RETENTION OF SLIDES AND RECORDS

I. PRINCIPLE

The retention of microscopic slide preparations and their accompanying reports is essential for proper patient care and/or follow-up. Current federal regulations require that gynecologic and non-gynecologic glass slides be kept a minimum of five years from the date of examination. Fine needle aspirate glass slides must be kept a minimum of ten years. Cell blocks should be retained for the same period as glass slides. Cytopathology reports must be retained for a minimum of 10 years. The National Cancer Institute, Cytopathology section retains all records and slides indefinitely. Intradepartmental references exist in original reports. External reports/diagnoses are attached to the NIH reports and also saved electronically (see SoftPath Manual, SoftMedia section and Procedure Manual Appendix B).

II. PROCEDURE

1. All negative reports, slides and cell blocks will be retained indefinitely (permanently).
2. All non-negative (atypical) slides, cell blocks and reports will be kept indefinitely (permanently).
3. Specimen requisitions, accession records, proficiency testing records, quality management records and competency assessment records are retained for at least two years.
4. Personnel training records must be retained for the time period in which the method/test is in use or length of employment (whichever is shorter), plus two years.

III. NOTE

Retained slides are both a resource for the patient and a medical record. Laboratories may utilize archived slides for diagnostic purposes to benefit the patient, even if it results in the destruction of the retained slide.

IV. REFERENCES

1. Department of Health and Human Services, Center for Medicare and Medicaid Services. Clinical Laboratory Improvement Amendments of 1988; final rule. Fed Register. 2003(Jan 24):7170 [42CFR493.1105(a)(7)(i)(A); 493.1274(f)(2) through (f)(4)].
2. College of American Pthologists. Retention of laboratory records and materials. Northfield, IL; CAP, current edition.
3. The National Committee of Clinical Laboratory Standards, 1996 GP2-A3, Publication NCCLS, CDC, Atlanta, GA.

Approved:_____ Date:_____
Revised:_____ Date:_____

CYTOPATHOLOGY REPORTING OF RESULTS POLICY

I. REPORTS ISSUED/TURN AROUND TIME

Reports are issued on all cases accessioned in the Cytopathology lab. (See submission procedures) Verbal final reports are available within 1 working day of specimen receipt. In general, final reports are available within the CRIS system within 2 working days of specimen receipt. In some instances, (transcription delay, additional special stains, immunohistochemical or molecular stains) there may be a several day delay in the written report. An oral cytomorphologic interpretive report is always available within one working day.

If a screening cytopathologist is unavailable to review a final report, another cytopathologist may review a representative slide or slides and the report for him/her. The reviewing pathologist's name will be added near the end of the report as report reviewer. The screening cytopathologist's name will be at the end of the report as the attending cytopathologist.

II. STAT/RUSH CASES

At the clinician's request after agreement with the pathologist on service, cases from patients which require immediate treatment (medical emergencies) may be done the same day. This service is provided as soon as feasibly possible, with an oral report issued immediately. Based on the necessity for special stains, this report may be preliminary. The written report follows above protocol. After hours (after 5 pm) the clinicians are to contact the pathology resident on call who will in turn contact the pathologist on call.

III. VERBAL REPORTS

In cases with significant/unexpected findings in which action is needed to avert significant patient morbidity or mortality (e.g. HSIL or invasive carcinoma in a cervicovaginal smear, first diagnosis of malignancy or metastatic malignancy, unexpected pathogenic infectious agent), the cytopathologist will attempt to contact the ordering physician whose name and beeper number are required on the requisition sheet.

Any specific request by a clinician for a verbal report on a patient will be responded to by a cytopathologist. If the report is preliminary, it is clearly stated by the pathologist, who will call the clinician back after a final diagnosis is determined.

CYTOPATHOLOGY REPORTING OF RESULTS POLICY

Verbal reports are only given to physicians, registered nurses, physician assistants, nurse practitioners or other practitioners involved in the patient's care.

All verbal reports are documented in the final report, as long as they take place before the paperwork is finalized. Supplemental reports are not issued to document verbal reports.

IV. REPORTING RESULTS OF GYNECOLOGIC CASES

All gynecologic cases (including negative Pap smears and monolayers) are rescreened by a cytopathologist. Results for these cases are not reported until the rescreen is complete.

V. PRESERVATION OF MATERIALS (SLIDES, REPORTS AND DOCUMENTS)

All cytology reports, slides and cell blocks at the NIH are stored indefinitely. Slides and cell blocks from 1994 to the present and bound reports from 2002 to 2008 are kept on site at room temperature and stored chronologically*. Slides, cell blocks and reports prior to these dates have been stored in an offsite climate controlled storage facility (See: Appendix E of this manual). In addition, all cytopathology reports after May 12th, 1999 may also be accessed electronically using the SoftPath or CRIS systems. See the Softpath Manual located in the Cytopathology Lab (Bldg 10, Rm 2S238) for instructions.

VI. NOTE

Retained slides are both a resource for the patient and a medical record. Laboratories may utilize archived slides for diagnostic purposes to benefit the patient, even if it results in the destruction of the retained slide.

IV. REFERENCE

College of American Pathologists. Retention of laboratory records and materials. Northfield, IL; CAP, current edition

*See page 4 for specific storage locations.

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Revised:_____ Date:_____

PROCEDURE FOR SLIDE AND CELL BLOCK STORAGE

I. PRINCIPLE

Stored slides and cell blocks must be placed in a manner that both protects and preserves them and allows them to be retrieved in a timely manner for review.

II. MATERIALS

A. Slide/cell block storage cabinet with drawers, or Lektriever
B. Room temperature environment
C. Slides and/or cell blocks

III. PROCEDURE

A. Place slides in slide drawers chronologically by year processed, then by accession number.
B. Place drawers in the slide cabinet or Lektriever. In the Cytopathology section, the most recent three years are stored in the Cytopathology Office in a slide cabinet. The next three years are stored in the Lektriever on Shelf 20 located in Rm 2N240. Older slides from 1994 forward are stored in Building 10 Room B2A20, a locked high density storage area. All of these locations are in building areas where people work on a daily basis, and a room temperature environment is maintained. Material prior to 1994 is archived in a climate controlled offsite facility (see Appendix E).
C. Place cell blocks in cell block drawers chronologically by year processed, then accession number. Place drawers in cell block cabinets, located near their respective slide counterparts.

IV. REFERENCE

College of American Pathologist Cytopathology Checklist 07.28.2015; CYP. 07100, p.19.

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