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"Our physicians and staff are committed to providing you the highest level of both clinical and customer service to ensure a superior experience."

Director's note

Ilana Rosman, MD Director, Dermatopathology Center Washington University School of Medicine

Thank you for choosing the Washington University Dermatopathology Center for your skin pathology needs. The physicians and staff at our lab are committed to providing you the highest level of clinical and customer service to ensure a superior experience. Our comprehensive guide to clinical laboratory services will help you and your staff navigate specimen submission and special testing performed at our lab.

With advanced diagnostic tools, our laboratory is equipped to handle both routine and complex cases. In addition to our clinical interests in cutaneous neoplasms and inflammatory skin disease, we also specialize in hair and nail biopsies.

To better serve you, our physicians are available by phone or email to answer questions or to discuss clinical matters with you. It is our hope that with direct accessibility to our pathologists, we can provide you the clinical information you need to make the best decisions in your patients' treatment.

Thank you again for choosing the Washington University Dermatopathology Center.

Contact information

Physician/customer service 314-362-5757 Fax 314-362-5701

Email <u>dermpath@wustl.edu</u>
Website <u>dermpath.wustl.edu</u>

PHYSICIAN-TO-PHYSICIAN ACCESS

We are available to answer questions or to discuss specific cases with you. Call to get connected directly with the dermatopathologist who reviewed your case. Please have patient name, case number and date of birth ready.

CENTER HOURS

Monday – Friday, 8 am to 4:30 pm Voicemail for staff can be left after office hours.

SPECIMEN SHIPPING ADDRESS

Washington University Dermatopathology Center 4320 Forest Park Ave., Suite 212 St. Louis, MO 63108

MAILING ADDRESS

Washington University Dermatopathology Center 660 S. Euclid Ave., MSC 8118-99-212 St. Louis, MO 63110



Medical staff



ILANA ROSMAN, MD

Director, Washington University Dermatopathology Center Associate Professor, Dermatology, Pathology & Immunology

Medical school: Washington University School of Medicine Residency: Dermatology, Barnes-Jewish Hospital

Fellowship: Dermatopathology, Montefiore Medical Center/Albert Einstein College of Medicine

Board certification: Dermatology, dermatopathology

Clinical interests: Inflammatory skin diseases, hair and nail disorders, melanocytic neoplasms



LEIGH COMPTON, MD, PHD

Medical Director, Washington University Dermatopathology Laboratory Assistant Professor, Pathology & Immunology, Dermatology

Medical school: Vanderbilt University School of Medicine

Doctorate: Pharmacology, Vanderbilt University School of Medicine Residency: Anatomic pathology, Brigham and Women's Hospital

Fellowship: Dermatopathology, Harvard Medical School Board certification: Anatomic pathology, dermatopathology

Clinical interests: Melanocytic neoplasms, cutaneous oncology, cutaneous mesenchymal neoplasms



AARON RUSSELL, MD

Assistant Professor, Dermatology, Pathology & Immunology

Medical school: Washington University School of Medicine
Residency: Dermatology, Barnes-Jewish Hospital
Fellowship: Dermatopathology, Barnes-Jewish Hospital

Board certification: Dermatology, dermatopathology

Clinical interests: Cutaneous oncology, inflammatory skin diseases

Comprehensive diagnostic services

WE OFFER

- Primary diagnosis
- Consultations (second opinions on previously-diagnosed slides)
- · Hair and nail diagnostics
- Full margin examination of staged excisions (slow Mohs)
- Extensive menu of special stains and immunohistochemical stains performed in-house
- Direct immunofluorescence

Advantages for providers

INTERDISCIPLINARY SUPPORT

As Washington University Physicians, our affiliation with Barnes-Jewish Hospital and Siteman Cancer Center allows us to partner with leaders in the treatment of skin diseases. We work closely with dermatologists, Mohs surgeons and medical and surgical oncologists.

DEFINITIVE DIAGNOSIS

Our timely reports provide you the concise and definitive diagnoses you need to guide treatment options.

DIRECT ACCESS

Dermatopathologists are available directly by phone or email to assist you with urgent questions or patient concerns. Clinical photos can be sent by secure email to dermpath@wustl.edu.

CRITICAL DIAGNOSIS CALL-IN

Our staff will contact you for all <u>new</u> melanoma diagnoses prior to case sign-out.

Specimen safety

SPECIMEN SAFETY IS OUR HIGHEST PRIORITY

Automation allows us to follow specimen chain of custody from arrival to our pathologist's desk.

