Evidence of Compliance:

✓ Records of frozen and permanent tissue section correlation

REFERENCES

1) Rickert RR. Quality assurance goals in surgical pathology. *Arch Pathol Lab Med.* 1990;114:1157-1162
2) Association of Directors of Anatomic and Surgical Pathology. Recommendations on quality control and quality assurance in anatomic pathology. *Am J Surg Pathol.* 1991;15:1007-1009
3) Gephardt GN, *et al.* Interinstitutional comparison of frozen section consultations. A College of American Pathologists Q-probes study of 90 538 cases in 461 institutions. *Arch Pathol Lab Med.* 1996;120:804-809
4) Novis DA, *et al.* Interinstitutional comparison of frozen section consultation in small hospitals. *Arch Pathol Lab Med.* 1996;120:1087-1093
5) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.
6) *American Academy of Dermatology and AAD Position Statement, Appropriate Uses of Paraffin Sections in Association with Mohs Micrographic Surgery* Revised 08/19/2014; Accessed 7/11/2019.

FINE NEEDLE ASPIRATE (FNA) SPECIMENS

NOTE: This checklist section applies if FNA specimens are evaluated and reported in the Surgical Pathology section.

If FNA slides are screened by cytotechnologists, the Cytopathology Checklist must be used.

Inspector Instructions:

	• Sampling of FNA policies and procedures
	• Sampling of slides (approximately five cases for labeling, quality) • Sampling of primary specimen containers (labeling)
	• How do you ensure there is no cross contamination of FNA specimens?

ANP.12094 FNA Error Prevention **Phase II**

The pathologist performing FNA procedures verifies patient identification using at least two patient identifiers, the procedure site, and the procedure to be performed.

REFERENCES

1) Clinical and Laboratory Standards Institute (CLSI). *Patient and Laboratory Specimen Identification Processes.* 1st ed. CLSI standard PRE01. Clinical and Laboratory Standards Institute, Wayne, PA; 2024.

ANP.12096 Cross-Contamination - FNA **Phase II**

The laboratory prevents cross-contamination of FNA specimens during processing and staining.

NOTE: Methods to prevent cross-contamination may include cytocentrifuge, filter and monolayer preparations. Smears made from highly cellular cases should be stained after the other cases, and the staining fluids must be changed or filtered at appropriate intervals. One procedure

to detect contamination is to insert a clean blank slide in each staining run and examine it for contaminating cells.

REFERENCES
1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register.* 2023(Dec 28) [42CFR493.1274(b)(2-3)].

SURGICAL PATHOLOGY REPORTS

Reporting requirements for use of analyte-specific reagents and other reagents used in laboratory-developed tests are included in the All Common Checklist (COM.40850).

Inspector Instructions:

	• Sampling of records of communication of significant/unexpected surgical and cytologic findings • Written procedures for cancer reporting, including the use of synoptic format (when appropriate) • Sampling of surgical pathology reports for completeness, including gross description and pathologist review
	• How does your laboratory correlate the results of specialized studies (eg, flow immunophenotyping, cytogenetics, ISH studies) with the morphologic diagnosis? • What actions are taken for reporting errors identified in synoptic reports that are reported with the CAP Cancer Protocols?
	• Select a sampling of surgical pathology reports, including reports (eg, 10 cases) from recently changed cancer protocols or high volume procedures. Evaluate the reports to determine if the reports are in a synoptic format and have the required data elements.

ANP.12155 Gross Description Report Elements **Phase II**

All surgical pathology reports include gross descriptions, information essential for diagnosis and patient care, and essential processing information.

NOTE:
1. *Descriptions must include information regarding type, number, dimensions and/or weight of specimens, measurements and extent of gross lesions, as applicable.*
2. *Processing information must include a summary of block/slide designations, type of specimen fixation and processing (eg, formalin-fixed paraffin-embedded sections, air-dried imprints), cold ischemia time, and length of time in fixative, as applicable.*
3. *Annotated drawings and photographs are valuable tools for recording gross findings, but are not adequate replacements for a text description*

Evidence of Compliance:

✓ Surgical pathology reports including the required gross description elements

REFERENCES
1) Association of Directors of Anatomic and Surgical Pathology. Recommendations for the reporting of resected large intestinal carcinomas. *Am J Clin Pathol.* 1996;106:12-15
2) Imperato PJ, *et al*. Radical prostatectomy specimens among Medicare patients in New York State. A review of pathologists' reports. *Arch Pathol Lab Med.* 1998;122:966-971
3) Cochran AJ, *et al*. Recommendations for the reporting of tissues removed as part of the surgical treatment of cutaneous melanoma. *Am J Clin Pathol.* 1998;110:719-722
4) Ruby SG. Clinician interpretation of pathology reports. Confusion or comprehension? *Arch Pathol Lab Med.* 2000;124:943-944