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.

Inspector Instructions:

	• Sampling of autopsy safety policies and procedures
	• Posting of autopsy safety policies
	• How does your laboratory ensure inactivation of hepatitis B virus when disinfecting tables, reusable instruments and aprons?

ANP.33650 Autopsy Facilities **Phase II**

Appropriate facilities, equipment and instruments are available to meet safety policies and procedures.

NOTE: Containers must be available for contaminated waste and hazardous chemicals and policies must be in place for their disposal. Equipment and apparel must be available to provide protection to eyes, hands, and skin surfaces from direct and aerosolized exposures during autopsy performance. Procedures must be in place for the disposition or cleaning of these items for re-use upon completion of the autopsy.

REFERENCES
1) Wetli CV. Autopsy safety. *Lab Med.* 2001;32:451-453
2) Hanzlick RL, et al. Autopsy Facility Design. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 9.
3) Aurelius MB. Autopsy safety. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 12.
4) Burton JL. Health and safety at necropsy. *J Clin Pathol.* 2003; 56(4):254-60.

ANP.34000 Safety - Autopsy **Phase II**

There is appropriate signage at entries to the autopsy laboratory warning of the potential presence of hazardous chemicals and biologic materials, and the need for standard precautions. Policies and procedures for contaminated cases/specimens, hazardous chemicals, etc. are posted in the autopsy suite.

NOTE: It is important that persons entering the autopsy laboratory be aware of potential hazards and take appropriate protective measures. Postings may include information such as details of personal protective equipment and emergency contact information.

REFERENCES
1) Wetli CV. Autopsy safety. *Lab Med.* 2001;32:451-453
2) Aurelius MB. Autopsy safety. In: Collins KA, ed. *Autopsy Pathology and Reporting.* 3rd ed. Northfield, IL: College of American Pathologists: 2017; chap 12.
3) Burton JL. Health and safety at necropsy. *J Clin Pathol.* 2003; 56(4):254-60.

ANP.34050 Decontamination **Phase II**

Instructions for cleaning after an autopsy, proper handling of highly infectious cases, and disposal of tissues are available.