SPECIMEN PROCESSING

Specimen samples arrive at our lab and are placed in a secure, designated reception bin that only our staff and couriers can access. Samples that arrive in our red specimen-transport bags can only be opened by our laboratory staff.

We encourage physicians and their staff to utilize our HIPAA-compliant red transport bags for all specimen transportation. Only referring physician offices and our staff have keys to these bags.

Our couriers DO NOT carry keys to transport bags. If you lose your key, simply call our office and we will replace it right away.

ACCESSIONING (Registering specimen samples with our laboratory)

- 1. Specimen submissions are reviewed to ensure that the patient specimen and requisition match.
- 2. Inconsistencies or missing information are verified with the referring physician's office before additional steps are taken to process the specimen.
- 3. For all samples a patient's insurance is reviewed to ensure the insurance is in-network with our lab.
 - If we are unable to verify the patient's insurance, we collect additional information from the referring physician before processing or rejecting the specimen.
 - If the insurance is in-network, we move forward with processing the specimen.
 - If the insurance is out-of-network, we will contact you regarding options.
- 4. Requisitions and specimen containers receive a bar code to ensure:
 - Chain of custody while specimen is processed.
 - Specimen and requisition are linked.
 - Specimen is processed in a timely manner.

Registration and requisitions

Registering your practice with our lab will ensure that we have the most accurate information on file to communicate results back to your practice. Register online at <u>dermpath.wustl.edu</u>, or obtain a registration form from customer service by calling 314-362-5757.

FAX VERIFICATION

To protect patient health information and comply with HIPAA regulations, we verify faxes prior to sending results. If you are newly registered with us you will receive a fax verification form.

Once you receive the verification form, sign and date to verify receipt and fax back to 314-362-5701.

REQUISITIONS

All orders can be completed using our requisitions or requisitions generated through your practice's electronic medical record (EMR) provider. If submitting a specimen using your EMR-generated requisition, please provide a copy of the requisition along with the specimen.

RESULTS FOR REFERRING PROVIDERS

If you would like a referring provider to receive a copy of the pathology results, please provide the physician's name, phone and fax number in the "copy to" section of the requisition.

Pathology report delivery

Pathology reports will be delivered to you in the manner you choose:

• *EMR integration* - We work with your EMR provider to build an interface that will allow you to order and receive pathology reports directly through your EMR.

• Fax - At your request, our lab will fax all pathology reports to your practice.

Courier service

We provide complimentary pickup service via local courier. You can schedule a courier online (<u>dermpath.wustl.edu</u>) or by calling customer service: 314-362-5757.

To meet the needs of your practice, we accommodate daily scheduled pickup service or on-demand pickup service. Practices that opt for daily scheduled pickups will be provided a red specimen transport bag.

RESULT TURNAROUND TIMES

Turnaround times are based on receipt of specimen at the lab.

Routine specimen: 2 business days Complicated specimen*: 2-5 business days

Rush specimen: Preliminary report within 24 hours

*Complicated specimen samples require longer processing times due to immunohistochemistry, special stains and/or in situ hybridization studies. Larger specimen, such as excisions, may require extra processing time.

Complimentary supplies

Supplies are provided at no cost to you and can be requested at any time online or through customer service at 314-362-5757.



FORMALIN

96 containers per box. Available as 20ml, 40ml, 60ml, 90ml, 120ml Formalin can be provided in additional quantities. Please call our office at 314-362-5757 if you need a specific size.



MICHEL'S

30 ml containers. May be ordered in individual containers.



REQUISITIONS50 sheets/pack. Customized at your request.



SPECIMEN BAG 100 bags/pack

Labeling

SPECIMEN CONTAINER LABELING

We have a uniform policy for accepting or rejecting specimen samples that enhances patient safety and care, protects the quality of the specimen, eliminates risk to all health-care staff and complies with accreditation standards.

The following information is required on all specimen containers:

Patient date-of-birth

Anatomical site

Biopsy date

• Provider name

REQUISITION LABELING

The following information is required on all requisitions:

Provider information:

Patient information:

Provider name

Name

Address

Date of birth

Phone numberFax number

Biopsy date

MRN/social security (optional)

• Signature

• Previous biopsy case number (if applicable)

Clinical information:

- Biopsy site location
- Biopsy type (shave, punch, etc.)
- Relevant description and information

Specimen submission procedures

ROUTINE SPECIMEN

Routine specimen samples should be submitted to our lab in buffered neutral formalin.

- Place the specimen into formalin container:
 - Containers should be large enough so that the specimen is free-floating in the jar.
 - Ensure container lid is securely fastened.
- Place the specimen container into blue biohazard bag with the requisition form and patient face sheet and/or copy of insurance card.

