NOTE: Histopathology slides must be of adequate technical quality to be diagnostically useful. Criteria to evaluate include adequate tissue fixation, processing, thickness of sections, absence of interfering tissue folds and tears, and good staining technique and coverslipping. For hematoxylin and eosin and other routine stains, the patient slide serves as the internal control to ensure adequate staining technique. The sections must be cut from sufficient depth in the block to include the entire tissue plane.

INTRA-OPERATIVE CONSULTATION (RAPID DIAGNOSIS)

NOTE: This checklist subsection applies to intra-operative consultations including gross examination of specimens, frozen sections, touch preparations, scrape preparations, etc.

Inspector Instructions:

	• Sampling of policies and procedures (gross examinations, frozen sections, touch preps, scrape preps) • Sampling of verbal report records • Sampling of final intra-operative consultation reports • Sampling of cryostat decontamination records
	• Sampling of reagents and slides (labeling) • Sampling of frozen section cases (quality of sectioning and staining)
	• What is your laboratory's course of action regarding residual frozen tissue?

ANP.11756 Reagents **Phase II**

All solutions and stains are properly labeled and changed on a defined schedule.

NOTE: All solutions and stains must be properly labeled with the contents, and, if applicable, date they are changed/filtered and expiration date. All solutions and stains must be changed or filtered following a defined process, determined by the usage of the reagents.

Evidence of Compliance:

✓ Written records of reagent change process **OR** records of reagent change on a QC log

ANP.11810 Intra-operative Slide Preparation Quality **Phase II**

Frozen section, touch and scrape preparations are adequate for intra-operative diagnosis.

ANP.11850 Intra-Operative Results **Phase II**

The results of intra-operative surgical consultations are recorded and signed by the individual who rendered the diagnosis.

NOTE: The intent of this requirement is for the laboratory to maintain a contemporaneous report of the consultation. This may be a handwritten, signed report or a computer-generated report with electronic signature.

ANP.11900 Verbal Reports **Phase II**

If verbal reports are given, the pathologist is able to speak directly with intra-operative medical/surgical personnel.

Evidence of Compliance:
- ✓ Records of intra-operative result report notification

ANP.11950 Verbal Report/Patient ID **Phase II**

The patient's identification is checked and confirmed before delivery of any verbal report.

ANP.12000 Final Report **Phase II**

All intra-operative consultation reports are made a part of the final surgical pathology report.

ANP.12050 Intra-operative Slide Handling **Phase II**

All frozen section, touch and scrape preparation slides are permanently stained, mounted, properly labeled, and retained with the rest of the slides from the case.

Evidence of Compliance:
- ✓ Retained frozen section preparation slides

REFERENCES
1) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.

ANP.12075 Residual Frozen Tissue After Frozen Section Examination **Phase I**

Following frozen section examination, the residual frozen tissue is routinely processed into paraffin, and histologic sections are prepared and examined for comparison with the frozen section interpretation.

NOTE: Subject to the exceptions below, the laboratory must prepare a paraffin block and stained slide(s) from each frozen section block.

Correlation of frozen section findings with a permanent section prepared from routinely fixed and processed residual frozen tissue is an important quality improvement mechanism. Evaluation of such permanent sections provides important feedback on the accuracy of frozen section diagnoses and improves recognition of specific frozen section morphologic alterations.

The only exceptions to this requirement, at the discretion of the laboratory director, responsible pathologist, or Mohs surgeon, are as follows:
- *Frozen tissue submitted at the time of initial diagnosis for specialized studies or frozen tissue from lesions that have the potential for additional studies using archived frozen tissue at a later time (eg, diffuse gliomas)*
- *Other frozen sections where the margin or lesion has been exhausted during the frozen section evaluation and no pertinent residual tissue remains*
- *Mohs frozen sections. However, occasionally, examination of paraffin sections of tissue from Mohs procedures is warranted (refer to the American Academy of Dermatology and AAD Position Statement, Appropriate Uses of Paraffin Sections in Association with Mohs Micrographic Surgery).*