Cellular Pathology
Department Handbook

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Introduction

Cellular Pathology for The Pennine Acute Hospitals NHS Trust is based in the central pathology department at The Royal Oldham Hospital.

The Address of the department is:

**Cellular Pathology**  
**Royal Oldham Hospital**  
**Rochdale Road**  
**Oldham**  
**OL1 2 JH**

The department is a UKAS accredited medical laboratory No. 9880

The Schedule of Accreditation for the department can be found at the UKAS website at the following link:


The department handles approximately 40,000 histology, 6,000 diagnostic cytology and 2,000 andrology requests per annum.

The following clinical sub-specialties are covered by our in-house pathologists:

- Breast
- Urology
- Gynaecology
- Upper GI
- Lower GI
- Respiratory
- Renal
- Lymphoma
- Dermatology
- Head and neck
- Endocrine
- Soft tissue and bone

The Histopathology Consultants contribute to all relevant multi-disciplinary team meetings including cervical cytology mismatch meetings; please refer to Appendix 5 for details.
Occasionally a case of any sub-specialty may be referred for consultant pathologist opinion from another centre. If this happens reference is made in the text of the report.

As well as routine cellular pathology techniques the laboratory performs a comprehensive special stain and immunocytochemistry repertoire to aid pathologists in producing diagnoses.

**Personal Information Policy**
Details of how the Trust uses and protects personal information can be found in the link below:


The Cellular Pathology Department adheres to The Pennine Acute Hospitals Trust’s policy on data protection and disclosure. For further details see the Trust’s Information Governance Policy EDI001.

We hold personal data for the purposes of providing patients with appropriate care and treatment. This helps to ensure that patients receive the best possible care from us.

All members of staff working in the NHS and other healthcare organisations have a legal duty of confidentiality to keep your information strictly confidential. Everyone working for this organisation is subject to the Common Law Duty of Confidence.

Information provided in confidence will only be used for the purposes advised and has been consented by the patient.
Quality Assurance

The department subscribes to the following UK National External Quality Assurance Schemes.

- UK NEQAS Immunocytochemistry (General, Lymphoma & Breast, Her2 IHC and Her2 ISH)
- UK NEQAS Cellular Pathology technique (Staining, Diagnostic Cytology, Mega Block, Frozen Section and Bone marrow Trephine)
- North West Region Histopathology Quality Assurance Scheme – recognised by Manchester Medical School
- The National Quality Assurance Scheme for Breast Pathology
- UK NEQAS Andrology scheme
- National Slide based Uropathology EQA
- National web based Prostate EQA
- Pulmonary Pathology EQA Scheme
- Bowel screening EQA scheme
- Head and Neck EQA scheme
- Internal Audit 2% of reported cases.
- Gynae Quality Assurance EQA
Telephone Numbers
Histology Main Laboratory 0161 627 8356
Histology Specimen Reception 0161 656 1661
Frozen Section Booking Number 0161 656 1662
Histology Report Enquiries 0161 656 1009
0161 656 1010
0161 627 8267
Andrology Appointments (via Choose and Book) 01706 906726
(Option for Outpatients)
Andrology Enquiries 0161 656 1669
Clinical Director - Dr. S. Titi 0161 656 1364
Service Manager - Amanda Ogden 0161 627 8357
Interim Technical Manager – Alvena Kousar 0161 656 1656

Medical Staff
Dr. S. Thampy 0161 656 1672
Dr. R. Hall (Head & Neck MDT Lead) 0161 656 1767
Dr. V. Charan (Colorectal MDT Lead) 0161 656 1807
Dr. J. Coyne 0161 656 1667
Dr. M. Farroha (Upper GI Lead) 0161 656 5516
Dr. A. Gajijifrockwala (Lymphoma & Respiratory MDT Lead) 0161 627 8389
Dr. E. Salmo (Uropathology MDT Lead) 0161 656 1668
Dr. M. Rao 0161 627 8390
Dr. S. Titi (Breast MDT Lead) 0161 656 1364
Dr S. Edwards 0161 656 1362
Dr S. Shanibi 0161 656 1677
Location
The Cellular Pathology Department is situated on the top floor of the Central Pathology Laboratory at The Royal Oldham Hospital. All visitors to the department should report to the reception desk on the ground floor and sign in and out of the building.

