal oral pathology histopathology reporting service is provided by Synnovis in conjunction with the Guy's and St Thomas' Hospitals NHS Foundation Trust and King's College London. All NHS and independent general practitioners may send biopsy specimens for reporting and special posting packs are provided.

Posting packs

To request a posting pack, please contact us at the address below. Posting packs have a very long shelf life and we suggest that they be requested in advance and stored until needed. Posting packs will be despatched by second-class post unless requested otherwise. Each package comprises a pre-addressed outer mailing envelope, a two-compartment specimen bag, request form, specimen container with 10% neutral buffered formalin in a crush-proof posting container and an information slip.

Note packs are NOT prepaid and correct postage must be attached otherwise specimens will not be delivered.

Sending a specimen

After biopsy place the specimen in the formalin fixative immediately. Ensure that the specimen pot is labelled with the patient's details. Specimens that become dried or are partly crushed on removal will autolyse rapidly if not fixed straight away. The specimen should not be more than 5x the volume of the fixative. If you require a larger container please contact the laboratory in advance as larger containers with greater volumes of fixative are difficult to post safely. Screw down the container lid tightly ensuring sutures are not caught in the seal and place in the grey plastic outer container ensuring that the cotton wadding (to soak up spills) is in the bottom. Place the container in the closable side of the specimen bag and close the seal.

Fill out the form, which should be self explanatory, in biro or similar insoluble ink. Please fill out all sections legibly ensuring that the patient details are clear. All information is appreciated and may be critical for diagnosis – include all the clinical features that helped you make your clinical differential diagnosis. Particularly ensure that the site of biopsy, extent of lesion, clinical appearance, age and ethnicity of the patient, smoking, alcohol and drugs are given. Fold the form and place in the second compartment of the plastic bag, separated from the specimen itself.

The request form is also available on the Synnovis web-site at <http://www.synnovis.co.uk/departments-and-laboratories/oral-pathology-laboratory-at-guys>.

Ensure your own name, address and telephone/FAX numbers are clear for return of the report.

Radiographs and clinical images are particularly welcome. Radiographs are returned routinely unless copies or digital images, other images are retained in our patient file.

Return of reports

All reports are returned to the sender and will not be communicated to the patient or any other party. The turnaround time for the postal service depends primarily on the postal service. Including post times the report should be with you approximately 7 days after biopsy. When it is necessary to prepare microscope sections from teeth the normal report time will exceed 5 weeks.

In the event that a report is not returned in time for a review appointment please contact us. One of the staff may well be able to give you a verbal report by phone or FAX the report.

Advice

The pathology staff provide advice by phone on differential diagnosis, biopsy and all aspects of oral disease. Please feel free to contact them on the number below to discuss clinical problems, obtain advice or interpretation on a pathology report or discuss our service to you. The consultant pathologists in the Unit are Dr G Hall (Clinical Lead), Prof EW Odell, Dr P Tamiolakis, Prof K Piper and Dr L Collins.

NHS Charges and private patients

The department now charges for NHS patients, in line with most pathology services. Details are in an accompanying letter and list of charges. The latest private charge may be obtained by phoning the secretary and is currently £160.00. For private services please indicate whether the invoice is to be sent to the practice or the patient and provide the address and/or insurance billing details for the latter.

2. Frequently asked questions

What if my report does not arrive?

Please phone us to check whether it has been received and to see whether a verbal report is available. A duplicate will be sent out. Sometimes the senders name and address has not been filled in on the form so that we do not know where to send the report. Such cases are kept on file awaiting contact from the practitioner.

I have no biopsy pack. Can I send the specimen in something else?

Unfortunately, unless the specimen is fixed in formalin we cannot guarantee that it will be possible to provide a report. In a genuine emergency 70% alcohol may be used but in general it is always better to defer biopsy until formalin is available. Pharmacists can provide 10% neutral buffered formalin and medical practices and clinics normally hold a stock.

I have a large specimen that will not fit in the tube provided?

We may be able to send a larger container given time. Formalin solution from two or more packs may be mixed together. Try to ensure that the formalin is at least 5 times the volume of the specimen, preferably 10 times. If you post another container ensure you must adhere to Post Office regulations on posting of hazardous substances. The package must be leakproof and contain enough absorbent material to soak up all the formalin in the event of breakage.

Can you trace old biopsy specimens?

The Department retains paper records on patients indefinitely and in most cases the original specimens are available. When requesting us to find a report from our archives please provide

accurate patient details (remember to include maiden names if appropriate) and an approximate year of biopsy. Reports since 1988 are computerised and searches can usually be performed for a telephone enquiry.

What happens if the diagnosis is something unexpected?

Reports with unusual diagnoses will usually include advice on further management or investigation. In the event of a significant finding such as unexpected malignancy we will usually phone to speak to you immediately the diagnosis is made.

What is the shelf life of a posting pack

Almost indefinite provided it has been kept sealed, cool and out of sunlight. Under these conditions a pack need not be replaced for 5 years.

How do I decide whether to send a specimen or discard it?

In general if tissue is worth excising it is worth submitting for histological examination. Usually your diagnosis will be confirmed but occasionally an unexpected diagnosis may be found that is of great benefit to the patient. Any soft tissue lesion that is excised is best sent. Apical granulomas are not usually sent unless cyst formation is suspected (then to confirm the cyst type) but if there is anything unusual in the presentation of a lesion do not hesitate to send it in.

How is the quality of the pathology service assured?

The Consultants in the Unit participate in the National Head and Neck Pathology External Quality Assurance Scheme and Continuing Professional Development scheme of the Royal College of Pathologists. The Synnovis Analytics laboratory service is a United Kingdom Accreditation Service (UKAS) accredited medical laboratory (No.9323), accredited to ISO15189:2022 Medical laboratories – requirements for quality & competence, for those tests listed on the Schedule of Accreditation found at https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9323-Medical-Multiple.pdf.

Please note that the Laboratory currently holds a Flexible Scope for certain Immunohistochemistry and In-Situ Hybridisation tests. An up-to-date, full list of these is maintained in HN-INST-138, accessible on the Synnovis website: <http://www.synnovis.co.uk/departments-and-laboratories/oral-pathology-laboratory-at-guys>

Please also note that the ground section technique for hard tissues and haematoxylin and eosin staining for Head and Neck

diagnostic cytology samples are not included in the laboratory's UKAS scope of accreditation. The laboratory also participates in National External Quality Assurance schemes.

What happens if other tests are required or no diagnosis is possible?

If a further specialist opinion or investigation is required the tissue will be forwarded as appropriate and you will be sent an interim report indicating to whom it has been sent.

What is ploidy analysis?

Ploidy analysis is a new technique that can be used to indicate the risk of malignant transformation in premalignant lesions. The report for such a lesion will sometimes indicate that ploidy analysis will be performed and a further report issued. In such cases, the second report will follow up to one month after the first giving the results of analysis and an information sheet on interpreting the results. An exact time for the second report cannot be guaranteed as the test is performed on batches of specimens and it may take a little while before enough are collected. If you require further information or help interpreting the test for an individual patient please phone the department.

Any comments, observations or complaints about the service should be sent in writing to the Head of Department at the address below. In addition, the Synnovis complaints procedure can be found at <http://www.synnovis.co.uk/customer-service>. Please contact us as soon as possible if you are not satisfied with the service and we will endeavour to address your concerns.

How to contact us:

Head and Neck/Oral Pathology Laboratory, Floor 4
Tower Wing, Guy's Hospital, London, SE1 9RT.

Telephone: 020 7188 4366 /7

Or : 020 7188 7188 ext 74367

Email: synnovis.hnpath@nhs.net