Note: Adequate fixation is essential for lymph node biopsies. If node is received late in the day (after 12PM) fix cassettes overnight in formalin before submitting. If the node is large a single cassette may be submitted the same day for provisional diagnosis. If you have any questions, please call the fellow or Hematopathologist on call.

Note: For Pediatric nodal and extranodal neoplasms, review the Pediatric Grossing Guidelines

Procedure:
Each lymph node is different depending on the clinical situation. Below serves as guidelines only. Please contact Hempath (fellows, or attendings, or Dr. Said for details):

1) Measure and serially section node into thin slices.
2) Make touch preparations and air dry for a Giemsa stain.
3) Thin slices should be fixed each for formalin and B5 fixation, separately.
   a. Tissue requires at least 12 hours in fixative before processing. If late in the day, hold overnight in formalin so the tissue can fix.
4) Decision and amount of tissue for cytogenetics to be determined by Hematopathology.
5) Decision and amount of tissue for flow to be determined by Hematopathology.

Specimen Type: BIOPSY (suspected lymphoproliferative disease)

Gross Template:
Labeled with the patient’s name (**), medical record number (**), designated “***”, and received [fresh/in formalin] is a [tan/brown/nodular] lymph node measuring *** x *** x *** cm. A portion of tissue is placed in RPMI and sent for flow cytometry studies. A portion of tissue is submitted in B5 for permanent sections in cassette ***. The remaining specimen is submitted for routine processing in cassette(s) [describe cassette submission].

Cassette Submission: All tissue submitted