**Opening hours:**
**Monday to Friday**
Office (reports) 09.00 to 17.00
Laboratory 07.00 to 18.00

The Cellular Pathology department does not currently undertake an Out of Hours Service.

**Submitting specimens**

**Request forms**
It is imperative when sending any specimen to the Cellular Pathology Laboratory that it should be accompanied by a correctly filled out request form.

The department operates different request cards dependent upon test required.

Histology/Diagnostic Cytology – Green with Green Bag
Andrology – Green with Pink Bag

All sections of the form should be completed. Please refer to the latest Pathology Sample Labeling policy.

It is very important that forms are correctly filled out. Specimens and/or forms will be returned if the correct information is not provided and will result in a delay in diagnosis.

Appropriate clinical details are imperative. Reports may be delayed if notes have to be retrieved by pathologists in cases where clinical information provided on the requests card is insufficient.
Specimen advice

Specimens for routine Histology should be submitted to the laboratory in 10% buffered formalin. Containers and formalin are available from the Histology specimen reception. Please ensure that the lids of specimen containers are properly secured to avoid leakage of formalin. The specimen container should be labeled with all demographic and specimen details.

Histology specimens should be collected and handled with care. Allowing small specimens such as endoscopic biopsies to be crushed or allowed to dry out will compromise the histological diagnosis.

‘Fixation’ of specimens in formalin is the crucial first step in the histology process and should not be delayed unless necessary. Failure to fix a specimen in the correct manner may lead to loss of tissue architecture which may impinge on the final diagnosis. Any delay in adding formalin to the specimen must be recorded on the request card.

We strongly advise that a check of details on cards and specimens be made before specimens are bagged for dispatch to the laboratory. As per the sample labelling policy request cards and specimens MUST not be labelled prior to the specimen being taken. This prevents risk of a specimen be incorrectly labelled.

Specimens for Diagnostic Cytology examination should be submitted in sterile containers containing no preservative. Cytology specimens should be received as soon as possible, at least within 24 hours of collection, samples received after 24 hours will lose cell architecture and may affect the final diagnosis. Body fluids and urine samples taken outside of laboratory opening times should be stored in a refrigerator until submitted. All other cytology specimens should be stored at room temperature.

Detailed instruction sheets for the collection of Fine Needle Aspirates and Brush samples are included as appendices 2 and 3. Preservative containers for these samples are available from the department. 0161 656 1742

Request cards for Urine Cytology should indicate the method of collection of the sample.
Ordering Supplies
For formalin pots or Michel's medium please ring 0161 656 1661
For diagnostic cytology supplies please ring 0161 656 1742

High Risk specimens
Hazard Group 3 pathogens (including tuberculosis) are considered ‘HIGH RISK’
and an appropriate biohazard sticker MUST be attached to the sample and the
request form.

Specimens from individuals known or suspected of having Blood Borne Viruses
categorised as Hazard Group 2 or 3 are NOT classified as ‘HIGH RISK’ in the
laboratory as the infectious agents in these samples are not propagated and do
not pose a risk to the laboratory staff handling them.

Health and Safety Executive – Safety Notice – HID 5 – 2011: Provision of
key clinical information on laboratory specimen request forms states:
Where a laboratory sample or specimen is considered likely to contain a human
pathogen, it is important that the appropriate level of laboratory containment is
provided in order to ensure the effective control of the risk of exposure / infection.

