

NOTE: Correlation of all, or a subset of, non-gynecologic cytology specimens should be performed. Methods of correlation should be recorded in the laboratory procedure manual and selected reports can be reviewed to confirm practice. Possible mechanisms for correlation of histology include correlation of current specimens, focused review of specific specimen/organ types, and/or follow-up of suspicious/positive specimens. Possible clinical correlation mechanisms include additional review or testing based on clinical history or physical findings, review of radiologic findings, microbiology, flow cytometry, or other test results. Clinical correlation may be recorded in quality management records, problem logs, or in patient reports. There is a way to easily reference other material results for correlation and/or diagnosis.

Evidence of Compliance:

- ✓ Records of clinical correlation (eg, quality management records, problem logs, or in patient reports)

REFERENCES

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

CYP.07685 Stains - Non-gynecologic Cytopathology Phase II

The Papanicolaou stain or another appropriate permanent stain is used for non-gynecologic specimens.

REFERENCES

- 1) Clinical and Laboratory Standards Institute. *Nongynecological Cytology Specimens; Preexamination, Examination, and Postexamination Processes; Approved Guideline*. 2nd ed. CLSI document GP23-A2. Clinical and Laboratory Standards Institute, Wayne, PA; 2014.

CYP.07692 Statistical Records - Non-gynecologic Cytopathology Phase II



For non-gynecologic cytopathology cases, statistical records are maintained and evaluated at least annually, and include the following:

- **Total number of non-gynecologic cases examined**
- **Number of cases by diagnostic category**
- **Number of unsatisfactory/nondiagnostic cases, as applicable**

NOTE: Sub-categorization of non-gynecologic specimen types (eg, urine, pleural fluid, peritoneal fluid, FNA) is at the discretion of the laboratory.

The definition of "unsatisfactory/nondiagnostic" for non-gynecologic cases must be defined by the laboratory. The specific diagnostic categories (eg, benign, atypical, malignant) are at the discretion of the laboratory. The CAP recommends following established guidelines, where available (eg, The Bethesda System for Reporting Thyroid Cytopathology).

Evidence of Compliance:

- ✓ Annual statistical records

REFERENCES

- 1) 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): [42CFR493.1274(c)(5)].

PERSONNEL

For laboratories not subject to US regulations, national, state or provincial, and local personnel laws and regulations apply.