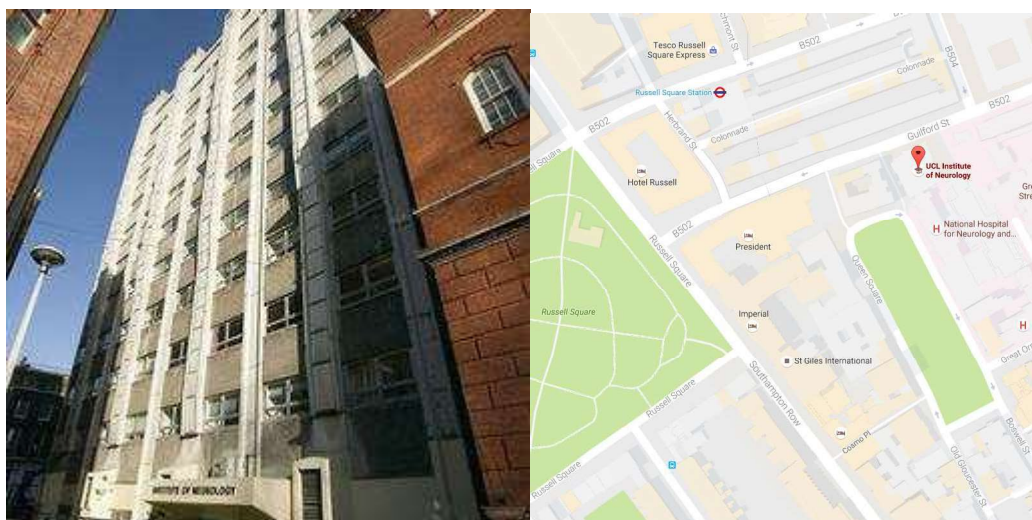


## USER MANUAL

### DEPARTMENT OF NEUROPATHOLOGY

#### The National Hospital for Neurology and Neurosurgery



#### Location, postal address, and main contact details:

UCL Institute of Neurology, Queen Square House, London WC1N 3BG

#### Department of Neuropathology:

Queen Square House 1<sup>st</sup> floor, or mailbox 126

**Telephone (office):** 020 3448 4234

**Fax (office):** 020 3448 4486

**Consultant on-call for clinical enquiries:** 07970 698 444

**Biomedical scientist on-call for urgent laboratory enquiries:** 07970 698410

For routine enquiries please contact the office or consult our website

**Email for patient enquiries:** [uclh.office.neuropathology@nhs.net](mailto:uclh.office.neuropathology@nhs.net)

**Website:** [www.ucl.ac.uk/ion/divisions/neuropathology.htm](http://www.ucl.ac.uk/ion/divisions/neuropathology.htm)

#### UCL IQPath:

Queen Square House Basement

**Telephone:** 020 3448 4082

**Email:** [ucl.iqpath@ucl.ac.uk](mailto:ucl.iqpath@ucl.ac.uk)

**Website:** <https://www.ucl.ac.uk/ion/clinical-divisions/neuropathology/ucl-iqpath>

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## Introduction

The Department of Neuropathology is situated on the 1<sup>st</sup> floor of the UCL Institute of Neurology, adjacent to the National Hospital for Neurology and Neurosurgery. Organisationally, it is part of the National Hospital for Neurology and Neurosurgery (NHNN) Specialist Hospitals Board, Queen Square Division.

This guide is intended to provide our users with information relating to our clinical and laboratory services, ensuring an accessible and efficient service.

*Note: in the organisational context of University College London Hospitals (UCLH) the correct designation is "Department of Neuropathology" whilst within the organisational context of University College London, Institute of Neurology the correct designation is "Division of Neuropathology".*

The Department of Neuropathology provides a comprehensive histopathological diagnostic service for diseases of the central nervous system and the neuromuscular system. Every test accepted by the laboratory is considered a service level agreement.

## Contact information

*The range of working hours (shift system) are Monday to Friday between 08:00 and 18:00. This may be modified during times of staff shortage and holiday period.*

For all **laboratory enquiries**: 020 3448 4236.

