



## ACCREDITATION SCHEME FOR LABORATORIES

# **Technical Note MED 002**

## **Specific Criteria for Histopathology Section**

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## **1. Introduction & Scope**

- 1.1 This document describes the specific requirements to be complied by histopathology section to be accredited.
- 1.2 The document shall be read in conjunction with ISO 15189 Medical laboratories – Requirements for quality and competence', SAC-SINGLAS documents, Proficiency Testing Technical Note 001, and other MEDICAL Series Technical Notes published by SAC-SINGLAS.

## **2. Facilities and Environmental Conditions**

### **2.1 Safety**

- 2.1.1 The Laboratory shall maintain the quantity of flammable and dangerous chemicals within the allowable limit, as stipulated in its SCDF license and NEA certification.
- 2.1.2 Appropriate extraction systems shall be in place to minimize the levels of noxious vapours.
- 2.1.3 The laboratory should measure the level of formalin vapour annually, to ensure the environment is maintained within the recommended safe level.

## **3 Pre-examination Procedures**

- 3.1 For specimen transportation, the laboratory should have a documented contingency protocol to handle formalin leakage.

## **4 Examination Procedures**

- 4.1 If digital pathology is used, the laboratory shall have evidence of validation.

## **5 Ensuring the Validity of Examination Results**

- 5.1 Quality control measures must be in place and documented to ensure good technical quality of slides produced.
- 5.2 If the laboratory is performing immunohistochemical stains, it shall be enrolled in a quality assurance programme for immunohistochemistry.
- 5.3 Workload statistics, audit activities and work improvement activities shall be documented and monitored regularly.

## **6 Post-examination Procedures**

6.1

The table below refers to the minimum retention period for materials and records. Laboratories are to retain records and materials for a longer period of time than specified, especially when patient care needs so warrant it.

6.2

MATERIALS	SURGICAL PATHOLOGY	POST MORTEM	CYTOMY
Wet Tissue	4 weeks after final report	3 months after final report	-
Cytologic material e.g. sputum, fluid	-	-	7 days
Paraffin blocks (include E/M blocks)	10 years	10 years	-
Slides	10 years	10 years	5 years
IMF Slides	7 days	7 days	7 days
Records & Reports	15 years	15 years	15 years

## **7 Reporting of Results**

7.1

All reports must be documented in writing. This includes intraoperative consultation.

7.2

A Pathologist or a designated qualified physician must verify all reports.

7.3

The reports must be timely and relevant to the medical management of the patients.

7.4

All intra-departmental and extra-departmental consultation of cases shall be recorded. All reports shall be easily retrievable by name or identification number or accession number.