

- ✓ Records of corrective action if reporting omissions or errors were identified

REFERENCES

- 1) College of American Pathologists. Resources & Publications: Cancer Protocols www.cap.org/cancerprotocols
- 2) College of American Pathologists. Resources & Publications: Cancer Protocols-Summary of Required Elements. <http://capathology.org/cancerprotocols-accreditation>
- 3) Commission on Cancer. Optimal Resources for Cancer Care 2020 Standards. Chicago, IL; American College of Surgeons; 2019.
- 4) Sluiter CE, van Workum F, Wiggers T, et al. Improvement of care in patients with colorectal cancer: Influence of the introduction of standardized structured reporting for pathology. *JCO Clin Cancer Inform*. 2019;3:1-12.
- 5) Lankshear S, et al. Standardized synoptic cancer pathology reports - so what and who cares? *Arch of Pathol Lab Med*. 2013;137:1599-1602.
- 6) Srigley J, et al. Closing the quality loop: facilitating improvement in oncology practice through timely access to clinical performance indicators. *J Oncol Pract*. 2013;9:e255-e261.
- 7) Karim RZ, et al. The advantage to using a synoptic pathology format for cutaneous melanoma. *Histopathology*. 2008;52:130-8.
- 8) Pignol JP, Rakovitch E, Zeppieri J, Hanna W. Accuracy and completeness of pathology reporting—Impact on partial breast irradiation eligibility. *Clin Oncol*. 2012;24:177-182.
- 9) Lam E, et al. Synoptic pathology reporting for thyroid cancer: a review and institutional experience. *Expert Rev Anticancer Ther*. 2013;13.9:1073-9.
- 10) Haugland HK, et al. Template reporting matters—a nationwide study on histopathology reporting on colorectal carcinoma resections. *Hum Pathol*. 2011;42:36-40.
- 11) Valenstein PN. Formatting Pathology Reports: Applying Four Design Principles to Improve Communication and Patient Safety. *Arch Pathol Lab Med*. 2008;132:84-94.

ANP.12400 Correlation of Results

Phase II

Morphologic diagnoses are correlated with the results of specialized studies (eg, immunohistochemistry, nucleic acid probes, cytogenetics, flow cytometry, electron microscopy).

NOTE: It is not in the best interests of the patient to have potentially conflicting diagnoses or interpretations rendered by different sections of the laboratory. The pathologist should issue a report reconciling potentially conflicting data, when appropriate.

REFERENCES

- 1) Editorial. Incorporation of immunostaining data in anatomic pathology reports. *Am J Clin Pathol*. 1993;99:1
- 2) Putti T, et al. Cost-effectiveness of immunohistochemistry in surgical pathology. *Am J Clin Pathol*. 1998;110:51
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ANP.12500 Record and Material Retention - Surgical Pathology

Phase II



Surgical pathology records and materials are retained for an appropriate period.

NOTE 1: The retention policy must address protecting and preserving the integrity and retrieval of surgical pathology materials and records.

Policies for retention of records and materials must comply with national, federal, state (or provincial), and local laws and regulations, and with the retention periods listed in the table below, whichever is most stringent.

Type of Record/Material	Retention Period
Accession log records	2 years
Wet tissue (stock bottle)	2 weeks after final report
Paraffin blocks (including cell blocks)	10 years Refer to Note 2 below, paragraphs #2 and #3, for deceased patient material
Immunohistochemistry batch control slides	2 years
Surgical pathology glass slides	10 years - slides must remain readable for this period
Surgical pathology reports *	10 years