For **Specimen Reception**: extension 84246. External callers dial 020 3456 7890 for UCLH switchboard and ask for connection.

For **results and general departmental enquiries**: 020 3448 4234 (Please check results via EPIC before calling).

## Key contacts

| Position  | Name                 | Telephone                            | Email  |
|---|----------------------|--------------------------------------|--|
| Please find all neuropathology contacts and our services also on our website<br><a href="https://www.ucl.ac.uk/ion/divisions/neuropathology">https://www.ucl.ac.uk/ion/divisions/neuropathology</a> |                      |                                      |  |
| Clinical Lead   | Sebastian Brandner   | Room 103A<br>020 3448 4435           | <a href="mailto:sebastian.brandner@nhs.net">sebastian.brandner@nhs.net</a>                       |
| Head BMS  | Angela Richard-Londt | Room 109A<br>020 3448 4237           | <a href="mailto:angela.richard-londt@nhs.net">angela.richard-londt@nhs.net</a>                   |
| Office, general enquiries   | Sharon Snook         | Office Room 103<br>020 3448 4234     | <a href="mailto:uclh.office.neuropathology@nhs.net">uclh.office.neuropathology@nhs.net</a>       |
| Neuropathology laboratory   | Andrew Theodoulou    | Specimen reception<br>020 3448 4246  | <a href="mailto:uclh.office.neuropathology@nhs.net">uclh.office.neuropathology@nhs.net</a>       |
| Molecular neuropathology  | Monika Dutt Peravin  | Molecular Pathology<br>020 3448 4240 | <a href="mailto:uclh.molecular.neuropathology@nhs.net">uclh.molecular.neuropathology@nhs.net</a> |

| Position   | Name          | Telephone                 | Email  |
|------------|---------------|---------------------------|--|
|            | Mariathasan   |                           |  |
| UCL IQPath | Seval Erdogan | Room B02<br>020 3448 4006 | <a href="mailto:ucl.iqpath@ucl.ac.uk">ucl.iqpath@ucl.ac.uk</a> |

## Services provided

- A speedy, high quality diagnostic service for surgical neuropathology, neuromuscular diagnostics, epilepsy, and molecular neuropathology of brain tumours
- A wide range of diagnostic test methods, including special stains, immunostainings, in situ hybridisation, PCR, resin sections and electron microscopy. We provide digital pathology services (whole slide scanning and management)
- Intraoperative surgical assessment (frozen section/smear service (24 hours Monday-Friday, on request on weekends)
- Provision of a full mortuary and post-mortem service.
- Experimental and research services including image analysis are provided by UCL IQPath.