Specimens should be supplied with relevant clinical details from requesting
clinicians. This can be used to inform the assessment and further laboratory
processing e.g. the types of organisms that might be present in specimens from a
returning traveller or those associated with an outbreak scenario.

In clinical laboratories, specimens are sorted and processed on the basis of the
information provided. If clinical details are inaccurate or incomplete or there is
delay in disclosing new information to the laboratory then this can result in
specimens being processed under insufficient laboratory containment conditions.

Sentinel nodes should be labelled as a radio-active specimen
**Transport of specimens to the laboratory**

Specimens generated within the Trust are transported to the laboratory via pathology porters and the trust transport systems.

GP specimens are collected by either by Trust transport vans or dedicated courier on a daily basis.

Strict regulations for transporting specimens by road or post apply in the UK.

All specimens transported to the Laboratory via Trust Transport, Taxi, Private Courier, or Post must be packaged in compliance with UN packing instruction P650. The outside of the package must be clearly labelled ‘UN 3373’. See appendix 1.

All Trust Transport and contracted couriers vehicles used to carry pathological samples are equipped with compliant specimen transport cases.
**Health and Safety advice for handling formaldehyde**

Histological fixative is a 4% solution of formaldehyde in water. Formaldehyde at this concentration is classified under COSHH regulations as harmful. It is sensible to avoid all contact with skin and inhaling fumes. Repeated exposure to formaldehyde can lead to sensitisation. The following safety information is printed on the label of all Histology specimens: ‘Possible risk of irreversible effects. May cause sensitisation by skin contact. In case of contact with eyes rinse immediately with water and seek medical advice. Use only in well ventilated areas. Wear suitable protective clothing and gloves. In case of accident or if you feel unwell seek medical advice immediately.’

**Spillage advice**

In the event of a small spillage (up to 100mls) ventilate the area, put on gloves and apron and dilute the spill with water and mop up the fluid with absorbent material. Put the tissue into a polythene bag and seal it and then double bag. This can be disposed of into normal waste. Keep the area ventilated until the spillage site is dry. Use the disinfectant wipes to clean the area.

In the event of a large spillage (over 100mls) of formalin, warn others to keep away from the area. Contact the Cellular Pathology on 0161 656 1661 for advice.

Spillages of fresh Diagnostic Cytology samples during transport to the laboratory should be handled in the following way –

- If the specimen leaks inside the transport box, the laboratory staff should be notified immediately on transfer to specimen reception.
- If a specimen is dropped then you must not try and clean this yourself. Do not leave the specimen and ask for assistance. Please contact the laboratory on 0161 656 1661 immediately for advice on cleaning the spillage.
- If spillage is on your uniform, these should be removed as soon as practicable, wash your hands and put on a clean uniform.
Routine Specimens
Specimens for routine histology should be sent totally immersed in formalin (Please note the warning on the label); ideally the formalin should be ten times the volume of the tissue. Please use the correct sized container.

Please see ‘Specimen advice’ above

Urgent Specimens
If a report is required urgently please state clearly on the request form when it is required for, where it is to be sent and also a contact name and phone or bleep number.
Patients being treated under the cancer pathway should be clearly indicated on the requests card.
If you wish to speak to someone about your requirements please telephone the laboratory on the enquiry telephone number.
**Frozen Sections**

If a frozen section is anticipated the laboratory should be informed by telephone on 71662, giving 24 hours notice. Theatres must then arrange transport of the sample via internal procedures. The laboratory staff will need to know ALL the following information:

a) The patient's name and unit number.
b) The nature of the specimen and the reason for the request.
c) The requesting consultant.
d) The operating theatre to be used.
e) The date and time of the operation
f) Any known infection risk
g) Contact details

In the event of an unanticipated frozen section during the course of an operation the laboratory should be telephoned immediately giving the information outlined above. Transport must then be arranged by the theatre staff.

