

Appendix B

Anatomic Pathology

Biopsy Specimens for Special Techniques

Please call and alert the Anatomic Pathology Laboratory (724-2435) or Electron Microscopy Lab (724-3697 or 724-4236), when sending in all biopsy specimens for the following techniques:

Renal (Kidney) Biopsy

Contact Anatomic Pathology for special instructions and media. The following guidelines apply:

Specimen

A kidney biopsy may be obtained by percutaneous needle biopsy or open surgery. It should then be placed immediately in a petri dish with distilled water, gauze moistened solution to prevent drying.

Open Surgery:

The tissue from open surgery should be divided into three parts. When dividing the specimen, each part must have glomeruli. These specimens should be submitted for:

1. Light Microscopy
2. Immunofluorescence, and
3. Electron Microscopy

Percutaneous Needle Biopsy:

Ideally, more than one percutaneous needle biopsy specimen can be obtained. Specimens should be labeled for:

1. Immunofluorescence
2. Light Microscopy, and
3. Electron Microscopy

If only one tissue core from a biopsy is obtained, it should be divided as illustrated below. When dividing the specimen, each part must have glomeruli. A hand lens or a dissecting scope can

be useful in recognizing the difference between renal cortex and medulla. The glomeruli in the cortex appears as red dots, the cortex is darker than the medulla and is proximal-within the needle used for the biopsy.

Specimens should be labeled for:

1. Immunofluorescence
2. Light Microscopy, and
3. Electron Microscopy.

Specimen Processing

1. Immunofluorescence

Place tissue in Michaels solution available commercially from Zeus Laboratories, or the Anatomic pathology Lab. Call 724-4236 to obtain a vial of this fixative.

2. Light Microscopy

Kidney biopsies should be fixed in 10% neutral buffered formalin solution.

3. Electron Microscopy

Tissues should be glutaraldehyde fixed and should be more than 1 mm in diameter. Please ship at room temperature. Previously frozen tissue is acceptable. Tissue fixed in formalin or from paraffin blocks give POOR results. Please submit appropriate clinical history.

