

NOTE: In most cases, original materials including slides and blocks should be promptly returned to the original institution. However, in some situations (for example, when the patient is receiving ongoing care at the referral institution pending tumor resection, etc.) it may be appropriate for the referral laboratory to retain slides/blocks for a period of time. In such situations, a letter should be sent to the originating laboratory along with the consultation report, requesting permission to retain the slides/blocks and accepting transfer of stewardship of the patient materials from the original laboratory to the referral institution.

Evidence of Compliance:

- ✓ Patient reports for extra-departmental cases

ANP.10260 Slide/Block Handling Phase I



The laboratory handles original slides/blocks following a defined process for consultation and legal proceedings.

NOTE: This must include appropriate handling and accurate records of the use, circulation, referral, transfer, and receipt of original slides and blocks. The laboratory must have a record of the location of original slides and blocks that have been referred for consultation or legal proceedings.

ANP.10270 Off-Site Autopsies Phase I



As applicable, there is a defined process for performance of autopsies off-site.

NOTE: If feasible, autopsies should be performed within the institution; however, if an institution does not perform autopsies, there must be a written policy that addresses how an autopsy is obtained when one is requested.

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

ANP.10290 Instructions for Body Handling Phase II



There are documented instructions covering such items as receipt, storage, and release of bodies.

NOTE: In some institutions, such policies and procedures may reside in the nursing or security manuals. In such cases, the laboratory must have copies of the manuals available at the time of inspection.

This requirement is not applicable if the laboratory is not responsible for handling bodies.

QUALITY CONTROL

SURGICAL SPECIMEN EXAMINATION

Note that requirements relating to collection and accessioning of specimens are covered in the Laboratory General Checklist. During the on-site inspection, the handling of surgical specimens must be evaluated.

"Grossing" is defined as a tissue specimen examination requiring knowledge of anatomy and judgment about sampling and sectioning. This includes the dissection of the specimen, selection of tissue, and any level of examination/description of the tissue including color, weight, measurement, or other characteristics of the tissue.

A "pathologist" is defined as a physician who has successfully completed an approved graduate medical education program in pathology. In the US, a physician is defined as a doctor of medicine, doctor of osteopathy,

or doctor of podiatric medicine who is licensed by the state to practice medicine, osteopathy, or podiatry within the state in which the laboratory is located. In jurisdictions not subject to US regulations, a physician is defined as an individual who has a primary medical school degree (eg, MBBS, MBChB, MD, DO) in keeping with the standards of that particular jurisdiction.

Laboratories that do not file slides on-site (for example, some "read-only" laboratories) must retain a sample of cases and all associated slides on-site on all days when the laboratory is subject to its regular on-site inspection. The sample must, at a minimum, include all cases and all associated slides accessioned over a continuous two-week period within the previous two years.

Inspector Instructions:

	<ul style="list-style-type: none"> Sampling of surgical specimen handling and retention policies and procedures Sampling of sub-optimal specimen records/log Sampling of records of daily review of histologic slide quality Sampling of performance evaluations for individuals assisting with grossing Records of personnel qualifications and experience for individuals assisting with grossing
	<ul style="list-style-type: none"> Sampling of slides (quality, labeling)
	<ul style="list-style-type: none"> What is your course of action when you receive sub-optimal specimens? How does your laboratory ensure specimen identity throughout processing and examination? How does your laboratory ensure quality testing when non-pathologists assist in gross examinations?

ANP.11250 Adequate Storage

Phase I

Refrigerated storage is available for large or unfixed specimens.

ANP.11275 Radioactive Material Handling - Specimens

Phase II



The laboratory safely handles specimens that may contain radioactive material (eg, sentinel lymph nodes, breast biopsies, prostate "seeds," etc.).

NOTE: Policies and procedures may be developed in conjunction with the institutional radiation safety officer, and must comply with state regulations for the safe handling of specimens containing radionuclides. They should distinguish between low radioactivity specimens such as sentinel lymphadenectomy and implant devices with higher radiation levels.

The pathology department may wish to monitor these specimens for radioactivity, with safe storage of specimens until sufficient decaying has occurred, before proceeding with processing in the histology laboratory.

REFERENCES

- 1) Glass EC, et al. Editorial: radiation safety considerations for sentinel node techniques. *Ann Surg Oncol.* 1999;6:10
- 2) Miner TJ, et al. Guideline for the safe use of radioactive materials during localization and resection of sentinel lymph nodes. *Ann Surg Oncol.* 1999;6:75-82
- 3) Cibull ML. Handling sentinel lymph node biopsy specimens. A work in progress. *Arch Pathol Lab Med.* 1999;123:620-621
- 4) Pfeifer JD. Sentinel lymph node biopsy. *Am J Clin Pathol.* 1999;112:599-602
- 5) Barnes CA. False-negative frozen section results. *Am J Clin Pathol.* 2000;113:900.
- 6) Fitzgibbons, PL, et al. Recommendations for handling radioactive specimens obtained by sentinel lymphadenectomy. *Am J Surg Pathol.* 2000;24:1549-1551