DIRECT IMMUNOFLUORESCENCE (DIF) SPECIMEN

Immunofluorescence testing is used in the diagnosis and classification of immunologic disorders such as blistering diseases, connective tissue diseases and vasculitis. Please use the following guidelines when submitting a biopsy for direct immunofluorescence.

Surgical specimen - Michel's

- Specimen samples being sent for immunofluorescence should be placed in a container of Michel's solution: use the green labels.
- Place into the green biohazard bag along with the requisition form.

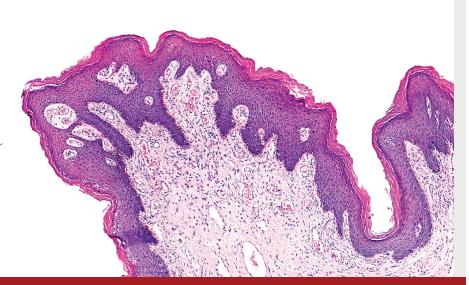
If you are also submitting a routine biopsy specimen in addition to a DIF specimen, place both in the green biohazard bag — there is no need to separate them.

ADDITIONAL INSTRUCTIONS

If using FedEx®, use the Clinical Pak bag and choose overnight shipping.

Containers held at your office after hours should be refrigerated.

Our lab does not accept cultures for microbiology identification and speciation. Microbiology specimens (tissue cultures and swabs) should be submitted to another lab that performs this testing.

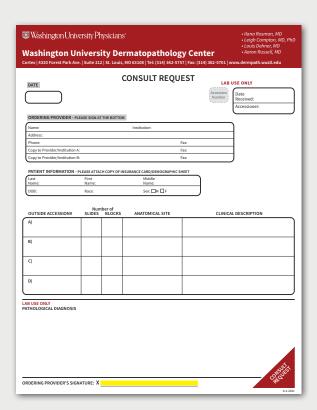


Request a consultation

To request a consultation on previously diagnosed slides, complete a consult request form — available at <u>dermpath.wustl.edu</u>. Send us the completed form, the slides and/or blocks and the initial pathology report. After the case is reviewed we will issue a report to you and any other physician as requested on the requisition. Slides and/or blocks will be returned to the original pathology lab within 30 days of receipt.

MATERIAL SHIPPING

- Send slides in a slide container with protective wrapping along with the consultation request form and previous pathology report.
- If shipping blocks, include ice packs when temperature may place the specimen viability at risk.
- If using FedEx®, use the Clinical Pak bag and choose overnight shipping.



Sample form

Molecular testing and special stains

STAINS

In addition to routine hematoxylin and eosin (H&E) staining, we often employ the use of other stains. Over 20 special stains and 70 immunohistochemical stains are performed in-house to more efficiently provide you with results. If we do not have a stain available, we will send the specimen to an outside reference laboratory.

ANCILLARY TESTING

Molecular testing has become an important tool in the evaluation of complex lymphoid and melanocytic processes. If our dermatopathologists feel that additional testing (such as T-cell gene rearrangement studies or mutational analysis) would be helpful, they will contact you for approval prior to sending the case to the appropriate reference lab.

Insurance and billing policies

For a list of all in-network and out-of-network insurance providers, visit dermpath.wustl.edu or call 314-362-5757.

BILLING POLICIES

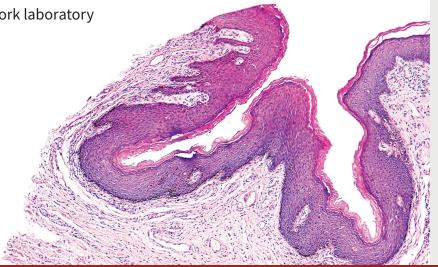
To avoid financial burden to patients, it is our policy to reject specimen samples from patients with out-of-network insurance. If we are not contracted with an insurance provider, we will notify you and:

 $\bullet \quad \text{Return the specimen to your office} - \textit{OR} - \text{Send the specimen to an in-network laboratory} \\$

We may contact patients with high-deductible plans to discuss their options.

BILLING QUESTIONS

Patients: Contact patient accounts — 314-273-0500 **Providers:** Contact customer service — 314-362-5757





Ilana Rosman, MD
 Leigh Compton, MD, PhD

Washington University Dermatopathology Center

Cortex | 4320 Forest Park Ave. | Suite 212 | St. Louis, MO 63108 | Tel: (314) 362-5757 | Fax: (314) 362-5701 | www.dermpath.wustl.edu

Note to Patients: This report may contain a detailed description of human tissue sent by a health care provider to the laboratory for pathologic evaluation. The content of this report is essential for diagnosis and may provide important critical findings. This information may be unfamiliar to patients to review without a medical professional present. It is advised that the patient review this report in the presence of a health care provider who can answer questions and explain the details.

