# PRE-ANALYTICAL ERRORS IN ANATOMIC PATHOLOGY

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Dr. Nurfareha Mohd Hatta Anatomic Pathology Unit CDL HASA UiTM

#### **AP LAB SERVICES**



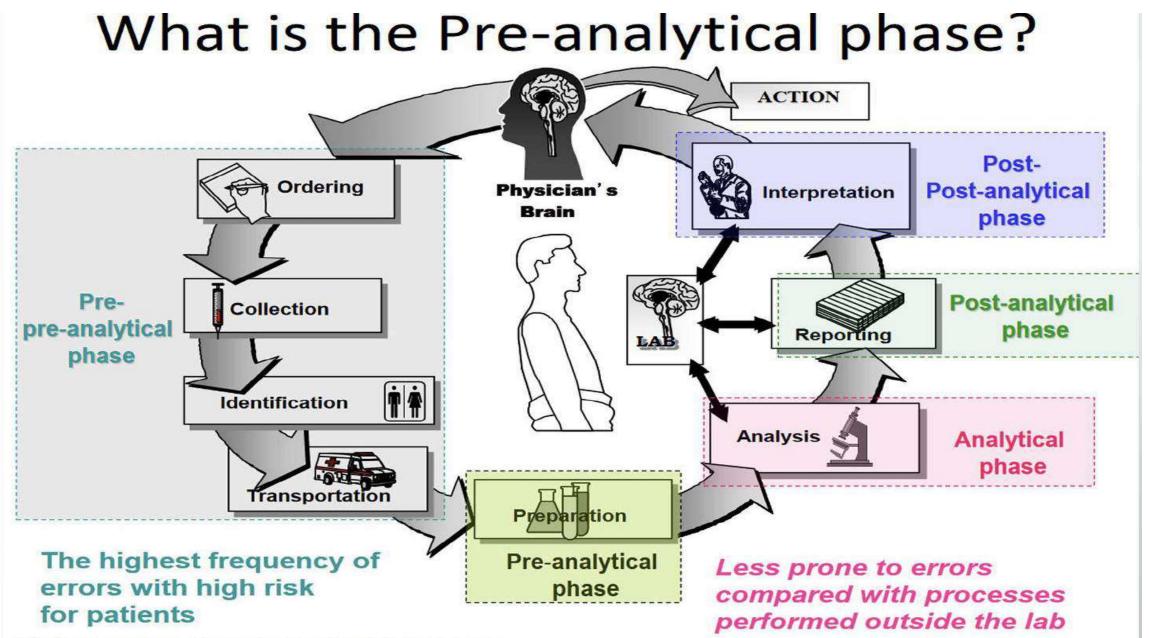


#### HISTOPATHOLOGY

- Macro- & microscopic examination of tissues
- Biopsies & surgical resection specimens
- Frozen sections
- Ancillary services: Special stains, IHC, IF

#### CYTOPATHOLOGY

- Gynae
- Non-gynae: FNA, brushings, body fluid cytology
- FNA clinic: ROSE



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# What is an ERROR?

Major error

An error that has a <u>major effect</u> on therapy that can alter the prognosis of a disease or that has a major effect on prognostication, exclusive of therapy. • Minor error

An error that <u>does</u> <u>NOT have a major</u> <u>effect</u> on therapy that can alter the prognosis of a disease or that has a major effect on prognostication, exclusive of therapy.

## **Errors in Pre-Analytical Phase**

- Clinician error & Specimen collection phase
  - Specimen from the wrong patient
  - Wrong surgical procedure
  - Inadequate tissue for diagnosis
  - Wrong fixative or media
  - Wrong container
  - Ordering the wrong test
  - Mislabeling or labeling illegibly a specimen
  - Providing misleading or inadequate clinical information





### Errors in Pre-Analytical Phase

#### Specimen transport phase

- Specimen loss
- Environmental factors that cause specimen destruction
- Untimely delivery of a specimen
- Delivery of a specimen to the wrong site



### Errors in Pre-Analytical Phase

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MAC

- Specimen receipt & accessioning phase
  - Incorrect order entry & accessioning
    - Assigning a specimen to the wrong patient
    - Misidentifying the site of origin of a specimen

	Histo Lab		Reg. No			Date Received	14- 07- 2021
	Patient Name						
	I/C Number	5618	Age	61 Gend	ler Female	Race	Malay
	Specimen (A)NASAL CAVITY, RIGHT (B)NASAL CAVITY ,						
	Requesting Doctor Clinic/Ward						
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10/2/0	Anterior media: Thorax (6/11/2			COLD STORE AND A	The second		
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#### • Specimen does not tally with the request form

- No. of samples are not consistent with the form
- Incomplete or incorrectly labelled request form or specimen
- Mismatch labelling on the specimen & request form

