



**The circulation, referral, transfer, and receipt of original slides follows a consistent process that includes records of the location of slides to ensure availability for consultation and legal proceedings.**

**Evidence of Compliance:**

- ✓ Tracking sheet/log that includes identity of slides/blocks, identity of recipient and record of return of slides/blocks

**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): [42CFR493.1105(a)(7)(i)(A)].
- 2) 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): [493.1274(f)(2) through (f)(4)].

**CYP.07300 Acknowledgment of Receipt**

**Phase II**

**There are records, including acknowledgment of receipt, when original diagnostic material is loaned to special programs for the purpose of education and/or proficiency testing.**

**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): [42CFR493.1105(a)(7)(i)(A)].
- 2) 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): [493.1274(f)(2) through (f)(4)].

## GYNECOLOGIC CYTOPATHOLOGY

*Content has been added to some requirements in this section for primary HPV screening. Primary HPV screening is a stand-alone HPV test that is performed as an initial cervical cancer screen, with reflex to additional testing as necessary. This is different than HPV/PAP co-testing where both tests are performed together.*

### Inspector Instructions:

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| <b>READ</b><br> <ul style="list-style-type: none"> <li>• Sampling of gynecologic cytopathology policies and procedures</li> <li>• Written criteria for unsatisfactory specimens</li> <li>• Sampling of patient reports for pathologist review and interpretation of specific screening diagnoses</li> <li>• Sampling of 10% rescreening records</li> <li>• Sampling of records of retrospective review and evidence of amended reports, if applicable</li> <li>• Statistical records including evidence of annual review and investigation when the laboratory falls outside the 5th or 95th percentiles</li> <li>• Records of employee performance monitoring including individual's discrepancies and corrective action</li> </ul> | <b>OBSERVE</b><br> <ul style="list-style-type: none"> <li>• Use of Papanicolaou stain</li> <li>• Use of p16/Ki67 dual stain</li> </ul> | <b>ASK</b><br> <ul style="list-style-type: none"> <li>• What criteria are used to identify rejected or unsatisfactory specimens?</li> <li>• What is the laboratory's process for follow-up or investigation of significant results?</li> <li>• What is your course of action when you are unable to obtain histological reports or material when reporting gynecologic cases with HSIL?</li> </ul> |
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