Cellular Pathology Turnaround Times

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| Gastrointestinal  |
| CWT cases | To be reported within 4 days. Provision can be made to report clinically urgent specimens within 24 hours but only if the clinician contacts the pathologist directly. |
| Clinically benign cases | Within 20 days from receipt |
| Cancer resections | 100% will be reported within 20 days |
| Specimens from the Bowel Cancer screening service | 100% will be reported within 7 days (acceptable = 90%, achievable – 95%) as pre PHE screening standards |
| Dermatology 95% of cases will be reported within the defined targets below: |
| Defined “Urgent” specimens – pigmented lesion clinic | < 5 days from receipt  |
| Non-urgent dermatologist/ophthalmologist biopsies – punches, shaves and ellipses | 7-14 days from receipt |
| Surgical specimens from either the Deramtology surgeon or plastic surgeon – excisions and re-excisions | < 5 days from receipt, for inclusion in MDM |
| GP skins | 5 days from receipt |
| Sentinel Lymph Node biopsies (melanoma) | Within 10 days |
| Cardiothoracic |
| Transplant biopsies | 24 hour turnaround for the verbal report |
| Other small biopsies | 3-10 days, depending on the complexity and additional staining |
| Cancer related surgical specimens | 10-15 days |
| Breast specimens |  |
| Breast core biopsies | 3 days from receipt |
| Breast surgical specimens (cancer-related) | 5-10 days, to discuss at earliest MDM |
| Specimens originating from the plastic surgery department | 10 days |
| Urological specimens |
| CWT prostate cores | < 6 days from receipt |
| Testis | 2 weeks from receipt |
| Other Urology samples | 80% of non-testis MDT samples to be authorised before 12:00 noon on the day of the MDT meeting |
| Second opinions | 2 weeks from receipt |
| Neuropathology |
| Surgical biopsy reports | 7 days (excludes cases referred for opinion and non-diagnostic cases) |
| Coroner autopsy cases histology | 3 months |
| Referred autopsy cases – histology | 3 months |
| Hospital autopsy cases – histology | 3 months |
| Study cases autopsy - histology | 6 months |
| Endocrinology |
| Thyroid lobectomy (following an AC3/4 cytology result) | < 5 days |
| Certain other cases may be clinically urgent but can be identified on an individual basis (e.g. core/open biopsies of thyroid, occasional adrenal cases) |
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| Gynaecological |
| Cervical loop and punch biopsies | <10 days from receipt<7 days for CWT cases |
| Renal |
| Transplant renal biopsies | < 24h |
| Osteoarticular specimens |
| Soft tissue biopsies for suspected malignancy | 7 days |
| Soft tissue resection | 14 days |
| Muscle and nerve biopsies |
| Muscle biopsies | 21 days |
| Nerve biopsies | 5 days |
| Lymphoma cases |
| Lymphoma cases | 14 days from receipt |
| Head and Neck specimens |
| When malignancy is suspected | 7 days |
| Resection specimens without bone | 14 days |
| Cytopathology specimens |
| Fine needle aspiratesCerebrospinal FluidsUrines, Bladder washing and renal washingsBronchial Alveolar Lavages (BAL) and BrushingsOther brushings (biliary, bile duct, gastric and pancreatic)Cyst fluids | Within 7 days from receiptThose cases with a specified clinical urgency (for MDM discussion, clinic appointments) will be prioritised as required. |
| Joint fluids | 3 days |
| Cytology specimens requiring lung cancer mutation testing | Final report must be available within 10 working days from receipt at the test lab |
| Coroner cases |
| Post-mortem reports must be issued within 21 days of autopsy |
| Perinatal Post-mortem reports |
| 10-12 weeks (from date of PM to available report) |
| Referred cases |
| 90% of cases in 14 days from receipt – provided the referral is to a team (as opposed to an individual) |