

**UPMC Presbyterian Shadyside Hospital  
Pittsburgh, Pennsylvania  
DEPARTMENT OF PATHOLOGY  
POLICIES AND PROCEDURES**

**Subject: Handling of Tissue Floaters and Contaminants**

**Effective Date: July 2013**

**1.0 POLICY/PRINCIPLE**

The purpose of this policy is to define the difference between tissue floaters and contaminants and to establish a consistent, defined procedure for handling and documentation of such instances.

**2.0 SCOPE**

This policy applies to all tissue blocks and slides that are handled in the UPMC Presbyterian-Shadyside Histology laboratory.

**3.0 RESPONSIBILITY**

All pathology personnel are to adhere to the defined policy.

**4.0 PROCESS**

4.1 Definition of floater vs. contaminant

4.1.1 Floater

4.1.1.1 A floater is a piece of tissue or group of cells that does not belong to a case, which was picked up on the slide from a water bath during microtomy or attached to the slide during staining.

4.1.1.2 A floater is present only on the slide and is not seen in the tissue block.

4.1.1.3 Recuts of the block will not show this tissue/ cell grouping.

4.1.2 Contaminant

4.1.2.1 A contaminant is a piece of tissue that is embedded within the tissue block, but does not belong to the case.

4.1.2.2 Three types of contaminants:

4.1.2.2.1 Type 1- Tissue from same case transferred between parts (i.e. esophagus tissue present on stomach section)

4.1.2.2.2 Type 2- Tissue clearly different from case origin (i.e. prostate tissue present on skin case)

4.1.2.2.3 Type 3- Cancerous piece of tissue that cannot be determined if it belongs to a case

4.1.2.3 Recuts of the block will show the same tissue/ cell grouping contaminant

4.2 Documentation

4.2.1 The staff pathologist circles the tissue of interest on the slide with a marker. This should be done on all affected H&E levels.

4.2.2 The pathologist should write "floater/contaminant" next to the circled area on the slide.

4.2.3 The slides are sent to the Histology lab supervisor or manager to determine if the tissue of interest is located in the block. Refer to 4.3 for handling of tissue floater or contaminant.

4.2.4 The slides are permanently retained in the slide file with the written documentation.

4.2.5 Once root cause is determined, Histology lab supervisor or manager enters an adverse event into Copath as documentation.

4.3 Handling of Tissue Floater

4.3.1 If the tissue block is compared with the slide and the floater is not present in the block, the block should be recut and stained.

4.3.2 After staining, the slide should be checked microscopically for the complete removal of the floater and returned to the pathologist with the original slide before filing.

#### 4.4 Handling of a tissue contaminant

##### 4.4.1 Types 1 and 2

4.4.1.1 The Histology supervisor or a lead tech matches the circled tissue on the slide with the paraffin block.

4.4.1.2 The contaminant is removed from the block by using a clean scalpel blade.

4.4.1.3 The block is recut and stained.

4.4.1.4 After staining, the slide should be checked microscopically for complete removal of the contaminant and returned to the pathologist with the original slide before filing.

4.4.1.5 If the tissue is scant and a recut cannot be made without depleting the tissue, then the block should not be recut. The marked slide should remain in the file and this should be documented in the adverse event.

4.4.1.6 If retrieval of the contaminant will damage the surrounding tissue (i.e. margin), then the block should not be recut. The marked slide should remain in the file and this should be documented in the adverse event.

##### 4.4.2 Type 3

4.4.2.1 If the cancerous tissue/ cell group is questionable as to whether or not it belongs to the case, then molecular DNA testing should be requested. Refer to Administrative policy "[Ordering Identity Testing for Tissue Contaminants or Mislabeled Specimens](#)"

4.4.2.2 If it is determined that the contaminant does not belong to the case, follow steps in 4.4.1.

#### 4.5 Slide Sendout

4.5.1 If cases with documented floaters or contaminants are requested for send out by an outside institution, then the marked slides with the floater or contaminant should not be released. Only the recut slides should be sent out.

## 5.0 REFERENCES

NA

## 6.0 ATTACHMENTS

**7.0 REVIEW AND REVISION HISTORY**

Approved \_\_\_\_\_  
Medical Director/Date

Approved \_\_\_\_\_  
Manager/Date

Reviewed: \_\_\_\_\_  
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Revised: \_\_\_\_\_  
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