

ACCREDITATION SCHEME FOR LABORATORIES

Technical Note MED 002Specific Criteria for Histopathology Section

1. Introduction & Scope

- 1.1 a) This document describes the specific requirements to be complied by histopathology section to be accredited.
 - b) The International Standard 'ISO 15189 Medical laboratories Requirements for quality and competence', other MEDICAL Series Technical Notes published by SAC-SINGLAS shall be studied in conjunction with this document.

2. Accommodation 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 Assuring Quality of Examination Procedures – Quality Control and Proficiency Testing

- 5.1 Quality control measures must be in place and documented to ensure good technical quality of slides produced.
- 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	CYTOLOGY
	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.