

# Advanced Pathology Laboratory

## Pathology Reports and Report Turn-around-time.

The laboratory may issue different types of reports to communicate the pathology diagnosis.

A *final* pathology report is a completed report that becomes part of the permanent medical record, and includes the final diagnosis and all necessary diagnostic information. Final diagnosis includes both gross and microscopic examinations.

A *Provisional* (or preliminary) report is used when the pathologist anticipated a delay in producing the final report. This may occur for a number of reasons, such as the need to obtain special stains or review of archival or outside material, or decision to obtain expert consultation. A provisional report shall describe what is pending before the final report can be issued. A provisional diagnosis indicates that the findings are preliminary and may be changed in the final report. This report will be issued as black-and-white report marked with "NOT FINAL".

An *addendum* report is issued when new information becomes available after the final report has been issued. Newly obtained clinical information, findings on additional histologic sections or review of archival material, the results of special studies such as immunohistochemistry or molecular diagnostics, and the result of consultations may be included in an addendum report. An addendum report may or may not change the original diagnosis.

A *revised* (or amended) report is issued when the final diagnosis changes or other important pathologic information becomes available. The reasons for the revision shall be explained in the report and the clinician notified because a revised report may significantly affect patient care.

A *corrected* report is issued when transcription, patient identification, specimen site, or other related reporting error occur. A corrected report differs from a revised report because the diagnosis remains unchanged. Corrected reports shall be clearly identified and the reasons for correction included in the report. The clinician shall be notified when corrections are likely to influence patient care.

Regardless of the specific terms used, communications with the treating physicians, with clear explanation of the purpose of the new report, is essential.

Although revised or amended reports rates alone are inadequate measures of diagnostic error, their rate will be monitored as part of the quality assurance program.

The turn-around-time of the pathology report, provided that the specimen is received before 4 p.m., are as follows:

- Stat: Next day, called before 2 p.m.
- Fine needle aspiration without cell block: Final or preliminary report issued next working day.
- Fine needle aspiration with cell block: Final or preliminary report issued within two days.
- Routine: Final or preliminary report issued within three working days.
- Decalcified specimen: Final or preliminary report issued within four working days.
- Gynecologic cytology: Final or preliminary report issued within seven working days.