# OR Sample Collection

NACT/PDS processing steps are the same only differences is in labeling and funding

Immediate upon notification from Michelle of a new case:

* Check flow/IGO, if available, no further correspondence needed
* If not available, but the case is rare/important:
  + Email flow core staff for waitlist –
    - include date of submission, time range (1:30-4:30pm), 2 hour time slot, type out iLab submission form details
      * Mark Kweens ([kweensm@mskcc.org](mailto:kweensm@mskcc.org))
      * Fang Fang ([fangf@mskcc.org](mailto:fangf@mskcc.org))
      * Joana Da Silva Leite ([dasilvaj@mskcc.org](mailto:dasilvaj@mskcc.org))
    - Check every day for cancellations even without response from above
    - If no go within ~24h before case
  + Register for IGO’s waitlist in their iLab page
    - If really important case Jamie will email IGO manager Andrea Farina ([farinaa@mskcc.org](mailto:farinaa@mskcc.org)) indicating we have a 10X 5’ run, [#] samples to submit, can he accommodate w the other user?
    - Both waitlist and Andrea will respond by email if yes
    - If no response within ~24h of the case then answer is probably no

Getting off the waitlist actions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Flow** | **IGO** | **Lab tech action** |  |
| Yes | Yes | As planned |  |
| Yes | No | Cancel flow within 24h of case | Full booking fee is charged if not canceled in time |
| No | Yes | Cancel IGO within 3h of case | Pay a fee (unsure, Jamie has never not canceled in time) |
| No | No | Storage only |  |

* Update “Patient OR Collection Record” (will move to new central SPECTRUM folder) all pt info copied from Michelle’s “pt tracker”
* Updates surgery time, type, flow/IGO, IRB consents, and any notes (reasons for no flow/IGO, identity of person collecting if not Jamie)

~48h prior to case start

* Check Michelle pt tracker for updated study ID
* Check HIS for start time, OR location and room #
* Update Jamie’s spread sheet w this info
* Prep OR collection forms (PBMC, tissue, page 2 if lsc case)
* Prep tubes for bloods (when applicable)
* Ensure OR kit is stocked
  + Forceps (under Jamie’s desk)
  + Scalpel (second drawer under the microdissection bench)
  + Gauze (shelf between culture hoods)
  + Collection forms (above)
  + Pen
* Check covid status 24h before

Emails to OR staff and PPBC (if applicable) sent out around this time Michelle to expand this

GOING TO THE OR

* Bring:
  + OR kit
  + box of ice w eight unlabeled 15mL Falcon tubes, each with 5mL cold RPMI media
  + scrubs
  + I
* MAIN
  + Take B elevators to floor 6
  + Out of elevators turn right and go through automatic door,
  + 1st door on left after automatic door – wait for when someone opens the door
  + grab scrub cap and booties from shelf (on the right), change in locker room

JOSIE

* Enter building on 61st and York entrance
* Jamie: add OR room floors
* Elevator to floor 13 for locker rooms
* Out of elevator turn left, enter doors, obtain scrubs from machines on the right
* Change in locker room
* Ensure hands are washed and face mask is on
* Enter OR
  + Double check pt info on electronic screen to ensure you’re in the right surgery
* Step to the side while staff prep – **avoid touching sterile items (anything covered in a blue sheet) and staff who have scrubbed in**
* When appropriate, let fellow know you’re there to collection tissue specimens for research
  + If the case is a Laparoscopic Biopsy, ask if surgeon/fellow prefers to complete **SPECTRUM Intraoperative Collection Form** (page 2) in the OR or email
  + Fellows usually come into the case a little earlier and are at the computer or standing around
  + Do not approach if fellow is working directly on the pt in the OR

## Blood Collection from OR

1. Call OR room (MAIN x5924, JOSIE x125 7070, request OR room) half an hour before case begins (defined as “Rm Set-Up St” status in greaseboard – indicates case OR staff are in room) to inform Anesthesiologist/cRNA that you will be needing to collect blood prior to surgery, let nurses know that you need blood collected before they tuck the patient’s hands
2. Arrive to the OR 15 mins after the OR update indicates “Patient in Room” (for Josie leave lab as soon as status is “Rm Set-Up St”- **if it’s first case just be in the OR by 7:30am**)
3. Wait until pt is intubated (when pt has a tube inserted in her mouth), let staff know total volume of blood needed
   1. When anesthesiology team start prepping pt’s arms – approach with tubes
   2. If above does not start prior to RNs start of prepping pt (steriziling pt’s abdomen/vagina w orange fluid) – approach with tubes
4. Either staff will fill the tubes directly or will give you a syringe and you will need to inject the tubes yourself
5. Invert tubes several times – gently
6. Ensure tubes are each labeled with pt label
   1. Labels are on the nurse’s bench in the OR or ask a circulating nurse (a nurse that is not scrubbed in) if can’t find yourself
7. After blood is collected:
   1. **CPT**
      1. Complete IMF form with time of blood collection and name of staff member who did the blood draw (Anesthesiologist/CRNA name is on the electronic pt info screen
      2. Before 3:30pm same day – submit to Immune Monitoring Facility (15th floor Zuckerman)
   2. **Streck** –
      1. Before drop off make sure Michelle has released the CIS order
      2. Once order is released, submit to Lab Medicine (Floor B2 on 64th Street between 1st and 2nd Ave)

## During Time Out

1. Surgeon/OR staff will call “time out”
2. Make sure you stop what you’re doing and pay attention
3. Surgeon will review case and pt info and anything important for the surgery
   1. Double check name, MRN
   2. Listen for details that could be relevant to your tissue collection
4. Record the following details on the back of the SPECTRUM Intraoperative Collection Form:
   1. Surgery scheduled time
   2. Surgery start time
   3. Blood collection time

## Tissue Collection from OR

1. Start prepping collection station
   1. Grab bench cover (white absorbent sheet with blue edges) from metal cabinet
   2. Grab container with white lid from the 2nd drawer of the nurse’s cabinet (always next to the computers)
   3. Find a surface area to work on and cover w the above
   4. Lay out supplies needed for collection
2. Collect ascites when applicable (30cc)
   1. Surgeon may ask if you need ascites but if you are not asked and you see ascites being drained just ask for a sample
   2. Will always be drained before fully opening the abdomen
   3. Place in ice immediately
3. Collect 3-7 sites (Sometimes the surgeon will prompt you to tell them what sites you want, sometimes will just provide tumor samples as they go. This preference is a case by case thing)
   1. Upon site removal from pt by surgeon, sample will be passed to you by OR staff – do NOT touch the surgical tool being used to pass it to you – let the tissue drop onto your collection plan
   2. Take images of sample size (using ruler) to upload to shared drive, if possible – use cell phone
   3. If tumor is too large to fit into falcon tube use scalpel to cut into smaller pieces
   4. Label the falcon tube with full SPECTRUM ID and name of site collected
   5. Immediately put back on ice
   6. Update **SPECTRUM Intraoperative Collection Form** (page 1) site #, time of collection, and any details
   7. Repeat until surgeon lets you know they’ve given you everything
      1. If a site not given because surgeon doesn’t see tumor, note in the comments
4. Remind the surgeon and fellow to submit a fresh sample to pathology from corresponding collected sites
5. If lsc biopsy and surgeon/fellow wanted to completed page 2 in the OR ensure completed before leaving
   1. If you leave before this email the form
6. Process samples using “Sample Processing for Single Cell Dissociation” Protocol document
   1. Any unused tubes with RPMI media can be stored in the cold room until next case (shelf life one year)