	• Autopsy records (organized, readily available) • Sampling of autopsy slides (quality) • Labeling and storage of photographs
	• How does your laboratory ensure prompt retrieval of cases according to diagnosis? • How are autopsy services supervised? • Explain how personal effects found on the body are handled
	• If problems are identified during the review of autopsy records, or when asking questions, further evaluate the laboratory's responses, corrective actions and resolutions

ANP.33000 Clinical Record Review **Phase II**

Pertinent available clinical records are reviewed and/or clinical information obtained from the following individuals before conducting the autopsy:

- **Attending/consulting physician OR**
- **Clinical house staff/fellows OR**
- **Person/agency authorizing the autopsy.**

NOTE: Ideally the case is discussed with relevant clinicians; however, if this is not possible, medical record review satisfies this requirement. Attempts to contact clinicians should be recorded.

Evidence of Compliance:

✓ Records of clinical history in the autopsy report **OR**

✓ Records of clinician communication either in the autopsy report or separate record

REFERENCES

1) Caruso JL. Communication of Autopsy Results. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 36.
2) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 33.

ANP.33025 Patient Identity Confirmation **Phase I**

The identity of deceased patients is confirmed, using two identifiers, prior to beginning the autopsy.

Evidence of Compliance:

✓ Records of patient identity confirmation

REFERENCES

1) Campbell K, et al. Improving Quality and Safety through Positive Patient Identification. *Healthc Q.* 2015; 18(3):56-60.

ANP.33050 Autopsy Performance **Phase II**

All autopsies are performed or supervised by a pathologist who is board certified in anatomic pathology, or possesses qualifications equivalent to those required for certification in anatomic pathology.

NOTE: For autopsies performed for non-forensic purposes, "supervised by a pathologist" means that if the pathologist is not directly performing the autopsy he/she must be available to directly observe the entire autopsy or parts of the autopsy as needed.

For forensic autopsies, the pathologist must be physically present and directly observe activities by the pathology assistant or other non-pathologist personnel assisting with the dissections. The autopsy physician is responsible for examining the unclothed body, the diagnosis made, the opinions formed, and any other subsequent opinion testimony.

REFERENCES
1) Bortesi M, et al. Pathologist's assistant (PathA) and his/her role in the surgical pathology department: a systematic review and a narrative synthesis. *Virchows Arch.* 2018 Jun; 472(6):1041-1054.
2) Vitale J, Brooks R, Sovocool M, Rader WR. Value-added benefits and utilization of pathologists' assistants. *Arch Pathol Lab Med.* 2012 Dec; 136(12):1565-70.

ANP.33070 Handling of Personal Effects **Phase II**

The laboratory follows a defined process for handling personal effects. The process includes the recording, safekeeping, handling and disposition of money and personal items, prescription drugs, illicit drugs, and evidence, as applicable.

NOTE: When appropriate, legal chain-of-custody procedures must be followed.

REFERENCES
1) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 33.
2) Schandl CA, et al. Forensic Pathology. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap. 24.

ANP.33100 Preliminary Reports **Phase I**

A written preliminary report of the gross pathologic diagnoses is submitted to the attending physician and the institutional record in 90% of the cases within a reasonable time.

NOTE: For preliminary reports based on gross examination only, two working days is the recommended TAT. For cases with complicated dissections or rush histology, up to 4 working days is recommended. For some cases such as single organ only examination or slide consults, a Provisional Report may not be appropriate or required. Preliminary reports may not be applicable for forensic cases.

Evidence of Compliance:
- ✓ Review of turnaround time data

REFERENCES
1) Caruso JL. Communication of Autopsy Results. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 36.
2) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 33.
3) Cromwell S, et al. Improving Autopsy Report Turnaround Times by Implementing Lean Management Principles. *Pediatr Dev Pathol.* 2018; 21(1):41-47.
4) Siebert JR. Increasing the efficiency of autopsy reporting. *Arch Pathol Lab Med.* 2009 Dec; 133(12):1932-7.

*****NEW** 12/26/2024***

ANP.33110 Intra- and Extra-Departmental Consultations **Phase I**

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

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