



# Laboratory Medicine Bulletin

## Turnaround Time for Pathology Reports

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Tissue removed by biopsy or during surgery is sent to the pathology laboratory for processing and subsequent assessment and reporting by a pathologist. When these tissue specimens arrive in the laboratory they are accessioned into the laboratory information system (LIS) as soon as possible. Specimens received after 4 pm are typically accessioned the next day. Specimens originating at Mount Saint Joseph Hospital are sent to St. Paul's Hospital for accessioning, processing, and reporting.

### How is TAT measured?

The turnaround time (TAT) for pathology reports is measured from the time of accession or entry into the LIS to the time of electronic sign out of the final report by the pathologist. Once a report is signed out it becomes immediately available in the hospital patient care information system (currently Sunrise Clinical Manager) and is uploaded to CareConnect and Excelleris. Reports are then delivered electronically or by paper to the most responsible physician and any indicated "copy to:" physicians via Excelleris.

### Expected TAT

TAT for pathology reports varies depending on the complexity of the specimen received. For example, the pathology report for a biopsy of small benign skin lesion may be available within 48 hours, while a more complex surgical specimen, such as a bowel resection or mastectomy, may take up to 7 working days.

The expected TAT for pathology reports is summarized below. 85% of pathology reports should comply with the benchmark targets.

Specimen Classification	TAT target benchmark (working days)
Surgical pathology: non-complex	2-4 days
Surgical pathology: complex	4-6 days
Cardiac biopsy	4-6 days
Renal biopsy	10-14 days
Skin direct immunofluorescence	2-5 days
Cytology (non-gynecologic)	2-4 days
Muscle/Nerve biopsy	10-14 days
Bone marrow biopsy	4-6 days
Autopsy (hospital)	90 days

### Rush or urgent specimens

When a pathology result is urgently required for patient care (i.e. treatment needs to be started as soon as possible to preserve life or limb) then the clinician may request a RUSH or URGENT diagnosis. Same-day pathology diagnoses are rarely possible, and the pathologist on-call should be contacted if this degree of clinical urgency is required. URGENT cases are prioritized by our technical staff and pathologists, but all surgical pathology specimens require adequate fixation in 10% formalin (typically at least 8-24 hours), so the soonest a pathology report can be generated is at least 36-48 hours from specimen receipt.

### Reasons why a pathology report might be delayed

For some difficult or complex cases the pathologist may take longer than the benchmark TAT to arrive at a final diagnosis. Possible reasons include:

- **Processing time.** Technical reasons may delay tissue processing e.g. bone or other hard tissues that contain a lot of calcium need prolonged treatment with chemicals to make them soft enough to cut for pathology exam.
- **Need to look at more tissue.** Extra sampling from large surgical pathology specimens is often required and this may delay pathology reporting by 1-2 days.
- **Special stains or tests.** Special testing such as immunohistochemistry, flow cytometry, electron microscopy, and molecular tests can delay the final report for several days or longer.
- **Second opinion.** For difficult diagnoses a second opinion from another pathologist may be required. If the consultant pathologist is off-site (e.g. at BCCA or VGH) this can delay the final report.

### References:

BC Agency for Pathology and Laboratory Medicine. Quality Assurance Assessment Program for Anatomical Pathologists. 2018. <http://www.bccsa.org/bcaplm-site/Documents/Working Groups/AP/Quality Assurance Program for Anatomical Pathologists.pdf>