ANP.33240 Ancillary Testing **Phase I**

If specimens are collected for ancillary testing, including toxicology, the anatomical site is recorded.

Evidence of Compliance:

✓ Records of anatomical collection site used for ancillary testing

REFERENCES

1) Bell M, et al. Postmortem Microbiologic Testing. In: Collins KA, ed. *Autopsy Pathology and Reporting*. 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 29.
2) Collins KA, et al. Getting the Most Out of the Autopsy: Ancillary Studies. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 28.

ANP.33350 Final Report Content **Phase II**

The final autopsy report is reviewed and signed by a pathologist. It contains sufficient information in an appropriate format so that a physician may ascertain the patient's major disease processes and probable cause of death.

Evidence of Compliance:

✓ Review of representative autopsy report(s)

REFERENCES

1) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 33.
2) Hanzlick RL, et al. The Autopsy Lexicon. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 34.
3) Hanzlick, et al. Medical Certification of Death Statements. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 35.

ANP.33380 Photograph/Digital Image Labeling and Storage **Phase II**

Autopsy photographs and/or digital images are labeled and stored in an appropriate manner, using a system to prevent loss (eg, electronic storage system to back up data).

NOTE: If an identification photo is taken, the label must be placed in a location that does not obscure the identifying features of the decedent. The record system must allow for the photographs to be easily retrieved.

REFERENCES

1) Oliver WR. Considerations for Gross Autopsy Photography. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 30.

ANP.33400 Autopsy Records **Phase I**

Autopsy records are organized and readily available for review and are entered into a database to allow for retrieval of cases by diagnosis.

NOTE: At the facility's discretion, the database may be a card file, log book, or an electronic record, depending on the size of the database.

REFERENCES

1) Koponen MA. Autopsy Reporting. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 33.
2) Cooley M, et al. Quality Management in Autopsy Pathology. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists. 2017; chap 38.

ANP.33500 Record and Material Retention - Autopsy Pathology **Phase II**

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

NOTE 1: There must be a written policy for protecting and preserving the integrity and retrieval of autopsy service materials and records. The retention period shall be sufficient for use of the materials in the institution's quality improvement activities (eg, morbidity and mortality

conferences). 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.

Non-Forensic Autopsies

Type of Record/Material	Retention Period
Accession log records	2 years
Wet tissue (stock bottle)	3 months after final report
Paraffin blocks	10 years
Glass slides	10 years
Autopsy reports	10 years
Autopsy consent	Per institutional medical record retention policy (minimum 10 years)

NOTE 2: For autopsy paraffin blocks, the CAP recommends extending the required retention period to indefinitely or for at least a generation (approximately 20 years); however, it is not a requirement of accreditation. These blocks represent the last opportunity for tissue-based biomarker, genetic, and other testing in the interest of family members and public health. Strategies, such as retaining even a select number of blocks from each case permanently or partnering with a regional biorepository for permanent storage may be considered.

NOTE 3: Paraffin blocks used for patient diagnostic purposes must be kept for at least 10 years. Such blocks may be released for research purposes if all of the following criteria are met:

1. *For a laboratory subject to U.S. law, formal written authorization is obtained in accordance with the requirements of HIPAA if identifiable patient information is released unless, in accordance with 45CFR164.512(i), the laboratory obtains from the researcher a representation that use of the blocks protects the health information of decedents*
2. *The laboratory retains sufficient blocks to support the diagnosis for the full 10-year period.*
3. *Provision is made for retrieval by the laboratory of any blocks or material that remain after use in research, if the blocks or material are needed for diagnostic, legal, or other legitimate purposes.*
4. *In the event of limited material (eg, only one diagnostic block), tissue microarray (TMA) cores or portions of the block may be released for research or clinical trials, as long as the original lab retains control or access to the diagnostic material if clinically needed.*
5. *The laboratory meets other relevant requirements including but not limited to the requirements of the institution, the directives of any applicable institutional review board (IRB) or similar entity; and state and local laws and regulations.*

NOTE 4: The wet tissue (stock bottle) refers to small portions of organs that are saved in a small container. There is no CAP requirement or recommendation for retention of whole or large portions of organs.

REFERENCES

1) College of American Pathologists. Guidelines for the retention of laboratory records and materials. Northfield, IL: CAP, current edition.
2) College of American Pathologists. CAP Policies and Documents Pertaining to the Autopsy. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 5.

AUTOPSY SAFETY

NOTE TO THE INSPECTOR: This section applies to the on-site autopsy laboratory. The inspector should review relevant requirements from the safety section of the Laboratory General Checklist, to assure that the autopsy laboratory is in compliance.

The following requirements pertain specifically to the autopsy laboratory.