The specimen should be sent in a dry specimen container, correctly labeled with a standard histology label and accompanied by a correctly filled out histology form. The specimen should then be placed in the specially marked red transport boxes. This helps all those handling the specimen to identify it as very urgent. The transport driver should drop the box off at pathology specimen reception Royal Oldham Hospital and inform a member of staff that it is the frozen section.

A telephone number should always be provided, so that the report can be telephoned through when ready. When the specimen is ready for collection the laboratory should be notified that the specimen is in transit.
Rapid Process (One Stop Clinic) Breast core samples

The department offers a rapid diagnostic service for Breast cores where the patient is waiting in clinic to receive their result. When such a sample is taken the laboratory should be contacted by phone and the request card must indicate the sample requires rapid reporting. The sample requires urgent delivery to the Pathology department and must arrive at Cellular Pathology ROH no later than 12.30pm to guarantee a report being available the same day.

Rapid Process (One Stop Clinic) Diagnostic Cytology samples

The department offers a rapid diagnostic service for Breast Fine Needle Aspiration samples for cases where the patient is waiting in clinic to receive their result. When such a sample is taken the laboratory should be contacted by phone and the request card must indicate the sample requires rapid reporting. The sample requires urgent delivery to the Pathology department and must arrive at Cytology ROH no later than 4 p.m. to guarantee a report being available the same day.

Best practice is to produce one alcohol fixed and one air dried spread within the clinic using 1 drop (0.05mL) of the sample. The remaining material must be aspirated into the collection fluid (CytoRich Red, CRR) Please ensure slides are correctly labelled as to which has been fixed. Results should be available on the browser within two hours of laboratory receipt. For breast FNA samples marked urgent a report will be available within one working day.

The Cellular Pathology department supports the Head and Neck adequacy clinic at North Manchester General Hospital every Thursday.
**Muscle biopsies**

Muscle biopsies are sent to:
Salford Royal Hospital
Stott Lane
Salford
M6 8AQ

Please ring the laboratory at Oldham on 71661 so they are aware of the specimen. The muscle biopsy must be sent dry. The laboratory will arrange transport to take it to Salford Royal Infirmary as soon as it arrives in the department.

The following guidance is provided by Salford Royal Hospital: SRFT CP user manual Rev 12:
12.4.1 Muscle biopsies - SRFT on-site collection
- Notify neuropathology in advance if intending to send a muscle biopsy (0161 206 5015).
- Include all relevant clinical information, including any EMG results on the request card
- Specimens are delicate - handle with care to prevent damage
- Place on a piece of gauze swab dampened (not wetted) with isotonic saline

**Skin Biopsies for Direct Immunofluorescence**

These are sent to Salford Royal Infirmary Stott Lane Salford M6 8AQ via the Histology Department. A formalin fixed specimen along with a specimen in Michel’s media (available on request) and a fully completed request card must be sent to the department.

**Externally Referred Testing**

Several tests are externally referred to other Trusts for testing –

Gastric Her2, ROS-1, PDL-1 – The Christie Hospital
EGFR, KRAS and BRAF – MFT Clinical Genetics
Lymphomas – Leeds Haematological Malignancy Diagnostic Service

**Cervical Cytology Specimens**

These samples are processed, examined and reported at Cervical Cytology Service at the Manchester Royal Infirmary.
**Report Availability**

All Cellular Pathology reports, once authorised are available via the trust intranet. Hard copies of all reports are issued for insertion into the patients notes.

Hospital users may view Cellular Pathology results via the Web-Browser facility which is available in the ‘Interactive’ section on the Pennine Trust Intranet site. This also includes a form to request an individual login access.

- Click on the Interactive tab & then choose the results link you need from the table.
- The Lab Centre Web Browser screen should open asking for a username & a password.
- Search for your patient results either by entering the Hospital number or the patient name and details.
- When a list of results for the correct patient is retrieved, click VIEW to open specific specimen result details.
- Click ‘back to query’ to exit

*Please attempt to find your results on the browser.* If you can not find the ones you want, contact the department where the staff should be able to help you.