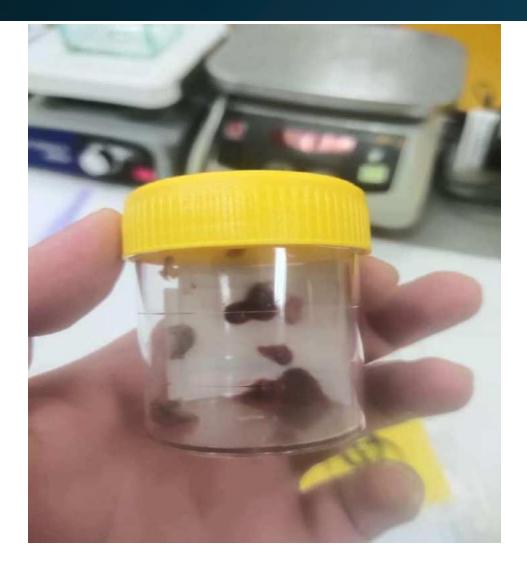
#### <u>Corrective & preventive actions:</u>

- Clarification & rectification with requester
- All specimens must be labelled with the patient's name and at least one other unique identifier (e.g NRIC, MRN etc)
- Separate request forms for each sample (eg. 2 samples require 2 forms)
- Specimen must be correctly labelled and matches the form
- Label sticker should be put on the container, not on the lid

- Problems with specimen container
  - Leaking
  - Not enough formalin
  - Wrong fixative
    - Skin biopsy for IF studies in formalin instead of saline
  - Improper container
    - Using "bekas kuih raya"
    - Inappropriate size
    - The lid is not tight

#### Corrective & preventive actions:

- Clarification & rectification with requester
- Use appropriate size of container
- Use 10% neutral buffered formalin (except frozen section or biopsy for IF studies)
- Ratio of formalin volume to specimen volume is 10:1
- Use leak-proof container and make sure the lid is tightly sealed
- Small container should be transported in a biohazard bag





- Multiple specimens in one container
  - Eg. Tonsils & adenoid
  - Different tissues must be sent separately and correctly labelled, along with separate request forms

- One specimen, one container, one request form
  - EXCEPT Skin tissue biopsy for IF studies ONE FORM but TWO SPECIMENS in TWO SEPARATE CONTAINERS

- Inadequate clinical information
  - Patient's details
  - History
    - Relevant history not indicated
    - Eg. Post-NAC mastectomy history of NAC, tumour size before & after tx, radio findings
  - Clinical diagnosis
  - Specimen type, site
  - Requester's name
    - Forms are filled in by a different person other than the person who performed the procedure

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		42300 Puncak Alam, Selangor Darul Ehs		
		Phone: 03-3396 300	MARA	
			UITM/FPR/CPDRL/ /IF-03	
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A CONTRACTOR OF A CONTRACT		Clinic / Ward	: HUITM - Daycare	
Vame		Phone No	: 0126480907	
MRN		Date of Admission / Clinic		
I/C No		Appointment Requested By		
DOB		Ordered Date/Time	: 29-07-2022 09:43	
Age	: 41y 7m 4d	Consultant in Charge		
Race	: Malay	Constitution of one ye		
Gender	: MALE			
App.Date (Specimen)	: N/A			
Remark			and the second for the second s	
Clinical Histor	y:			
h/o lap appendi	cectomy early this year complicated wi sue at RIF Colonoscopy - no sinus or fis	th SSI - persistent discharge from wou itula, no collection, polyp at caecum, p	and site CT AP - collection polypectomy done	
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#### • Specimen orientation is not written in the request form

- Eg. mastectomy, wide local excision
- Sutures present but not specified

#### Corrective action:

Complex specimens requiring orientation must be tagged accordingly & clearly indicated in the accompanying request form

### **Specimen rejection & Rectification**

- NO rejection policy
- ALL specimens are deemed precious
- For certain requests which do not fulfil the unit's requirements, the requester shall be contacted to rectify the request by filling in the rectification form
  - Rectification is done prior to tissue processing
- The specimen will only be processed following satisfactory corrective actions

