



When appropriate, previous cytologic and/or histologic material from the patient is reviewed with current material being examined.

NOTE: Because sequential analysis of cytologic and histologic specimens may be critical in patient management and follow-up, efforts must be made to routinely review previous material. Records of the retrospective review should be included in the current patient report.

REFERENCES

- 1) Bozzo P. Implementing quality assurance. Chicago, IL: American Society of Clinical Pathology, 1991:72-74

ANP.10100 Intra-operative/Final Diagnosis Disparity

Phase II



When significant disparity exists between initial intra-operative consultation (eg, frozen section, intra-operative cytology, gross evaluation) and final pathology diagnosis, it is reconciled and recorded in the surgical pathology report and in the departmental quality management file.

REFERENCES

- 1) Gephardt GN, Zarbo RJ. Interinstitutional comparison of frozen section consultations. A College of American Pathologists Q-Probes study of 90 538 cases in 461 institutions. *Arch Pathol Lab Med.* 1996;120:804-809
- 2) Nakhleh RE, Zarbo RJ. Amended reports in surgical pathology and implications for diagnostic error detection and avoidance. A College of American Pathologists Q-Probes study of 1 667 547 accessioned cases in 359 laboratories. *Arch Pathol Lab Med.* 1998;122:303-309
- 3) Firlik KS, et al. Use of cytological preparations for the intraoperative diagnosis of stereotactically obtained brain biopsies: a 19year experience and survey of neuropathologists. *J Neurosurg.* 1999;91:454-458

ANP.10150 Intra and Extra-Departmental Consultations

Phase I



The laboratory has a defined process for handling information from intra- and extra-departmental consultations in the patient's final report.

NOTE: Intra-departmental consultations may be included in the patient's final report, or filed separately. The pathologist in charge of the surgical pathology case must decide whether the results of intra-departmental consultations provide relevant information for inclusion in some manner in the patient's report.

Records of extra-departmental consultations must be readily accessible within the pathology department. The method used to satisfy this requirement is at the discretion of the laboratory director, and can be expected to vary according to the organization of the department. These consultations can be retained with the official surgical pathology reports or kept separately, so long as they can be readily linked.

Evidence of Compliance:

- ✓ Records of consultations included in the final report **OR**
- ✓ Records of consultations readily accessible within the pathology department

REFERENCES

- 1) Leslie KO, et al. Second opinions in surgical pathology. *Am J Clin Pathol.* 1996;106(suppl 1):S58-S64
- 2) Tomaszewski JE, et al. Consensus conference on second opinions in diagnostic anatomic pathology. Who, what, and when. *Am J Clin Pathol.* 2000;114:329-335
- 3) Hahm GK, et al. Quality assurance of second opinion in gastrointestinal and liver pathology. *Am J Clin Pathol.* 2000;114:631
- 4) Renshaw AA, et al. Blinded review as a method of quality improvement in surgical pathology. *Arch Pathol Lab Med.* 2002;126:961-963
- 5) Azam M, Nakhleh RE. Surgical pathology extradepartmental consultation practices. A College of American Pathologists Q-probes study of 2746 consultations from 180 laboratories. *Arch Pathol Lab Med.* 2002;126:405-412
- 6) Cooper K, et al. Institutional consultations in surgical pathology. How should diagnostic disagreements be handled? *Arch Pathol Lab Med.* 2002;126:650-651

ANP.10250 Extra-Departmental Consultation

Phase I



When extra-departmental cases are submitted to the laboratory for consultation, they are accessioned according to the standard practices of the laboratory, and a final pathology report is prepared, with a copy sent to the originating laboratory.

NOTE: In most cases, original materials including slides and blocks should be promptly returned to the original institution. However, in some situations (for example, when the patient is receiving ongoing care at the referral institution pending tumor resection, etc.) it may be appropriate for the referral laboratory to retain slides/blocks for a period of time. In such situations, a letter should be sent to the originating laboratory along with the consultation report, requesting permission to retain the slides/blocks and accepting transfer of stewardship of the patient materials from the original laboratory to the referral institution.

Evidence of Compliance:

- ✓ Patient reports for extra-departmental cases

ANP.10260 Slide/Block Handling

Phase I



The laboratory handles original slides/blocks following a defined process for consultation and legal proceedings.

NOTE: This must include appropriate handling and accurate records of the use, circulation, referral, transfer, and receipt of original slides and blocks. The laboratory must have a record of the location of original slides and blocks that have been referred for consultation or legal proceedings.

ANP.10270 Off-Site Autopsies

Phase I



As applicable, there is a defined process for performance of autopsies off-site.

NOTE: If feasible, autopsies should be performed within the institution; however, if an institution does not perform autopsies, there must be a written policy that addresses how an autopsy is obtained when one is requested.

****NEW** 12/26/2024**

ANP.10290 Instructions for Body Handling

Phase II



There are documented instructions covering such items as receipt, storage, and release of bodies.

NOTE: In some institutions, such policies and procedures may reside in the nursing or security manuals. In such cases, the laboratory must have copies of the manuals available at the time of inspection.

This requirement is not applicable if the laboratory is not responsible for handling bodies.

QUALITY CONTROL

SURGICAL SPECIMEN EXAMINATION

Note that requirements relating to collection and accessioning of specimens are covered in the Laboratory General Checklist. During the on-site inspection, the handling of surgical specimens must be evaluated.

"Grossing" is defined as a tissue specimen examination requiring knowledge of anatomy and judgment about sampling and sectioning. This includes the dissection of the specimen, selection of tissue, and any level of examination/description of the tissue including color, weight, measurement, or other characteristics of the tissue.

A "pathologist" is defined as a physician who has successfully completed an approved graduate medical education program in pathology. In the US, a physician is defined as a doctor of medicine, doctor of osteopathy,