

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) Schandi 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.

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 autopsy 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.

****REVISED** 12/26/2024**

ANP.33120 Final Report TAT

Phase I

The final autopsy report is produced within three months from the date the autopsy is performed in 90% of the cases.

NOTE: The 90% threshold is used in recognition of the fact that occasional unusual cases may require additional time for completion, particularly when external consultation is required.

If cases exceed three months, the reason for the delay should be recorded and records of ongoing review of this information by the director of the service retained.

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.

ANP.33200 Gross and Microscopic Descriptions

Phase II

Gross descriptions are clear and pertinent findings are adequately described. If microscopy is performed, microscopic descriptions are included in the report and a key of block and/or slide designations is included to identify the source of specific microscopic sections.

NOTE: The nature of the final autopsy report is fundamentally different from surgical pathology reports and documentation of microscopic examination is an integral and essential part. The microscopic descriptions need not be lengthy or detailed, but must be included if sections for microscopy were taken and reviewed. At a minimum, the slide/block key must include information on laterality and on specific lesions sampled. Annotated drawings and photographs are valuable tools for recording the autopsy findings, but are not adequate replacements for a text description.

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) Hanzlick RL, et al. The Autopsy Lexicon. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists; 2017; chap 34.