Please be advised that due to formatting issues the report may not be displayed correctly. The paper copy of the report supplied by Cellular Pathology should be considered the definitive version.

**Electronic Result Messaging**

Cellular Pathology results are transmitted electronically to a number of GP practices.

To discuss the availability and functionality of this system please contact your CCG IT department in the first instance.
Histology/ Diagnostic Cytology Turnaround Times (Working days)

Approximate turnaround times (from receipt of specimen to a report being available on the EPR system) are listed below. Inevitably some cases, particularly complex cases, cases requiring prolonged decalcification or cases requiring tertiary referral will take longer:

Very urgent cases by arrangement
Urgent Cancer referral biopsies - 7 calendar days
Diagnostic Cytology - 7 calendar days
Rapid Process (One stop) Diagnostic Cytology Samples – 2 Hours from receipt.
Routine diagnostic histology – 10 calendar days

Storage of samples
Histology wet samples are kept for 6 weeks or until the report has been authorized.
Histology block and slides are stored for 30 years.
Diagnostic Cytology specimens are kept until the report is authorized.
Diagnostic Cytology slides are stored for 30 years.

Further Information
For clinical information on a specific case or report, callers should speak to a consultant pathologist.
For inquiries of a technical nature callers should contact the Technical Manager on 71656 or Cellular Pathology Service Manager 78357.
Further information on the cervical cytology screening programme should be referred to the Cervical Cytology Department at the Manchester Royal Infirmary.
For feedback/comments on any of the services we provide please contact the Cellular Pathology Service Manager on 78357 who will be handle your query using the appropriate protocols.
Andrology
See Andrology user manual for details on this service.

Trust Complaints Procedure
Complaints are received in the department either via the Trust complaints department, Patient advice and liaison service (PALS) or individually by letter, telephone or email to a member of staff. Complaints via the Trust complaints department or PALS are usually from the patient or relative directly affected; complaints to an individual are usually from another healthcare professional regarding the service we provide to them and their patients.

The department follows the Trust complaints handling policy (NCAG005) Informal complaints may be resolved at a local level with a verbal response. If the complaint remains unresolved or the complainant asks to escalate to a formal complaint then the Trust Complaints Department must be notified. If a formal letter of complaint is received then the Trust Complaints department should always be consulted.

Each complaint received by the Complaints Department is risk assessed by the Head/Deputy Head of Complaints, PALS and Legal Services and allocated to a Complaints Case Handler. A complaint which has been triaged as “Red” will be assessed against the Trust Incident Reporting & Investigation Policy (NCAPS001) and if appropriate the Serious Incident process will be instigated, otherwise the routine complaints process will be followed. The complaint is acknowledged in writing by the Complaints Team which also offers a meeting to the complainant. The relevant Divisional Director is notified of the complaint. The timescale for this part of the process is three working days.

If a meeting with the complainant and relevant staff is held and recorded and the complaint resolved the lessons learned from the meeting are forwarded by the Divisional Team to the Complaints Team for approval and then to the complainant with a cover letter and recording of the meeting.

If the offer of a meeting is not accepted by the complainant the Divisional Director will allocate the complaint to a relevant senior member of the Directorate Team and forward a copy of the complaint, action memo and timescales. Response times are 25 working days for green and amber complaints, 60 working days for red complaints.

If the complaint is suitable for immediate resolution a senior member of the Directorate team will

• Resolve the complaint during the initial conversation with the complainant.
• Summarise the agreement, actions and lessons learned in a letter and forward draft to the relevant Divisional Triumvirate member for approval.

If approved the letter is then forwarded to the Head of Complaints and then to the Director of Governance for sign off.
If the complaint is not suitable for immediate resolution or if it is not resolved then an Investigating Officer is appointed to investigate the complaint (usually the Service Manager or Technical Manager: Quality Lead). If there is a clinical issue a consultant will also be involved in the investigation and response.