FINAL REPORT

 PATIENT INFORMATION
 PHYSICIAN INFORMATION
 SPECIMEN INFORMATION

 TEST, EMA
 Referring Physician, MD
 ACCESSION: D22-32

 SEX: F
 1234 Main Street
 COLLECTED: 7/20/2022

 DOB: 3/19/1999 (Age: 23)
 Saint Louis, MO 63110
 RECEIVED: 1/20/2022

REPORTED

555-555-5555

DERMATOPATHOLOGY REPORT

RESULTS

DIAGNOSIS:

MRN: 708729

A. SKIN, LEFT POSTERIOR UPPER ARM, SHAVE BIOPSY:

MALIGNANT MELANOMA, APPROXIMATELY 0.8 MM IN THICKNESS, NON-ULCERATED

Note: There is associated scar-like fibrosis but the atypia extends well beyond the fibrosis and the findings are more suggestive of early regression-like changes. Melanoma is present in association with a nevus. A MART-1 immunohistochemical stain confirms the histologic impression.

These results were communicated to XXXX at Dr. XXX's office on XX/XX/XXXX at 10:30am. The results were read back and verified.

CAP Approved Case Summary for Melanoma of the Skin

Specimen Procedure: shave biopsy Tumor Site: posterior upper arm

Laterality: left

Histologic Type: nevoid

Breslow Depth: 0.8mm

Ulceration: not identified Mitotic rate: none identified

Microsatellitosis: cannot be determined

Lymphovascular Invasion: Not identified Neurotropism: not identified

Tumor-infiltrating Lymphocytes: not identified

Tumor Regression: probable, partial (see above)

Pathologic Staging:

Primary Tumor (pT): pT1b

Regional Lymph Nodes (pN): pNX Distant Metastasis (pM): n/a

B. SKIN, LEFT SHIN, SHAVE BIOPSY:

BASAL CELL CARCINOMA, SURFACE OF LESION

Accession #: D22-32

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TEST, EMA SURGICAL PATHOLOGY REPORT D22-32

xh/pixs

Pathologist John Smith, M.D. Electronic Signature: 7/26/2022 08:42:52

CLINICAL INFORMATION

A. MELANOMA VS SK.

D BCC

SPECIMEN DATA

MICROSCOPIC DESCRIPTION:

A. There is a proliferation of atypical melancoytes arranged as single cells and as nests within the epidermis, at the dermo-epidermal junction and at all levels of the epidermis, and as nests within the dermis, where they are associated with a patchy inflammatory cell infiltrate containing lymphocytes and melanophages. (C43.9)

B. Emanating from the undersurface of the epidermis, there is a proliferation of atypical basaloid epithelial cells with palisading of peripheral nuclei. (C44.91)

GROSS DESCRIPTION:

A. Received in a specimen-containing bottle is a superficial fragment of pale tan, finely scaling, hair-bearing skin measuring 1.3 by 1.2 by 0.1 cm. The surgical margin is inked blue. The specimen bears a poorly circumscribed, brown area with irregular borders measuring 1.0 by 0.9 cm. The specimen is sectioned into 4 pieces and submitted entirely in a single cassette. Due to shrinkage, measurements may be different than those at time of procedure.

B. Received in a formalin-containing bottle is a superficial fragment of tan, finely scaling, shiny, semi-translucent skin measuring 0.9 by 0.7 by 0.1 cm. The surgical margin is inked blue. The specimen is sectioned into 3 pieces and submitted entirely in a single cassette. Due to shrinkage, measurements may be different than those at time of procedure.

rxh/

The characteristics of some immunohistochemical and immunofluorescence stains as well as in-situ hybridization tests were determined by the Washington University Dermatopathology Center in ongoing quality assurance and in compliance with regulations drawn from the Cinical Laboratory improvement Act of 1988 (CLIA 89). These tests may eye on the use of "analyte specific reagents" that are subject to specific labeling requirements by the US FDA, and may only be performed in a facility that is certified by the DHHS as a high-complexity laboratory under CLIA 88. These tests are used for clinical purposes and are not investigational. For "lab developed tests" and ELISA, the validation has been reviewed; the performance is considered acceptable for patient testing. ELISA has not been approved by the US FDA; lipemichemolyzed samples can affect the diagnosis.jas

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TEST, EMA