### Department of Neuropathology: case numbers per year (2016-2021)

| <b>Workload and diagnostic activities in the Division of Neuropathology 2014-2018</b>  | <b>2016</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> | <b>2022</b> |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>Surgical pathology and diagnostic brain biopsies from NHNN</b>                      | <b>1099</b> | <b>1061</b> | <b>988</b>  | <b>969</b>  | <b>801</b>  | <b>830</b>  | <b>812</b>  |
| <b>Intraoperative assessments (frozen sections and smear preparations)</b>             | <b>540</b>  | <b>371</b>  | <b>389</b>  | <b>403</b>  | <b>325</b>  | <b>378</b>  | <b>436</b>  |
| <b>Epilepsy lobes</b>  | <b>30</b>   | <b>37</b>   | <b>35</b>   | <b>37</b>   | <b>7</b>    | <b>19</b>   | <b>17</b>   |
| <b>Neuropathology referrals (surgical only, excluding primary molecular pathology)</b> | <b>962</b>  | <b>494</b>  | <b>601</b>  | <b>920</b>  | <b>979</b>  | <b>1076</b> | <b>1420</b> |
| <b>Adult Muscle biopsies including referrals</b>                                       | <b>191</b>  | <b>162</b>  | <b>173</b>  | <b>161</b>  | <b>82</b>   | <b>92</b>   | <b>106</b>  |
| <b>Paediatric muscle biopsies including referrals</b>                                  | <b>190</b>  | <b>177</b>  | <b>148</b>  | <b>147</b>  | <b>70</b>   | <b>105</b>  | <b>121</b>  |
| <b>Peripheral nerve biopsies (incl referrals)</b>                                      | <b>88</b>   | <b>77</b>   | <b>78</b>   | <b>91</b>   | <b>49</b>   | <b>64</b>   | <b>77</b>   |
| <b>Molecular pathology tests NHNN</b>  | <b>264</b>  | <b>295</b>  | <b>230</b>  | <b>337</b>  | <b>276</b>  | <b>278</b>  | <b>291</b>  |
| <b>Molecular pathology tests referrals (1)</b>   | <b>627</b>  | <b>1020</b> | <b>1063</b> | <b>1602</b> | <b>1539</b> | <b>1873</b> | <b>2302</b> |
| <b>Diagnostic Methylation Arrays<sup>(2)</sup></b>                                     | <b>28</b>   | <b>132</b>  | <b>229</b>  | <b>409</b>  | <b>561</b>  | <b>781</b>  | <b>1141</b> |
| <b>Electron microscopy requests</b>  | <b>29</b>   | <b>34</b>   | <b>23</b>   | <b>25</b>   | <b>10</b>   | <b>23</b>   | <b>14</b>   |
| <b>CSF cytology requests</b>   | <b>755</b>  | <b>604</b>  | <b>498</b>  | <b>611</b>  | <b>548</b>  | <b>371</b>  | <b>560</b>  |
| <b>Neuropathological post mortem (including referrals)</b>                             | <b>68</b>   | <b>42</b>   | <b>57</b>   | <b>65</b>   | <b>47</b>   | <b>44</b>   | <b>40</b>   |

(1) Referrals include cases that are referred for molecular tests only and cases that are referred as part of a diagnostic pathway from specific hospitals. (2) The methylation arrays are also included in the NHNN and referral test numbers

## Request forms and specimen labelling (NHNN cases only)

Histology or cytology must be chosen according to the specimen. Please use the correct form as it ensures that the specimen is delivered to the correct laboratory. **Cytology** specimens are referred first to the Neuroimmunology lab, where the cell count and other parameters are determined. The Neuroimmunology laboratory then submits a CSF samples to our Department. **Ensure the correct pathway for cytology specimens is selected when booking samples on EPIC.**

**All request forms are booked in EPIC. All requests for histological examination of tissues MUST be made on EPIC, in order to be correctly initiating an electronic request between EPIC and our Laboratory Management and information system (LIMS). Ensure all relevant history is recorded on the request form.**

Patient labels should be used at all times for histological samples.

## Preparation and submission of specimens (all sample submissions, internal and external)

Samples referred in fixative must be sent in pots; all pots must be approved rigid containers that are properly closed and clearly labelled. The porters are instructed not to collect pots which are damaged or leaking. If any such pots do reach the laboratory, this will be logged as an adverse incident and the Risk Management Office may be notified.

### All referrals to:

Division of Neuropathology  
UCL Queen Square Institute of Neurology  
1<sup>st</sup> Floor, Queen Square House  
London WC1N 3BG

**External users** refer/send the specimens to the Division of Neuropathology (mail address see above).

**Internal users:** There are collection points for specimens in theatres, wards and clinics, and it is important that specimens are left at these designated places. If unsure, send the specimen through the NHNN porter to the specimen reception (room 124) Division of Neuropathology, 1<sup>st</sup> floor Queen Square House.

## Acceptance criteria

### Minimum patient dataset

FOUR unique patient identifiers are required for accepting a sample for testing in **Neuropathology**

These are:

- 1) First name with family name
- 2) hospital number or NHS number or referral laboratory number +
- 3) Date of birth

#### 4) Sex

All dataset options defined above must match on both request and sample for acceptance.

In the event of minor discrepancies in the records *for example Ann instead of Anne; Brown instead of Browne* the EPIC record will be checked (in the case of UCLH referrals) OR the referring centre will be contacted to confirm the correct details. The correction will be noted.