The Investigating Officer will
- gather relevant statements and assess outcomes
- address all issues detailed in the complaint
- prepare a Complaints Resolution Report
- notify the Complaints Manager of any delays that may result in a breach of the response time, so that the complainant can be informed
- submit draft Complaints Resolution Report to the Divisional Triumvirate (Following approval by the Clinical Director, Directorate Manager and Performance & Quality Manager)

The Divisional Triumvirate will
- approve the draft report and response (or liaise with a senior member of the Directorate Team where further action/information is required)
- notify Complaints Case Manager once approved

The investigation and Complaints Resolution Report will be reviewed and approved as detailed in the Trust Complaints Handling Policy (NCAG005), this will be the Complaints Case Manager, the Head of Complaints, PALs & Legal Services and the Chief Executive, Assistant Chief Executive or Director of Clinical Governance as appropriate.

All complaints, including those received directly to the department staff, will be entered in QPulse, either as Complaints or Informal Complaints. Complaints received at departmental level should be investigated and responded too in a timely manner, although strict deadlines are not in place, the same importance should be placed on investigation and response as from complaints instigated via the complaints department.

The Pathology Quality Governance Group meet monthly, this group includes the Pathology Performance & Quality Manager, the Technical Manager: Quality Lead for each Pathology discipline and the managers of the Point of Care Testing service, Blood Transfusion and the Mortuary. Complaints are discussed at this meeting and lessons learned are disseminated to all participants. The Technical Manager: Quality Lead also ensures that complaints are an agenda item at monthly team meetings.

The Performance & Quality Manager discusses relevant complaints with the Pathology Management Team and the Pathology Directorate Committee at the monthly meetings.

A breakdown of complaints is included at the Annual Management Review meeting.
The Pathology Directorate Manager, Performance & Quality Manager and Clinical Director represent the directorate at the monthly Divisional Quality Governance meeting where complaints are also discussed.

Appendix 1 - Packaging of pathological samples for transport by road or post

Category A and Category B Classification
For transport reasons, pathogens are assigned to either Category A or Category B.

Category A: an infectious substance which is capable of causing permanent disability, life-threatening or fatal disease in otherwise healthy humans or animals. E.g. cultures of B.anthracis, Shig.dysenteriae I, or specimens from patients suspected to be suffering from viral haemorrhagic fever.
Infectious substances meeting Category A criteria which cause disease in humans or both humans and animals are assigned the United Nations number UN2814. Those which cause disease in animals only are assigned to UN2900.

Specimens or cultures classed as Category A should be packed according to Packing Instructions P620 (Please see WHO Transport of Infectious Substances 2007-2008 and DH Transport of Infectious Substances.

It is recommended that packaging once used, should be discarded and never re-used

Specimens or cultures which fall into this category must be transported in Category A packaging, by specialised courier, following the procedures described in MC.SOP.054 Urgent Referral by Courier.

Category B: an infectious substance which does not meet the criteria for inclusion in Category A.
Infectious substances in Category B are assigned to UN3373 and must be transported in compliant packaging. These packages may be transported by road, by Royal Mail and by dedicated courier services e.g. Hayes DX.

Specimens or cultures classed as Category B should be packed according to Packing Instructions P650. This type of packaging may be recycled & used again, provided it is not contaminated or damaged.
Appendix 2 - Method Sheet for Fine Needle Aspirates for Cytological Examination

