

Tissue Submission & Histopathological Examination Policy

Centre for Oral Pathology & Maxillofacial Diagnostics (COPMD®)

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Do not discard removed lesional tissue on the assumption that it is benign. Preserve it, identify it and submit it for histopathological examination.

1. Purpose and scope

To support accurate diagnosis, appropriate treatment and traceable patient care for oral and maxillofacial specimens received by COPMD. This policy applies to referring clinicians, associated centres and personnel involved in collection, transport, receipt, examination and report communication.

2. Core COPMD policy

All tissue removed from a clinically or radiographically identified oral or maxillofacial lesion shall be submitted for histopathological examination. This includes tissue believed to represent an inflammatory, reactive, cystic or benign process. Clinical appearance, imaging and a provisional diagnosis do not replace microscopic assessment. Any exception must meet the restricted criteria in section 4 and be recorded.

3. Why histopathology is essential

- **Diagnostic confirmation:** distinguishes processes that may look similar clinically and helps confirm or revise the working diagnosis.
- **Detection of significant disease:** can identify epithelial dysplasia, malignancy or other unexpected pathology in apparently innocuous tissue.
- **Treatment planning:** provides disease classification and, where the specimen allows, information about invasion, grade and surgical margins.
- **Prognosis and follow-up:** helps determine whether further investigation, re-excision, specialist referral or surveillance is appropriate.
- **A reliable patient record:** links the removed tissue to a documented diagnosis and supports continuity of care and review of clinical decisions.

Interpretation has limits: a small or unrepresentative biopsy may not reflect the entire lesion. Histopathology must be correlated with clinical and radiographic findings; persistent concern despite a benign or non-diagnostic report requires review, further sampling or referral. [2,3]

Indian-context note: this is a COPMD institutional policy informed by Indian laboratory guidance. It is not a claim that a single nationwide statute requires microscopy of every normal tissue, nor a claim of COPMD NABL accreditation.

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Submission and specimen handling

4. What to submit; restricted exceptions

Submit: incisional and excisional biopsies; cyst linings and contents containing tissue; periapical curettings; gingival and other soft-tissue masses; suspicious follicular tissue; salivary-gland lesions; abnormal bone and sequestra; and tissue associated with a persistent, recurrent or otherwise unexplained lesion. Submit relevant attached soft tissue from extracted teeth, with the tooth when diagnostically useful.

Possible exceptions: extracted teeth without associated abnormal tissue, routine extirpated pulp, and clearly normal surplus donor tissue may be excluded only when there is no diagnostic question and the clinician documents the reason under the local approved protocol. **There is no exemption for suspicious or lesional tissue merely because it looks normal or benign.** If uncertain, consult COPMD before disposal. These are institutional exceptions, not statutory exemptions.

5. Collection, preservation and transport

Routine histology: place tissue promptly in **10% neutral buffered formalin**. Record removal and fixation times and dispatch without avoidable delay. COPMD will determine fixation and processing requirements for the tissue and intended tests. [1]

Use a wide-mouth, leak-proof, securely closed container. Immerse the tissue completely with approximately **10 times its volume of fixative**; allow adequate space around it. Do not force a large specimen through a narrow opening. [2]

Handle gently; avoid crushing or unnecessary cautery injury. Preserve orientation and indicate sutures or margins on the requisition. Do not arbitrarily cut, strip, decalcify or divide an oriented specimen without discussing the plan with the pathologist.

Special investigations: contact the receiving laboratory **before collection** for suspected lymphoma/flow cytometry, direct immunofluorescence, microbiological culture, frozen section or other tests requiring fresh tissue or a special medium. Do not place all available tissue in formalin when such testing may be required. Do not use saline as a routine histology fixative. [2,4]

Pack each container with absorbent material inside a sealed secondary receptacle and protective outer packaging; keep paperwork separate. Use personnel and transport arrangements suitable for biological specimens and formalin. Follow local spill, exposure and waste-handling procedures.

6. Identification and requisition

Label the **container body** with patient name and a second identifier, specimen site/side and container designation. Keep different sites in separately identified containers. The requisition and container labels must match.

Provide patient age/sex and contact details; referring clinician and contact; exact site/side/tooth relationship; procedure and specimen count; collection/fixation times and medium; lesion duration, symptoms and clinical appearance; provisional diagnosis; imaging; previous biopsy/treatment; relevant habits and medical history; and orientation/margin details. Attach available photographs, radiographs and earlier reports.

Before dispatch: correct patient • correct site • correct container • correct preservation • complete requisition

Reporting, accountability and review

7. Receipt and examination

Register each specimen and maintain traceability through processing and reporting. Poor integrity alone is not grounds to reject irreplaceable histopathology tissue: document its condition and diagnostic limitations. For mismatched or missing identifiers, secure the specimen, contact the sender and reconcile identity before diagnostic testing; do not discard it while clarification is pending. [1]

Examination and reporting shall be undertaken by appropriately qualified professionals within their competence and applicable scope. COPMD will arrange specialist consultation or additional testing when needed. Record gross findings, microscopy, diagnosis, limitations and recommendations as appropriate.

8. Communicate the result and close the loop

Issue an authorised written report to the referring clinician. Communicate unexpected serious or time-sensitive findings promptly through a verified channel and record recipient, date and time. The referring clinician shall track the pending result, explain it to the patient, document the discussion and arrange indicated management or referral. Submission alone does not complete follow-up.

9. Consent, records and non-submission

Explain the purpose of examination, reporting arrangements and applicable charges. Maintain consent and confidentiality procedures appropriate to the clinical setting. Record the procedure, tissue removed, dispatch, report receipt and action taken. Preserve reports, blocks and slides under the laboratory retention schedule and applicable requirements; maintain an audit trail for corrections and release of material.

If a patient declines examination, explain the risk of missed or delayed diagnosis, document the discussion and refusal, and seek clinician/pathologist guidance. A refusal form is not a substitute for safe care. No specimen should be discarded while a submission or identity issue remains unresolved.

10. Responsibilities and quality review

Referring clinician: collect, identify, document, submit and act on the report. **Dispatch/collection staff:** check packaging and log handover. **COPMD laboratory:** accession, examine, communicate, archive and investigate discrepancies. Review incomplete requests, delays, labelling errors and missed report acknowledgements; record corrective action and staff training.

References and basis

Technical references checked on 29 October 2026. COPMD operational requirements and restricted exemptions above are institutional policy provisions; references do not imply endorsement or certification.

1. NABL 112A. Specific Criteria for Accreditation of Medical Laboratories, Issue 01, 18 December 2024; histopathology pre-examination criteria, printed pp. 53-54. [\[Open reference\]](#)
2. Sri Venkateswara Institute of Medical Sciences. Department of Pathology: Clinician's Reference Manual; histopathology collection and transport. [\[Open reference\]](#)
3. NAMS Task Force Report on Oral Cancer. Annals of the National Academy of Medical Sciences; diagnostic work-up and clinical management. [\[Open reference\]](#)
4. Royal College of Pathologists of Australasia. Macroscopic Cut-Up Manual: Fixation; special-investigation requirements. [\[Open reference\]](#)

Adapted from the supplied Tissue Submission Policy reference (Su Oral Pathology Services); foreign accreditation wording and blanket exemptions have not been treated as Indian law.

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