



**When appropriate, previous cytologic and/or histologic material from the patient is reviewed with current material being examined.**

*NOTE: Because sequential analysis of cytologic and histologic specimens may be critical in patient management and follow-up, efforts must be made to routinely review previous material. Records of the retrospective review should be included in the current patient report.*

**REFERENCES**

- 1) Bozzo P. Implementing quality assurance. Chicago, IL: American Society of Clinical Pathology, 1991:72-74

**ANP.10100 Intra-operative/Final Diagnosis Disparity Phase II**



**When significant disparity exists between initial intra-operative consultation (eg, frozen section, intra-operative cytology, gross evaluation) and final pathology diagnosis, it is reconciled and recorded in the surgical pathology report and in the departmental quality management file.**

**REFERENCES**

- 1) Gephardt GN, Zarbo RJ. 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
- 2) Nakhleh RE, Zarbo RJ. Amended reports in surgical pathology and implications for diagnostic error detection and avoidance. A College of American Pathologists Q-Probes study of 1 667 547 accessioned cases in 359 laboratories. *Arch Pathol Lab Med.* 1998;122:303-309
- 3) Firlik KS, et al. Use of cytological preparations for the intraoperative diagnosis of stereotactically obtained brain biopsies: a 19-year experience and survey of neuropathologists. *J Neurosurg.* 1999;91:454-458

**ANP.10150 Intra and Extra-Departmental Consultations Phase I**



**The laboratory has a defined process for handling information from intra- and extra-departmental consultations in the patient's final report.**

*NOTE: Intra-departmental consultations may be included in the patient's final report, or filed separately. The pathologist in charge of the surgical pathology case must decide whether the results of intra-departmental consultations provide relevant information for inclusion in some manner in the patient's report.*

*Records of extra-departmental consultations must be readily accessible within the pathology department. The method used to satisfy this requirement is at the discretion of the laboratory director, and can be expected to vary according to the organization of the department. These consultations can be retained with the official surgical pathology reports or kept separately, so long as they can be readily linked.*

**Evidence of Compliance:**

- ✓ Records of consultations included in the final report **OR**
- ✓ Records of consultations readily accessible within the pathology department

**REFERENCES**

- 1) Leslie KO, et al. Second opinions in surgical pathology. *Am J Clin Pathol.* 1996;106(suppl 1):S58-S64
- 2) Tomaszewski JE, et al. Consensus conference on second opinions in diagnostic anatomic pathology. Who, what, and when. *Am J Clin Pathol.* 2000;114:329-335
- 3) Hahn GK, et al. Quality assurance of second opinion in gastrointestinal and liver pathology. *Am J Clin Pathol.* 2000;114:631
- 4) Renshaw AA, et al. Blinded review as a method of quality improvement in surgical pathology. *Arch Pathol Lab Med.* 2002;126:961-963
- 5) Azam M, Nakhleh RE. Surgical pathology extradepartmental consultation practices. A College of American Pathologists Q-probes study of 2746 consultations from 180 laboratories. *Arch Pathol Lab Med.* 2002;126:405-412
- 6) Cooper K, et al. Institutional consultations in surgical pathology. How should diagnostic disagreements be handled? *Arch Pathol Lab Med.* 2002;126:650-651

**ANP.10250 Extra-Departmental Consultation Phase I**



**When extra-departmental cases are submitted to the laboratory for consultation, they are accessioned according to the standard practices of the laboratory, and a final pathology report is prepared, with a copy sent to the originating laboratory.**