Clinical Histology
Procedure
histo05.01

Pathology Quality Control

Final Approval: May 2010  Effective: May 2010

List all stakeholder(s) and dates of approval:
Stakeholder Name(s): Shelly M. Siegel HT Date: 8/26/2010 Reviewed ☒ Revised ☐
Stakeholder Name(s): Mark Magilner MD Date: 8/27/10 Reviewed ☒ Revised ☐
Stakeholder Name(s): Shelly Siegel Date: 5/3/11 Reviewed ☒ Revised ☐

Describe briefly the most recent revision made to this policy, procedure or protocol & why:
New Procedure

Purpose/Policy Statement:
Monitor quality of histological preparations and staining. “Histology Quality Control” form is submitted daily by a pathologist on a rotating basis among Pathologist staff. “Pathology Quality Feedback” form is submitted by any pathology staff regarding the quality of work performed – positive or negative.

Definitions:
• H&E = hematoxylin and eosin
• SAT = satisfactory
• UNSAT = unsatisfactory

POLICY CONTENT

Histology Quality Control

Routine histologic preparation quality needs to be monitored to insure high-quality slide preparation and staining standards are maintained on a day-to-day basis. Quality assessments will be determined by a pathologist assigned to surgical pathology cases. Feedback will be in the form of a “Histology Quality Control” form which will be completed by a pathologist reading surgical pathology cases and will be returned to the histology supervisor. The histology supervisor will be responsible for monitoring QC forms to watch for trends and investigate/remedy unsatisfactory observations. Specific items on the form include, but are not limited to, H&E color balance/intensity, Embedding/Orientation, Section Thickness, Wrinkles, Chatter, Knife Lines, Floater, Coverslipping and Labeling.

STEPS / KEY POINTS

One form per day will be filled out by a pathologist reading surgical pathology cases.
Form returned to Histology Supervisor.
Histology Supervisor monitors QC forms and investigates/remedies unsatisfactory observations.

Equipment/Supplies (If Applicable):
N/A

Form Name & Number or Attachment Name (If Applicable):
histo05
Author Position:
Lead Histologist

Review/Revision Authority (Position Not Individual Name):
Lead Histologist

Expert Consultant Position/s (Not Individual Name/s):
N/A

References (Required for Clinical Documents):
N/A

Is there a Regulatory Requirement? Yes ☐ No ☐
If yes, insert requirement information here:

Review History (No Changes):
N/A

Revision History (Note changes in area under header):
N/A

Computer Search Words:
N/A

Policy, Procedure or Protocol Cross Reference Information:
N/A