

- Findings communicated.

An appropriate notification includes a direct dialog with the responsible individual or an electronic communication (secure email or fax) with confirmation of receipt by the responsible individual.

The record of the communication may be included directly on the patient report or in a separate location. It is not necessary to separately summarize the findings communicated if the record of the communication is on the patient report. For communications recorded in a separate location, the findings communicated may be summarized or reference the case number.

This requirement takes the place of critical result notification in the All Common Checklist (COM.30000 and COM.30100) for surgical pathology findings.

Evidence of Compliance:

- ✓ Records of communication of significant/unexpected findings

REFERENCES

- 1) Zarbo RJ, Nakhleh RE, Walsh M; Quality Practices Committee, College of American Pathologists. Customer satisfaction in anatomic pathology. A College of American Pathologists Q-Probes study of 3065 physician surveys from 94 laboratories. *Arch Pathol Lab Med*. 2003 Jan;127(1):23-9
- 2) Silverman JF, Pereira TC. Critical values in anatomic pathology. *Arch Pathol Lab Med*. 2006;130:638-640
- 3) LiVolsi VA. Critical values in anatomic pathology; how do we communicate? *Am J Clin Pathol* 204;122:171-172
- 4) Allen TC. Critical Values in anatomic pathology? *Arch Pathol Lab Med* 2007;131:684-68
- 5) Pereira TC, Liu Y, Silverman JF. Critical Values in surgical pathology. *Am J Clin Pathol* 2004;122:201-205
- 6) Association of Directors of Anatomic and Surgical Pathology. Critical diagnosis (critical values) in anatomic pathology. *Am J Surg Pathol* 2006;30:897-899
- 7) Nakhleh RE, Souers R, Brown RW. Significant and Unexpected Diagnoses in Surgical Pathology: A College of American Pathologists Survey of 1130 Laboratories. *Arch Pathol Lab Med*. 2009; 133:1375-1378.
- 8) Sarewitz SJ, Williams RB. Significant and Unexpected versus Critical Results in Surgical Pathology. Editorial. *Arch Pathol Lab Med*. 2009; 133:1366.

ANP.12185 Amended Reports

Phase II



The laboratory issues an amended report and promptly notifies the responsible clinician(s) when there are changes to reports that affect current patient care.

NOTE: The amended report must state the reason for the amendment. The format of amended reports is at the discretion of the laboratory. For extensive interpretive or textual data, replicating the entire original and amended pathology reports may be cumbersome and render the report difficult to interpret. In such cases, a comment in the amended report summarizing the previous information and the reason for the amendment may be provided.

Records of the notification must include date, responsible laboratory individual, and person notified.

Evidence of Compliance:

- ✓ Patient reports containing the reason for the amendment **AND**
- ✓ Records of notifications

REFERENCES

- 1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2003(Jan 24):3713 [42CFR493.1291(k)].

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ANP.12350 Cancer Protocols

Phase II



All required data elements in applicable CAP Cancer Protocols are included with appropriate responses using a synoptic format in surgical pathology reports from definitive resection specimens for primary invasive malignancies, as well as cases of ductal carcinoma in situ of the breast (DCIS) and biopsies of pediatric tumor types listed in the CAP Cancer Protocols.

NOTE:

1. This checklist requirement is not applicable to:
 - Cancer for which no CAP Cancer Protocol is available