#### **Sample type and sample integrity**

Requests must be accompanied by a suitable sample type that has been validated for the test requested. See below for deviating samples policy.

#### **Samples not suitable for testing**

Samples considered for rejection include the following:

- Requests that do not meet the acceptance criteria given above.
- The sample type has not been validated for the test requested.
- Samples that are broken or badly leaking or otherwise pose a significant Health & Safety risk to staff.

#### **Statement on Deviating Samples**

#### **Samples for special stains, electron microscopy and immunohistochemistry**

The samples received in the laboratory all come under the description of precious samples and as such analysis will be attempted on all samples. Any given sample may be subject to deterioration over time or due to incorrect storage/transit conditions, availability of pertinent information relating to the sample or item (e.g. sampling date/time), use of appropriate sample containers and/or preservatives and whether it is of a type that the laboratory is accredited to analyse or calibrate. The degree to which these samples are compromised and the judgement on whether this affects the veracity of the result is decided on by the reporting clinician based on the degree of preservation of the relevant histological structural integrity post staining.

#### **Molecular neuropathology**

It is at the discretion of the consultant and the molecular pathology team whether to prioritise molecular analysis or staining/immunohistochemistry in cases of poor or small samples. Once on the molecular pathway the individual tests specify the requirements of the analyte, it is only once the analyte (DNA or RNA) is prepared and quality checked that the laboratory can assess whether it is suitable with regard to the requested test(s).

Any deviation will be reported to the referring clinician clearly stating that the sample was deviating to the point that it invalidated the test. The laboratory will also make clear on the report whether the cause of deviation happened prior or post sample receipt. In cases where the cause of sample deviation was post receipt the laboratory will commence investigations as per internal policies and implement corrective actions.

#### **Histopathology specimens:**

#### **Scope of tests:**



The main roles of histopathology is the examination of biopsy tissues. Surgical pathology material is usually obtained during neurosurgical interventions and is submitted for the diagnosis of pathological lesions. The scope of surgical pathology examinations is given in detail in the guidelines published by the Royal College of Pathologists.

Other diagnostic material comprises diagnostic brain biopsies, nerve, and muscle biopsies, which are described below. A significant proportion of cases are referred for molecular analysis of genetic alterations in brain tumours.

<https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html>

<https://www.rcpath.org/resourceLibrary/g069-dataset-for-histopathological-reporting-of-tumours-of-the-central-nervous-system-in-adults-including-the-pituitary-gland-v1.html>

<https://www.rcpath.org/resourceLibrary/g101-tissue-pathways-for-non-neoplastic-neuropathology-specimens.html>

Unlike laboratory requests, where the clinical teams have to specify the test requested, no such instructions need to be given for histopathology specimens. The decision-making processes will start after receipt of the specimen in the Neuropathology Department. The spectrum of tests will depend on the nature of the specimen, the disease process involved, and is also highly dependent on pertinent clinical questions. It is therefore essential to provide informative and relevant clinical details. The decision-making may be influenced by discussions on multidisciplinary meetings prior of after the biopsy is taken.

#### **Specimen requirements:**

**Internal referrals:** During working hours, the preferred specimen referral from NHNN is **fresh**. The increasing involvement in research studies, clinical trials, whole genome sequencing, derivation of cell lines but also the necessity of diagnostic brain biopsies to undergo protein analysis or next-generation sequencing for e.g. viral diseases, make it increasingly or desirable or necessary to receive specimens FRESH. Specimens that are predicted to arrive outside working hours should be submitted in routine fixative (10% neutral buffered formalin), but fresh material can be accepted under certain circumstance if agreed with the laboratory manager.

**Referrals from external hospitals:** By default, all specimens must be sent in fixative as otherwise specimens would deteriorate during the transport.

