

(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:

	<ul style="list-style-type: none"> <li>Sampling of specimen collection and handling policies and procedures</li> </ul>
	<ul style="list-style-type: none"> <li>What is your course of action when you receive unacceptable cytopathology specimens?</li> <li>When are FNA slides labeled? What identifiers are placed on the slides and containers?</li> <li>What procedures do you have in place to prevent errors in ID, site and testing?</li> </ul>

### 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)