1. Before commencing the procedure ensure that you have an adequate supply of:
   - Microscope Slides
   - Fixative (small dropper bottle)
   - Preservative Solution (Cytorich Red)
2. Place slides flat on a paper towel
3. Gently expel a small (1 drop – 0.05ml) amount of material on to a slide, spread using the edge of another slide as spreader
4. Breast samples = immediately fix one slide with fixative and one slide leave to air dry (label fixed/air dry.) Make a maximum of two slides in this way.
   - Head and Neck samples = Require 2 air dried slides. Make a maximum of two slides in this way.
5. Aspirate the remaining material into the Cytorich Red preservative and flush the needle. An adequate amount is needed in the preservative. Do not use all the material on preparing slides.
6. Label all slides and the bottle with Patients Full Name, Hospital Number and Specimen Description. Use pencil to label slides.
7. Complete a request form with all relevant information including clinical details.
8. Leave slides flat for 30 minutes to dry before placing in a slide box.
9. Send form, slide box and preservative bottle to:
    Pennine Cytology Department
    Royal Oldham Hospital

Further supplies can be obtained by phoning 0161 656 1742
Appendix 3 - Method Sheet for Brush Specimens For Cytological Examination

1. Before commencing the procedure ensure that you have an adequate supply of:
   - Microscope Slides
   - Fixative (small dropper bottle)
   - Preservative Solution (Cytorich Red)
2. Place slides flat on a paper towel
3. Gently spread material from the brush on to a slide, – fix immediately by flooding the slide with fixative.
   Leave one slide unfixed, label this slide as dry.
4. Agitate the brush head in the preservative fluid to dislodge any material which has been retained.
5. Label all slides and the bottle with Patients Full Name, Hospital Number and Specimen Description. Use pencil to label slides.
6. Complete a request form with all relevant information including clinical details.
7. Leave slides flat for 30 minutes to dry before placing in a slide box.
8. Send form, slide box and preservative bottle to:
   Pennine Cytology Department
   Royal Oldham Hospital

   Further supplies can be obtained by phoning 0161 656 1742
## Appendix 4 – List of MDT’s

<table>
<thead>
<tr>
<th>NAME OF MDT</th>
<th>DAY</th>
<th>SITE</th>
<th>HISTOPATHOLOGIST</th>
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</table>
| Breast MDT                   | Weekly Monday 9.00am | Trustwide – Room 223 Trust HQ, NMGH | Lead: Dr Titi  
Deputy: Dr Thampy |
| Colorectal MDT               | Weekly Friday 9.30am | Trustwide – Alternate between Education Centre, ROH, and Room 223 Trust HQ, NMGH | Lead: Dr Charan  
Deputy: Dr Rao |
| Lung MDT                     | Wednesday 8.30am | Trustwide – Education Centre, ROH | Lead: Dr Ganijfrockwala  
Deputy: Dr Farroha |
| Urology MDT/Urology SMDT     | Weekly Thursday 1.30pm | Trustwide – Education Centre, ROH | Lead: Dr Salmo |
| Oesophago-Gastric (OEG) Upper GI | Weekly Friday 8.30am | Trustwide – Education Centre, RI | Lead: Dr Farroha |
| Upper GI SMDT                | Weekly Friday 3.30pm | Trustwide – Education Centre, RI | Lead: Dr Farroha |
| Haematology                  | Weekly Wednesday 4.00pm | Trustwide - Ward T6, TROH | Lead: Dr Ganijfrockwala  
Deputy: Dr Hall |
| Head & Neck                  | Weekly Thursday 8.30am | Trustwide – Room 223 Trust HQ, NMGH | Lead: Dr Hall |
| Cervical Cytology MDT        | ROH: Friday NMGH, RI, FGH: Tuesday/Thursday | Various | ROH Lead: Dr Rao  
NMGH, RI, FGH Lead: Dr Charan |
| All GM Cytology Contract Hospitals |             |                                                                      |                                  |
| Inflammatory Bowel Disease MDT | Fortnightly Thursday 1.30pm | Trustwide – Education Centre, ROH | Lead: Dr Rao |
| Cancer of Unknown Primary (CUP) MDT | Weekly Wednesday 11.00am | Trustwide – Education Centre, ROH | Lead: Dr Ganijfrockwala  
Deputy: Dr Farroha |