**Fixative:** The routine fixative is formal saline (also known as formalin), which is a hazardous reagent, and instructions for dealing with it should be followed carefully. Please use a container large enough to accommodate the specimen without forcing it in, and sufficient volume of fixative (at least 10x the volume of the specimen). Specimens left without fixative will undergo autolysis and putrefaction and will not yield a reliable histological diagnosis. Please ensure that pots are firmly locked and prevented from leaking. Always place the specimen pot into a designated envelope containing blotting paper or absorptive tissue.

**Frozen tissue archiving:** if sufficient material is available, we always attempt to archive a proportion of the lesioned material (usually neoplastic) frozen. Frozen tumour samples can be used for advanced diagnostic tests, such as whole genome sequencing.

**Specimen labelling:** specimens taken from patient with known or suspected transmissible diseases such as HIV, hepatitis or Creutzfeldt Jakob Disease must be labelled with a “high risk” label. This is also strongly recommended for any samples from patient with unclear new degenerative disorders, as they may turn out to be prion disease.

#### **Cytology specimens:**



**Scope of test:**

The main role of CSF cytology is:

- In the investigation of **neoplastic or malignant meningitis**.
- It is debatable how useful CSF cytology is in the investigation of inflammatory or infectious disease as the findings are non-specific. Please see also the Royal College of Pathologist's guidelines for the indication for CSF cytology.  
<https://www.rcpath.org/profession/publications/cancer-datasets.html> .
- The main justification in this clinical situation is the confirmation of an inflammatory versus neoplastic process, to distinguish an acute from chronic inflammatory response and the identification of some organisms (e.g. cryptococcus).
- The examination of cyst fluid, for example in the context of a brain tumour (this is technically not CSF but will be prepared in the same way).
- CSF cytology can also confirm the presence of siderophages following suspected subarachnoid haemorrhage
- CSF cytology is often of little value in the investigation of patients with neurodegenerative diseases and low CSF cell counts.

**Specimen requirements**

**Minimum required volume of CSF: 1ml.** Below this recommended minimum volume, we may not be able to process all required slides and we may not have sufficient material to carry out supplementary examinations that may become necessary.

- Specimens should be in clean, rigid sided containers **without fixative**. Generally, 30ml and 60ml sterile Sterilin plastic containers should be used for fluid samples.
- Diagnostic cytology fluid specimens that have missed the last delivery to the laboratory should be refrigerated overnight.
- Fluids, such as serous fluids, cysts, drains, washings, sputa should be placed in a 30/60 ml Sterilin container.
- It is essential that CSF specimens are received and processed in the lab ideally within a few hours after they are taken in order to avoid deterioration of sample and cell preservation.
- In cases where underlying leptomenigeal tumour is clinically suspected (eg carcinomatous meningitis) larger volumes of CSF are recommended for cytology (approx. 5ml) to allow a broader immunocytochemical panel.

**Intraoperative smear or frozen sections****Scope of test:**

Rapid assessment of neurosurgical biopsies during surgery to establish type of lesion. It is not recommended for small biopsies such as stereotaxic tissue cores, which are very small in volume. Intraoperative diagnosis are usually only indicative and almost never definitive. Definitive answers can usually only be made by paraffin histology, and therefore it is not recommended to submit stereotaxic biopsies for intraoperative tests as this will reduce the specimen available for a precise intraoperative diagnosis which may also include molecular pathology assessment.

**Specimen requirements**

**All material must be submitted fresh.** During regular working hours (8 AM-5 PM) no specific arrangement needs to be made. The Department of Neuropathology has a full cover for intraoperative specimens during weekdays (see above). If an out-of-hours arrival (after 5 PM) is expected, please get in touch with the laboratory and/or the consultant on-call. The Department can arrange receipt of late coming biopsies.

Weekend assessments need to be confirmed with a consultant on-call **by Friday afternoon**, ideally no later than 3 PM, so the Department can arrange the laboratory cover. Important: without prior notice, samples will not be processed during the weekend. Samples arriving during the week and will be kept at the front desk security at the Institute of neurology (Queen square house). They will be stored at room temperature. Perishable goods (biopsies without fixative, cytology samples) must under no circumstances be shipped to arrive on a Saturday or Sunday without prior notice. Please contact the neuropathology laboratory for advice regarding fixatives.

