



Written instructions or guidelines are readily available in the laboratory for the proper dissection, description, and histologic sampling of various specimen types (eg, mastectomy, colectomy, hysterectomy, renal biopsy, etc.).

NOTE: The instructions/guidelines should address large or complicated specimen types and smaller specimens requiring special handling, such as muscle biopsies, renal biopsies, and rectal suction biopsies for Hirschsprung's disease. Guidelines serve an important educational function in departments with postgraduate (residency) programs. However, they also are useful in providing consistency in the handling of similar specimen types in departments without such training programs.

The ideal thickness for specimen sections submitted in cassettes is 5 mm or less.

ANP.11680 Cross Contamination - Grossing

Phase II



The laboratory minimizes cross-contamination of specimens during grossing.

NOTE: Problems with cross-contamination must be addressed in the surgical pathology quality management system.

At a minimum, cleaning (eg, wiping or rinsing) of forceps and scalpel blades between cases is required. In addition, if a laboratory processes both small specimens (eg, biopsies) and large specimens (eg, surgical resections), cleaning of instruments and cutting surfaces must be performed between cases. Avoid re-using cotton swabs/applicator sticks on multiple specimens or "double-dipping" the cotton swab/applicator in the ink. Some laboratories may choose to use disposable surfaces (eg, formalin absorbent pads, butcher paper, etc.) for large cases. Grossing of similar types of specimens sequentially should be avoided, if feasible.

REFERENCES

- 1) Lott R, Tunnicliffe J, Sheppard E, et al. *Practical Guide to Specimen Handling in Surgical Pathology*. Northfield, IL: College of American Pathologists; 2023. 11.0. <https://documents.cap.org/documents/practical-guide-specimen-handling.pdf>. Published September 2023. Accessed December 21, 2023.
- 2) Gephart GN, Zarbo RJ. Extraneous tissue in surgical pathology: A College of American Pathologists study of 275 laboratories. *Arch Pathol Lab Med*. 1996;120:1009-14

ANP.11716 Paraffin Microtomy

Phase II



The appropriate thickness of paraffin embedded tissue sections for various tissue types and procedures is defined.

NOTE: Paraffin embedded sections are routinely sectioned at 4-5 microns. Some tissues (eg, renal biopsy) may require thinner sections, while some special stain techniques (eg, Congo red stain) may require thicker sections. Use of the recommendations in the table below is at the discretion of the laboratory director.

Tissue	Thickness
Routine Paraffin	4 to 5 microns
Renal Sections	1 to 3 microns
Bone Marrow	2 to 3 microns
Nerve histochemical staining	6 to 15 microns
Amyloid demonstration	6 to 12 microns

ANP.11734 Slide Quality

Phase II

Slides are of sufficient quality for diagnosis.

NOTE: Histopathology slides must be of adequate technical quality to be diagnostically useful. Criteria to evaluate include adequate tissue fixation, processing, thickness of sections, absence of interfering tissue folds and tears, and good staining technique and coverslipping. For hematoxylin and eosin and other routine stains, the patient slide serves as the internal control to ensure adequate staining technique. The sections must be cut from sufficient depth in the block to include the entire tissue plane.

INTRA-OPERATIVE CONSULTATION (RAPID DIAGNOSIS)

NOTE: This checklist subsection applies to intra-operative consultations including gross examination of specimens, frozen sections, touch preparations, scrape preparations, etc.

Inspector Instructions:

	<ul style="list-style-type: none"> Sampling of policies and procedures (gross examinations, frozen sections, touch preps, scrape preps) Sampling of verbal report records Sampling of final intra-operative consultation reports Sampling of cryostat decontamination records
	<ul style="list-style-type: none"> Sampling of reagents and slides (labeling) Sampling of frozen section cases (quality of sectioning and staining)
	<ul style="list-style-type: none"> What is your laboratory's course of action regarding residual frozen tissue?

ANP.11756 Reagents

Phase II



All solutions and stains are properly labeled and changed on a defined schedule.

NOTE: All solutions and stains must be properly labeled with the contents, and, if applicable, date they are changed/filtered and expiration date. All solutions and stains must be changed or filtered following a defined process, determined by the usage of the reagents.

Evidence of Compliance:

- ✓ Written records of reagent change process **OR** records of reagent change on a QC log

ANP.11810 Intra-operative Slide Preparation Quality

Phase II

Frozen section, touch and scrape preparations are adequate for intra-operative diagnosis.

ANP.11850 Intra-Operative Results

Phase II

The results of intra-operative surgical consultations are recorded and signed by the individual who rendered the diagnosis.