NOTE: The intent of this requirement is for the laboratory to maintain a contemporaneous report of the consultation. This may be a handwritten, signed report or a computer-generated report with electronic signature.

ANP.11900 Verbal Reports **Phase II**

If verbal reports are given, the pathologist is able to speak directly with intra-operative medical/surgical personnel.

Evidence of Compliance:
- ✓ Records of intra-operative result report notification

ANP.11950 Verbal Report/Patient ID **Phase II**

The patient's identification is checked and confirmed before delivery of any verbal report.

ANP.12000 Final Report **Phase II**

All intra-operative consultation reports are made a part of the final surgical pathology report.

ANP.12050 Intra-operative Slide Handling **Phase II**

All frozen section, touch and scrape preparation slides are permanently stained, mounted, properly labeled, and retained with the rest of the slides from the case.

Evidence of Compliance:
- ✓ Retained frozen section preparation slides

REFERENCES
1) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.

ANP.12075 Residual Frozen Tissue After Frozen Section Examination **Phase I**

Following frozen section examination, the residual frozen tissue is routinely processed into paraffin, and histologic sections are prepared and examined for comparison with the frozen section interpretation.

NOTE: Subject to the exceptions below, the laboratory must prepare a paraffin block and stained slide(s) from each frozen section block.

Correlation of frozen section findings with a permanent section prepared from routinely fixed and processed residual frozen tissue is an important quality improvement mechanism. Evaluation of such permanent sections provides important feedback on the accuracy of frozen section diagnoses and improves recognition of specific frozen section morphologic alterations.

The only exceptions to this requirement, at the discretion of the laboratory director, responsible pathologist, or Mohs surgeon, are as follows:
- *Frozen tissue submitted at the time of initial diagnosis for specialized studies or frozen tissue from lesions that have the potential for additional studies using archived frozen tissue at a later time (eg, diffuse gliomas)*
- *Other frozen sections where the margin or lesion has been exhausted during the frozen section evaluation and no pertinent residual tissue remains*
- *Mohs frozen sections. However, occasionally, examination of paraffin sections of tissue from Mohs procedures is warranted (refer to the American Academy of Dermatology and AAD Position Statement, Appropriate Uses of Paraffin Sections in Association with Mohs Micrographic Surgery).*

Evidence of Compliance:

✓ Records of frozen and permanent tissue section correlation

REFERENCES

1) Rickert RR. Quality assurance goals in surgical pathology. *Arch Pathol Lab Med.* 1990;114:1157-1162
2) Association of Directors of Anatomic and Surgical Pathology. Recommendations on quality control and quality assurance in anatomic pathology. *Am J Surg Pathol.* 1991;15:1007-1009
3) Gephardt GN, *et al.* Interinstitutional comparison of frozen section consultations. A College of American Pathologists Q-probes study of 90 538 cases in 461 institutions. *Arch Pathol Lab Med.* 1996;120:804-809
4) Novis DA, *et al.* Interinstitutional comparison of frozen section consultation in small hospitals. *Arch Pathol Lab Med.* 1996;120:1087-1093
5) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.
6) *American Academy of Dermatology and AAD Position Statement, Appropriate Uses of Paraffin Sections in Association with Mohs Micrographic Surgery* Revised 08/19/2014; Accessed 7/11/2019.

FINE NEEDLE ASPIRATE (FNA) SPECIMENS

NOTE: This checklist section applies if FNA specimens are evaluated and reported in the Surgical Pathology section.

If FNA slides are screened by cytotechnologists, the Cytopathology Checklist must be used.

Inspector Instructions:

	• Sampling of FNA policies and procedures
	• Sampling of slides (approximately five cases for labeling, quality) • Sampling of primary specimen containers (labeling)
	• How do you ensure there is no cross contamination of FNA specimens?

ANP.12094 FNA Error Prevention **Phase II**

The pathologist performing FNA procedures verifies patient identification using at least two patient identifiers, the procedure site, and the procedure to be performed.

REFERENCES

1) Clinical and Laboratory Standards Institute (CLSI). *Patient and Laboratory Specimen Identification Processes.* 1st ed. CLSI standard PRE01. Clinical and Laboratory Standards Institute, Wayne, PA; 2024.

ANP.12096 Cross-Contamination - FNA **Phase II**

The laboratory prevents cross-contamination of FNA specimens during processing and staining.

NOTE: Methods to prevent cross-contamination may include cytocentrifuge, filter and monolayer preparations. Smears made from highly cellular cases should be stained after the other cases, and the staining fluids must be changed or filtered at appropriate intervals. One procedure