The transport of specimen during working hours can be through a pneumatic tube system or, through a porter system depending on the current transport arrangements at NHNN.

Complex, unusual and high-risk cases (prion disease, HIV, hepatitis and other transmissible dangerous pathogens) should be discussed in advance with one of the consultants, via the Neuropathology secretaries on 020 3448 4234

## Muscle biopsy requests

### Scope of test:

A muscle biopsy is taken to assess the skeletal muscle system for abnormalities, such as inflammatory conditions (polymyositis, dermatomyositis), genetic disorders such as muscular dystrophy, or other degenerative processes.

### Specimen requirements

To ensure that you obtain the best results possible from the muscle biopsy, please follow the protocol below as closely as possible.

A muscle biopsy protocol guidance can be downloaded from the website of the Division of Neuropathology

<https://www.ucl.ac.uk/ion/research/clinical-divisions/division-neuropathology/adult-neuromuscular-service>

Please telephone the neuropathology laboratory 020 3448 4236 or email

[uclh.office.neuropathology@nhs.net](mailto:uclh.office.neuropathology@nhs.net) as far in advance as possible when planning to send a muscle biopsy from outside the NHNN. A biopsy must be taken early enough in the day to arrive in our laboratory no later than 3pm Monday – Friday, in order to be subsequently processed in our laboratory.

For **external referrals it is essential, that a confirmation is made with a person** (senior biomedical scientist or consultant) in the Division of Neuropathology and arrangements for the transport have been explicitly made. For urgent enquiries please call the biomedical scientist on-call (contact see front page).

Further information can be found on the website of the Royal College of Pathologists, non-neoplastic tissue Pathways.

<https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html> (valid on September 2021)

## Nerve biopsy requests

### Scope of tests

A nerve biopsy is taken to assess pathological changes in the peripheral nervous system, such as inflammation, amyloidosis, degeneration, or genetic causes.

### Specimen requirements:

To ensure that you obtain the best results possible from the nerve biopsy, please follow the protocol below as closely as possible. An up-to-date nerve biopsy protocol guidance can be downloaded from the website of the Division of Neuropathology.

<https://www.ucl.ac.uk/ion/research/clinical-divisions/division-neuropathology/adult-neuromuscular-service>

Please telephone the neuropathology laboratory 020 3448 4236 or email

[uclh.office.neuropathology@nhs.net](mailto:uclh.office.neuropathology@nhs.net) as far in advance as possible when planning to send a nerve biopsy. A biopsy must be taken early enough in the day to arrive in our laboratory no later than 3pm Monday – Friday.

For external referrals it is essential, that a confirmation is made with a person (senior biomedical scientist or consultant) in the Division of Neuropathology and arrangements for the transport have been explicitly made. Please see contact on the front page.

Further information can be found on the website of the Royal College of Pathologists, non-neoplastic tissue Pathways. <https://www.rcpath.org/resourceLibrary/g069-dataset-for-histopathological-reporting-of-tumours-of-the-central-nervous-system-in-adults-including-the-pituitary-gland-v1.html> (valid August 2023)

## Molecular pathology

### Scope of tests:

Molecular pathology tests refine the histological diagnosis of brain tumours, or are in some occasions essential to establish a correct diagnosis of brain tumours. In many instances these tests are essential for planning enrolment into clinical trials or to decide for the optimum therapeutic regimen.

For further details, including pricing and the request form for the molecular pathology service, please visit our website:

[https://www.ucl.ac.uk/ion/divisions/neuropathology/diagnostic\\_services/molecular\\_tests](https://www.ucl.ac.uk/ion/divisions/neuropathology/diagnostic_services/molecular_tests)

### Specimen requirements:

In most instances, we can accept paraffin blocks or unstained sections as specified in our request form. Please be advised that certain molecular tests always require a paraffin block.

It is advised for most tests that the pathology report is enclosed with referrals. For some tests (advanced diagnostics including methylation arrays) a referral letter outlining the specific pathological problem and a pathology report is essential.

