4) Bonfiglio TA, Somark TM. ASCP educational and proficiency testing programs in cytopathology. *Lab Med.* 1994;25:245-247
5) Davey DD, Fidler WJ. The College of American Pathologists interlaboratory comparison program in cervicovaginal cytology. *Lab Med.* 1994;25:248-252
6) Nielsen ML. Cytopathology laboratory improvement programs of the College of American Pathologists. Laboratory accreditation program (CAP LAP) and performance improvement program in cervicovaginal cytology (CAP PAP). *Arch Pathol Lab Med.* 1997;121:256-259
7) Woodhouse SL, *et al.* Interobserver variability in subclassification of squamous intraepithelial lesions. Results of the College of American Pathologists interlaboratory comparison program in cervicovaginal cytology. *Arch Pathol Lab Med.* 1999;123:1079-1084
8) Keenlyside RA, *et al.* Do proficiency test results correlate with the work performance of screeners who screen Papanicolaou smears? *Am J Clin Pathol.* 1999;112:769-776
9) Jones BA, Davey DD. Quality management in gynecologic cytology using interlaboratory comparison. *Arch Pathol Lab Med.* 2000;124:672-681
10) Colgan TJ, *et al*. Reparative changes and the false-positive/false-negative Papanicolaou test: A study from the College of American Pathologists interlaboratory comparison program in cervicovaginal cytology. *Arch Pathol Lab Med*. 2001;125:123-140
11) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.

CYP.00190 Educational Participation - Non-gynecologic Cytopathology **Phase I**

For laboratories that perform non-gynecologic cytopathology, the laboratory participates in an interlaboratory peer-comparison educational program in NON-GYNECOLOGIC cytopathology (eg, CAP Interlaboratory Comparison Program in Non-Gynecologic Cytopathology NGC).

Evidence of Compliance:

- ✓ Records of enrollment and participation in the educational component of the CAP NGC program **OR**
- ✓ Records of enrollment and participation in another educational non-gynecologic cytopathology peer-comparison program **OR**
- ✓ Records for participation in a laboratory-developed program by circulating non-gynecologic case material with other laboratories

QUALITY MANAGEMENT

Quality management in cytopathology should address both negative and abnormal/positive cases. The program must include both rescreening and hierarchic case review, as well as correlation of cytological and available histological material. In addition, the laboratory should participate in interlaboratory comparison, self-assessment and performance improvement programs. There must be records of intra- and extra-departmental consultation, as appropriate. Results of QM surveillance should be shared with the responsible pathologist(s) and cytotechnologist(s).

Inspector Instructions:

- How are disparities between histological and cytological findings addressed?
- Under what circumstances do you issue a corrected, addendum, or amended report?

CYP.01650 Cytopathology Exclusion **Phase I**

The institution defines specimens that may be excluded from routine submission to the cytology department for examination.

NOTE: This policy may be made in conjunction with the hospital administration and appropriate medical staff departments. The laboratory director should have participated in or been consulted by the medical staff in deciding which cytology specimens are to be sent to the laboratory for examination.

(No policy is needed for fluids such as urines and CSF that do not routinely undergo cytologic examination.)

CYP.01900 Disparity Resolution **Phase II**

If significant disparities exist between histological and cytological findings, these are resolved in a confidential peer-reviewed quality management report, or in an addendum or in the patient report.

NOTE: For requirements specific to gynecologic cytopathology, also refer to the Gynecologic Cytopathology section of this checklist.

CYP.02100 Consultation Report Retention **Phase I**

Records of intra- and extra-departmental consultations are retained.

NOTE: The retention requirement for reports (10 years) applies to records of consultations.

REFERENCES
1) Abt AB, *et al.* The effect of interinstitution anatomic pathology consultation on patient care. *Arch Pathol Lab Med.* 1995;119:514-517

QUALITY CONTROL

SPECIMEN COLLECTION AND RECEIPT

Inspector Instructions:

READ	• Sampling of specimen collection and handling policies and procedures
ASK	• What is your course of action when you receive unacceptable cytopathology specimens? • When are FNA slides labeled? What identifiers are placed on the slides and containers? • What procedures do you have in place to prevent errors in ID, site and testing?

CYP.03366 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. *Fine Needle Aspiration Biopsy (FNAB) Techniques; Approved Guideline.* 2nd ed. CLSI Document GP20-A2. Clinical and Laboratory Standards Institute, Wayne, PA; 2003.

CYP.03800 Physician Notification **Phase II**

The laboratory notifies submitting physicians when unacceptable specimens are received.

Evidence of Compliance:

✓ Records of physician notification (eg, follow-up correspondence, records of telephone calls or written reports)