Checklist for ASVCP Quality Assurance Guideline Section 9, Cytology, Fluid Analysis, and Immunocytochemistry (v.3, 2019)

The purpose of these checklists is to facilitate guideline implementation/practical application and may be further detailed in laboratory-specific standard operating procedures (SOPs). The numbers in the first column correspond to the section numbers in the guideline. The N/A option (listed here only for applicable items) should only be employed for items not pertaining to the laboratory, with an explanation in the additional comment box.

Guideline Recommendation	Compliant?	Additional Comment(s) by Auditor
9.1.1, 9.1.1.2 Cytology submission guidelines are provided to offsite laboratory clients (i.e. not pertaining to private practice in-clinic labs), to include optimal sample and fixation technique/transport media for immunocytochemistry (ICC).	☐ Yes ☐ No ☐ N/A	
9.1.1 Submission recommendations include minimizing ultrasound/lubricant gel on skin, lesion surface, and/or on/in the collection instrument.	☐ Yes ☐ No ☐ N/A	
9.1.1, 9.1.1.2 Submission recommendations include packaging/transport of slides in a manner that minimizes temperature and humidity fluctuations.	☐ Yes ☐ No ☐ N/A	
9.1.1 Submission recommendations include adequate protection from formalin fumes (shipping cytol./histol. samples in completely separate packages/mailings and not in different plastic bags within the same box).	☐ Yes ☐ No ☐ N/A	
9.1.1.1 Submission recommendations include providing 1-2 direct smears with any fluid tubes (excepting CSF), labeled as direct on the slide(s).	☐ Yes ☐ No ☐ N/A	
9.1.2 Submission recommendations include directly labeling glass slides with patient ID and	☐ Yes ☐ No ☐ N/A	

site source (avoiding labeled containers with unlabeled slides).		
9.1.2 (see also 3.4, 3,5) Clients are advised re possible sample rejection if cytology accession form is not legible or does not contain the following: ● Unambiguous/anatomically correct site source ● Gross description/imaging findings ● Method of collection (e.g. needle v. direct impression v. swab)	☐ Yes ☐ No ☐ N/A	
9.2.1, 9.2.3, 9.2.6 Manufacturers' instructions are followed for all equipment, and instrument performance and maintenance logs are kept (to include stain, stainers, centrifuges, hemocytometers, and microscopes).	☐ Yes ☐ No ☐ N/A	
9.2.2, 9.2.3 Method validation and routine QC are performed on instruments measuring biochemical analytes in fluid samples. Laboratory personnel are knowledgeable regarding the operation, principle of measurement, and the potential errors associated with these measurements.	☐ Yes ☐ No ☐ N/A	
9.2.4 Laboratory personnel are trained to applicable portions of fluid analysis such as gross interpretation, cell count generation, protein measurement, slide preparation, and/or staining. Lab personnel make direct smears from fluid with an intact feathered edge.	☐ Yes ☐ No ☐ N/A	
9.2.5 Cytology reports are clear and concise, with an explanation of any modifiers regarding interpretive probability, and with comments	☐ Yes ☐ No ☐ N/A	

regarding any recommended course(s) of action as applicable.		
9.2.6 The laboratory participates in internal and external QA programs with blind cytology cases.	☐ Yes ☐ No ☐ N/A	
9.3 Immunocytochemistry stains are verified with positive and negative controls and are verified for repeatability.	☐ Yes ☐ No ☐ N/A	
9.3.2 Immunocytochemistry reagents, antibodies, and strainers are maintained via manufacturers' instructions.	☐ Yes ☐ No ☐ N/A	
9.3.3 Internal and external audits for immunocytochemistry include comparison of methods/kits for the same antigen, review of select cases by several pathologists, and comparison of ICC results with immunohistochemistry, flow cytometry, and/or EQA programs as available.	☐ Yes ☐ No ☐ N/A	
9.4 A second opinion option is available as deemed appropriate by the client or by the pathologist.	☐ Yes ☐ No ☐ N/A	
9.4 Cytopathologist pursues case follow up (e.g. any ordered histopathology, flow cytometry, PCR, as well as case outcome).	☐ Yes ☐ No ☐ N/A	