### Referral form:

It is essential that an up-to-date referral form is downloaded, completed with patient demographics, clinical details and the request as required for the diagnostic problem. The referral form is updated periodically. We strongly advise to regularly (at least monthly) download the request form from our website. The request form can be completed electronically (Microsoft Word) or in handwriting.

The hyperlink is placed visibly on the front page of the molecular pathology website of our department.

<https://www.ucl.ac.uk/ion/clinical-divisions/neuropathology/molecular-pathology>

**Key contacts for queries regarding molecular tests:**

*Technical:*

Monika Dutt, Biomedical Scientist ([monika.dutt@nhs.net](mailto:monika.dutt@nhs.net); [uclh.molecular.neuropathology@nhs.net](mailto:uclh.molecular.neuropathology@nhs.net))

*Medical: Consultants reporting molecular pathology*

Sebastian Brandner, Professor of Neuropathology and Honorary Consultant Neuropathologist  
([sebastian.brandner@nhs.net](mailto:sebastian.brandner@nhs.net))

Zane Jaunmuktane, Clinical Lecturer and Honorary Consultant Neuropathologist  
([zane.jaunmuktane@nhs.net](mailto:zane.jaunmuktane@nhs.net))

Ashirwad Merve, Honorary Clinical Lecturer and Consultant Neuropathologist  
([amerve@nhs.net](mailto:amerve@nhs.net))

## Post-mortem examination

### Scope of test:

We provide a neuropathology post-mortem service to the NHNN and to external customers.

Over previous service to external users of our high risk post mortem examination is unfortunately not anymore supported by UCLH mortuary. Only patients who die at NHNN can undergo prion post-mortem examination.

### Specimen requirements:

We still accept referrals for brain only examinations.

### Process for standard risk post mortems:

Please get in touch via email with [sebastian.brandner@nhs.net](mailto:sebastian.brandner@nhs.net) or [zane.jaunmuktane@nhs.net](mailto:zane.jaunmuktane@nhs.net) to discuss the referral.

We usually would ask that the referring clinical team or coroner's officer for a favour to discuss with the next of kin the possibility of consenting either the whole brain or at least tissue pieces to be used for research. To do this, we will return a set of documents for completion:

- A document "*Consent Form*". This form must be completed together with relatives according to the instructions in the document "*Instructions how to fill in the consent form*"
- A document "*Instructions how to fill in the consent form*". This document explains in detail how to fill in the consent form and indicates the importance of consent form and tissue donation for research. I am happy to explain this to the relatives myself if you feel this would be more appropriate.
- A Document "*Simple guide to Post Mortem investigation*". This document explains the PM procedure in simple terms and should be given to relatives to read prior to filling in the consent form.

**The referring hospital or coroner will have to cover the cost for the transfer to UCLH mortuary and return. These costs vary depending on the distance and the undertaker chosen for the transport.**

**The fee for the examination of a referred, fixed brain is from £650, and can be higher if a higher than usual number of blocks has to be taken and more than usual immunostainings are performed. Such examinations usually do not exceed £1500.**

Please contact the UCLH mortuary [uclh.mortuary@nhs.net](mailto:uclh.mortuary@nhs.net) (Ron Sinclair or Chi-Wah Lok) to arrange transport after consultation with the neuropathology consultant regarding acceptance of the post-mortem.

## Turnaround times

The agreed turnaround times in the Department of Neuropathology and UCL IQPath are detailed below. Please note that the time taken to process and report a specimen can depend on its size, and the complexity of the case. The table below indicates the agreed targets for different types of specimens and how our Department benchmarks against these targets

| Specimen type  | TAT target |
|--|------------|
| <b>Surgical pathology and diagnostic brain biopsies from NHNN</b>                  | 90%/5d     |
| <b>Epilepsy lobes</b>  | 80%/20d    |
| <b>Neuropathology referrals</b>  | 80%/20d    |
| <b>Adult Muscle biopsies</b>   | 80%/20d    |
| <b>Paediatric muscle biopsies</b>  | 80%/30d    |
| <b>Paediatric muscle biopsies the National commissioning Group referrals (NCG)</b> | n/a        |
| <b>Peripheral nerve biopsies</b>   | 80%/20d    |
| <b>CSF cytology requests</b>   | 98%/3d     |
| <b>Neuropathological post-mortem</b>   | 75%/3mo    |