### **Rectification criteria**

#### Specimens

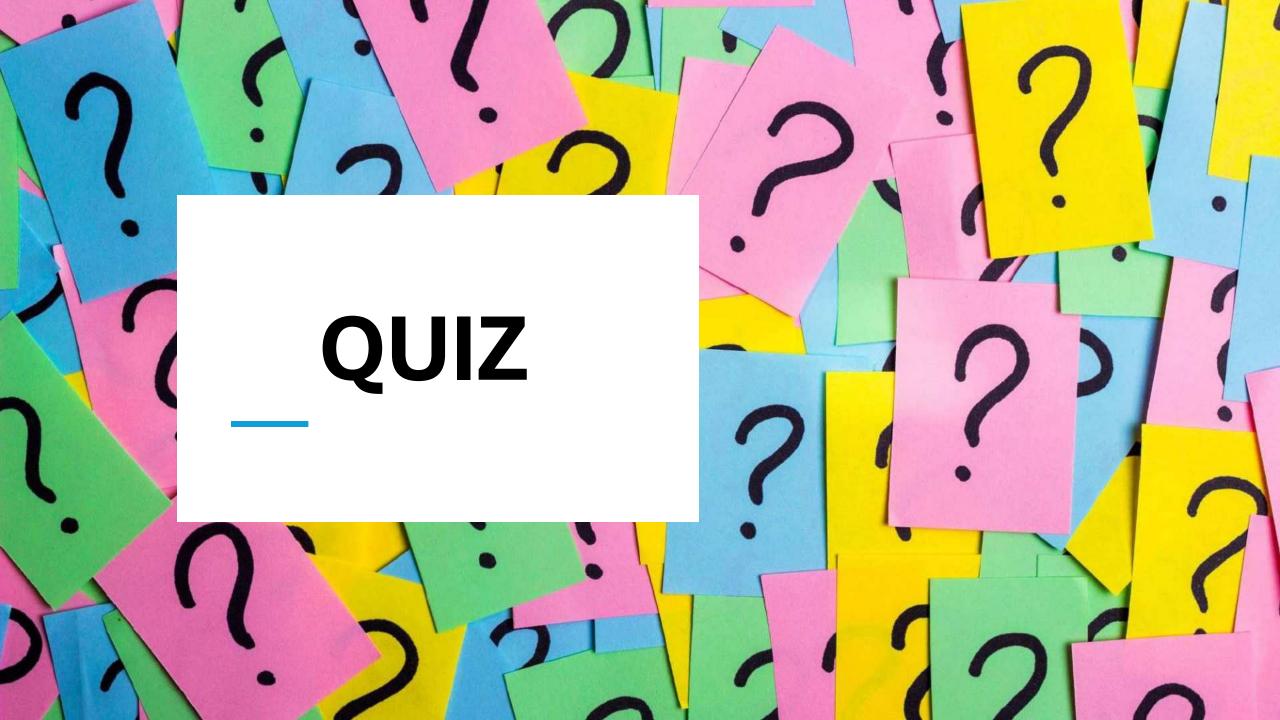
- No specimen(s) received
- Wrong specimen(s) received
- Incorrect no. of specimens received
- Inappropriate container
- Wrong labelling of specimen(s)
- Specimen(s) do not tally with request form
- Leaking container

#### Request form

- No request form received
- Wrong request form received
- Request form torn/damaged/contaminated
- Incomplete request form

RECTIFICATION FORM	HUTTM-CLD-CDL(4P)-F-001-04 WITVERSTIT UNIVERSTIT TEKNOLOGI MARA
	RECTIFICATION FORM
Registration No. / MRN : Patient's ID / NRIC	*Please return this form after rectification has been made
Ward / Clinic Ward TA	Patient's Name :
Type of Spesimen Sebaceous cyst	Registration No. / MRN :
Test Request HPE	Patient's ID / NRIC :
Date & Time Received 29 July 2024	Ward/Clinic : Doycore
Ressou for Rectification Speannen not in formalin.	Type of Specimen : Stin tag (Right superior axilla)
	Test Request : Hf E
Hormon samat	Date & Time Received : 15/2/24 (@ 10:30 am
Dele de Eline informed 29 July 2014 (9-00 gm)	Reason for Rectification : ter Type of specimen on request form not tally with the type of specimen label on container (Right anterer axila stateg)
Informed to : PPK / Staff Nurse : SN Saling .	Informed By : MC1 Ana axilla son tog)
Requester	Date & Time Informed : 15/2/24 @ 10-35 am
	Informed to : PPK / Staff Nurse : A10
Corrective actions (to be filled by requester):	: Requester :
immediately topup formalin.	Corrective actions (to be filled by requester):
Remark (to be filled by lab staff):	Change table of Speemen. fin anferor acting
Corrective Action is done 29/1/29.	Remark (to be filled by lab staff):
	Done
ettner details, kindly contact Anatomic Pathology Laboratory, UiTM at 03 - 61265244 / 5053	Further details; kindly contact Anatomic Pathology Laboratory, UiTM at 03 - 61265244 / 5053
	Further details; kindly contact Anatomic Famology Laboratory, or the area of the state

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# **Question 1**

The following are pre-analytical errors in AP lab, EXCEPT:

A. Specimen is labelled with one unique identifier

B. Frozen tissue section is sent in formalin

C. Using saline for skin biopsy submitted for IF studies

D. Specimen orientation is not specified in the request form

# **Question 2**

#### What is the recommended ratio of formalinto-specimen volume?

A. 1:20

- B. 1:10
- C. 10:1
- D. 1:1

# **THANK YOU**

