

CHILDREN'S HOSPITAL AUTOPSY
NEUROPATHOLOGY

Types of cases

1. Brain excluded cases, with spinal cord submitted.
2. Brain only cases
3. Cases including brain and systemic organs:
 - A. In which the brain is evaluated routinely
 - B. In which the brain is the focus of the case.

PROTOCOLS

1. **Brain excluded cases, with spinal cord submitted.**

Sections of spinal cord will be submitted as Part 2 and evaluated by the NP.
Sectioning can be done by Pathology Assistant (PA), CH Attending or the NP
The one who sections the cord must write a short gross description.
Microscopic sections will be evaluated by Neuropathology
Finalize Neuropathology Procedure report.

2. **Brain only cases.**

Neuropathologist directs removal of brain (either on site or supervising a PA)
If congenital metabolic disease is suspected – refer to METABOLIC DISEASE PROTOCOL
If a brain stem glioma – Dr. Hamilton should be consulted prior to removal.
Gross photos should be taken for visible pathology and put into CoPath
Neuropathologist is responsible for signing out the **PRELIMINARY ANATOMIC DIAGNOSIS (PAD)**
Note CAP requirement of it being completed in 48 working hours.
The PAs are able to do a draft of this.
The **CLINICAL HISTORY** should be written up (PAs also able to draft this)
Following fixation
Neuropathologist dissects and writes up **GROSS NEUROPATHOLOGY**
Gross photos taken as needed and uploaded to CoPath
Following microscopic examination (including all special studies)
Neuropathologist may be asked to present at final autopsy conference at CH
In the **Procedure/Addendum Entry Edit**, Neuropathologist must write up
MICROSCOPIC NEUROPATHOLOGY
FINAL NEUROPATHOLOGY DIAGNOSIS
In the **FINAL REPORT** section of CoPath, NP must write up
CLINICAL SUMMARY (clinicopathologic correlation)
FINAL ANATOMIC DIAGNOSIS (copy and paste from NP portion)
If evaluation will take more than 30 days, a letter needs to be sent to Medical records
Lori Schmitt usually takes care of this (send e-mail request to her)

3. Cases including brain and systemic organs:

A. In which the brain is evaluated routinely
In **Procedure/Addendum Entry edit**, NP writes up GROSS and MICROSCOPIC
With comments, as needed
NP presents CNS findings at final autopsy conference
NP has final draft approved by CH pathologist

NP signs out the Procedure report

B. In which the brain is the focus of the case.

Neuropathologist directs removal of brain (either on site or supervising a PA)

If congenital metabolic disease is suspected – refer to METABOLIC DISEASE PROTOCOL

If a brain stem glioma – Dr. Hamilton should be consulted prior to removal.

Gross photos should be taken for visible pathology and put into CoPath

Neuropathologist is responsible for signing out the **PRELIMINARY ANATOMIC DIAGNOSIS (PAD)**

Note CAP requirement of it being completed in 48 working hours.

The PAs are able to do a draft of this.

The **CLINICAL HISTORY** should be written up (PAs also able to draft this)

Following fixation

Neuropathologist dissects and writes up **GROSS NEUROPATHOLOGY**

Gross photos taken as needed and uploaded to CoPath

Following microscopic examination (including all special studies)

CH Pathologist will write up systemic findings

In the **Procedure/Addendum Entry Edit**, Neuropathologist must write up

MICROSCOPIC NEUROPATHOLOGY

FINAL NEUROPATHOLOGY DIAGNOSIS

NP presents CNS findings at final autopsy conference

In the **FINAL REPORT** section of CoPath, NP must write up

CLINICAL SUMMARY (clinicopathologic correlation)

FINAL ANATOMIC DIAGNOSIS (copy and paste from NP portion)