## Communication of results

**Summary reports of neuropathology requests** are available in EPIC, the UCLH-wide patient information system. On EPIC results are available as soon as the report has been electronically authorised by the consultant pathologists; no printed report will be sent to internal UCLH locations. It is helpful if you can check results on the computer before ringing the secretaries.

Clinicians are welcome to visit the laboratory to discuss their cases and view the slides or arrange a web-based meeting. Please arrange with the neuropathology specialist trainee or with the consultant in charge, through [uclh.office.neuropathology@nhs.net](mailto:uclh.office.neuropathology@nhs.net). Samples requiring specialist opinion, for example soft tissue pathology or haematopathology are routinely referred to other laboratories.

**Referral specimens** are communicated electronically by sending PDF files of the report to NHS.net email addresses, either a collective address at the pathology department or personally to NHS.net addresses of referring clinicians or pathologists.

## Storage of tissue:

**Neuropathological specimens** in excess to diagnostic and research requirements are kept in formalin fixative for six months and are then disposed of after checking that the case has been fully reported. Should the clinical team for any reason require further examinations, they must therefore be requested within 5 months. All neuropathology and diagnostic cytology slides are kept per policy for a minimum of 30 years and blocks for a minimum of thirty years. However, our archive dates back to 1965 for surgical pathology and further back for post-mortem material.

**Whole brain post-mortem** material, stored in formalin fixative deteriorates continuously over the years and is therefore disposed of after 20 years.

**Research studies** are communicated directly to researchers. A written report is issued in all cases where scientific assessment has been agreed. Research studies involving the technical part only (e.g. embedding, sectioning or staining only) will not result in a written report. A complete quotation, itemised with the workload will be agreed before the project commences and is payable upon completion of the study.

## User satisfaction

The Department of Neuropathology is committed to producing a high-quality service in a timely and competitive manner for the good of the patient and to the specifications of its users.

The Department of Neuropathology covers a wide range of diagnostic activities with a particular expertise in neuro-oncology, epilepsy, inflammatory diseases of the CNS, neurodegenerative diseases including prion diseases, peripheral nerve and adult and paediatric muscle.

All medical and biomedical staff are members of the relevant professional bodies.

To ensure user satisfaction the department will:

- Adhere to a quality management system.
- Set quality objectives.
- Ensure all personnel are familiar with the departmental quality manual.
- Commit to health, safety and welfare of all its staff and visitors.
- Comply with the Human Tissue Act.
- Comply with the Data Protection Act.
- Uphold professional values and adopt UCLH/UCL policies.

It is an essential prerequisite of a quality service that the organisation and management of the laboratory relates to the needs and requirement of its users. We are always keen to receive any comments you may have in which we might be able to improve the service. Once a year we will send out an online user satisfaction questionnaire and make improvements where necessary.

Please contact the Queen Square Division Laboratory Quality Manager [vaneeshagibbons@nhs.net](mailto:vaneeshagibbons@nhs.net) with any comments or suggestions.

## Policies, accreditation and standards:

The laboratory follows UCLH trust data protection policy.

The laboratory is a **UKAS accredited medical laboratory No.8116**. Our scope can be viewed here: <https://www.ukas.com/search-accredited-organisations/>

We follow the UCLH Trust complaints policy, for details see:

[Compliments and complaints : University College London Hospitals NHS Foundation Trust \(uclh.nhs.uk\)](https://www.uclh.nhs.uk/complaints)

The Laboratory complies with Human Tissue Act. Please refer to the HTA website for licensing details

[Find an establishment | Human Tissue Authority \(hta.gov.uk\)](https://www.hta.gov.uk)