

**Children's Hospital of Pittsburgh
Pathology Department, Room B237
4401 Penn Avenue · Pittsburgh, Pennsylvania 15224
Phone (412) 692-5650 Fax (412) 692-6550**

**Preparation and handling instructions for rectal biopsy specimens for
Hirschsprung's disease referred to Children's Hospital of Pittsburgh**

Date: April 2011

The purpose of this document is to inform distant sites about the acquisition, handling, shipping, and billing of rectal biopsy specimens suspected of having Hirschsprung's disease.

ACQUISITION OF THE RECTAL BIOPSY SPECIMEN:

The pathologist strongly recommends that three generous sized suction rectal biopsies from 1, 2 and 3 cm above the pectinate line and possessing both mucosa and submucosa, be submitted in three separate containers. The containers must be identified with the patient's name and biopsy site. These biopsy specimens must remain in the fresh state (unfixed). Refer to the following handling and shipping information.

HANDLING AND SHIPPING INFORMATION:

Referring Institution	Number of Biopsies	Handling and Shipping Method
Local Institution (within 2 hours travel distance)	3	<ul style="list-style-type: none">• Place the specimens in separate containers, which are labeled with the patient's name and specimen site, in RPMI 1640 or other appropriate tissue transport medium. Ship the containers in ice (not dry ice).• The specimens must be shipped so as to arrive at Children's Hospital of Pittsburgh Monday through Friday during normal working hours (7 a.m. - 4 p.m). The lab does not accept specimens on weekends and holidays.
Distant Institution	3	<ul style="list-style-type: none">• Embed each of the suction rectal biopsy specimens separately on end in OCT compound or another similar product. <u>Snap</u> freeze the embedded specimens in isopentane. Each specimen must be submitted in a container labeled with the patients' name and specimen site.• The specimens must be shipped in a container of dry ice and should be shipped so as to arrive at Children's Hospital of Pittsburgh Monday through Friday during normal working hours (7 a.m. - 4 p.m.). The lab does not accept specimens on weekends and holidays.

The attached form is to be completed and sent along with the specimen and preliminary surgical report, if available, to:

Children's Hospital of Pittsburgh
Pathology Department, Room B237
4401 Penn Avenue
Pittsburgh, PA 15224

SERVICE PROVIDED AND BILLING INFORMATION:

Service Provided	Billing Information
The service includes processing, acetylcholinesterase staining, hematoxylin/eosin staining, and interpretation. (A Surgical Pathology report is issued.)	<ul style="list-style-type: none">• The referring institution is billed directly for this service.• CPT code - 88323• \$250.00

The acetylcholinesterase procedure is performed several times per week. Please indicate if the results are urgent on the attached form, which will accompany the specimens.

Questions may be addressed to:

- Pathology Manager - (412) - 692-6856

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CONSULTATION REQUEST FOR HIRSCHSPRUNG'S DISEASE

Please complete this form and send it along with a preliminary report, if available, and the specimen(s) to the above address:

INSTITUTION:

Name: _____

Address: _____

Name of Referring Pathologist: _____

Pathologist's Phone #: _____

Pathologist's Fax #: _____

Patient Name: _____

Patient Birth Date (not age): _____

Specimen/Site(s): 1. _____

2. _____

3. _____

Check this box if the results are urgent.

(Instead of batching, the procedure will be performed as soon as possible.)

PLEASE REQUEST THIS SERVICE ONLY WHEN NECESSARY.