

**CONWAY REGIONAL HEALTH SYSTEM  
CLINICAL LABORATORY**

**Pathology Services**

The pathology department at Conway Regional Medical Center is under contract with Pathology Laboratories of Arkansas P.A. (PLA) to provide pathology services to the hospital.

There is on-site coverage by the pathologist from PLA five (5) days a week with the exception of hospital holidays in which the operating room is not open for routine procedures. In general, on-site coverage will be from 7:30 AM to 5:00 PM. Earlier afternoon departure may occur when there is no longer any need for the pathologist by the OR suite. After hours coverage is available from the on-call PLA Pathologists.

On site pathology procedures include intra-operative consultations (rapid gross diagnosis and frozen sections). Routine gross examination of fixed specimens is performed by either the on-site Pathologist or a Pathologist Assistant provided by PLA. Immediate evaluation of cytology specimens (needle aspirations and radiologic-guided procedures) is available for assessment of specimen adequacy.

Histological staining and slide preparation is performed at Conway Regional Medical Center. Some specimens from outside clinics/offices and cytology specimens may be processed at Baptist Medical Center in Little Rock. The PLA courier picks up these specimens and tissue blocks at 11:30 AM and 2:30 PM each Monday through Friday, excluding holidays.

Microscopic examination and diagnosis of histologic and cytologic preparations is performed by the on-site Pathologist, utilizing the Medical Records Transcription Department at Conway Regional Medical Center.

Intradepartmental consultations are available from PLA Pathologists at the request of the in-house Conway Pathologist. Evaluation of urgent clinical specimens on weekends may be requested on Fridays by the submitting physician and will be handled by the on-call PLA Pathologists and Pathologist Assistants at Baptist Health Medical Center in Little Rock.

PREPARED BY: Marianne S. Welch 05/31/05

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
(Medical Director)

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
(Clinical Director)