

- Responsible individual communicating the result
- Person notified using identifiers traceable to that person (a first name alone is inadequate)
- 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.

This communication must be recorded; it 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 autopsy findings.

Evidence of Compliance:



- ✓ Records of communications of significant/unexpected findings

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.

AUTOPSY CONSENT PROCEDURES

Inspector Instructions:

	<ul style="list-style-type: none"> • Sampling of autopsy consent policies and procedures
	<ul style="list-style-type: none"> • How does your laboratory identify cases that are subject to medical examiner and/or coroner jurisdiction? • What procedures would you follow if record review or other information identified a case that could be subject to medical examiner and/or coroner jurisdiction (for example, a pulmonary embolism following trauma)?

ANP.31070 Autopsy Consent

Phase II



There is a defined process for obtaining autopsy consent, including who may give consent and how consent may be given.

Evidence of Compliance:

- ✓ Records of autopsy consent

REFERENCES

- 1) College of American Pathologists. CAP Policies and Documents Pertaining to the Autopsy. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 36125. Northfield, IL: College of American Pathologists; 2017; chap 5
- 2) McDermott MB. Obtaining consent for autopsy. *BMJ*. 2003; 327(7418):804-6.
- 3) Rosenbaum GE, Burns J, Johnson J, Mitchell C, Robinson M, Truog RD. Autopsy Consent Practice at US Teaching Hospitals: Results of a National Survey. *Arch Intern Med*. 2000; 160(3):374-80.

ANP.31100 Medical Examiner Jurisdiction

Phase II



There are guidelines covering possible medical examiner or coroner jurisdiction over hospital deaths to assess the appropriateness of performing a hospital autopsy.



NOTE: To assess the appropriateness of performing a hospital autopsy, the department must be familiar with applicable statutes and/or regulations that identify hospital deaths subject to medical examiner or coroner jurisdiction. The department should maintain a copy of applicable statute(s) and/or regulation(s) that identify those deaths that are in the jurisdiction of the medical examiner and/or coroner.

REFERENCES

- 1) 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.

AUTOPSY ROOM

Inspector Instructions:

	<ul style="list-style-type: none"> • Sampling of temperature checks/logs • Sampling of scale/balance calibration records
	<ul style="list-style-type: none"> • Autopsy room and facilities (clean, sufficient lighting and space) • Photographic facilities • Access to the morgue

ANP.32180 Limited Access

Phase II

Access to the morgue or body receiving and handling areas and autopsy suite is limited and controlled.

NOTE: Family viewing areas, if applicable, must be separate to prevent visual and biohazard exposure to autopsy.

REFERENCES

- 1) Hanzlick RL, et al. Autopsy Facility Design. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 9.

ANP.32200 Adequate Space and Lighting

Phase I

There is sufficient space and the autopsy room is clean and well-maintained, with adequate lighting.

NOTE: The space should be sufficient for the workload requirements of the service. The autopsy room should be dedicated to the performance of autopsies. Other functions (eg, storage teaching, tissue procurement) should not interfere with the safe performance of the autopsy and the cleaning of the facility.

REFERENCES

- 1) Hazlett SO. Perspectives in pathology. The newly designed morgue. *Advance/Lab*. 2000;9(1):10-11
- 2) Hanzlick RL, et al. Autopsy Facility Design. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 9.

ANP.32400 Adequate Storage

Phase II

Provisions are available for satisfactory storage of bodies (refrigeration or embalming).

NOTE: For refrigeration, the temperature should be in the range of 34-40° F (1.1-4.4° C).