



Report Audit Worksheet For Physicians Providing Anatomical Pathology Services

25 reports chosen randomly by the practice visitor from the files from 3 separate half-days within the previous month. A minimum of 15 randomly chosen reports must be reviewed. Other reports may be specifically selected to review certain report or case -types and should include:

- Report(s) with external review.
- Report (s) with internal review.
- Or other common cancer type.

If you review cancer specimens in your practice, please include a review of breast, prostate or colon cancer or examples of cancer cases that are relevant to your practice.

A. Complete the questions below using 3 reports:	<i>Present in <u>ALL</u> three files?</i>	
1. Can the reporting physician be identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Can the patient be identified by unique identifiers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are there adequate linkages between specimens and patient identifiers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B. Review of reports:	<i>Present in <u>ALL</u>?</i>	
1. Do the reports contain adequate clinical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. Report characteristics for cases with:	<i>Satisfactory?</i>		
1. Frozen sections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Cancer reports with synoptic report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3. External review	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Internal consults	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Amended reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Cases using other ancillary tests e.g. immunohistochemical, special stains, molecular genetics, flow cytometry, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Preliminary reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

D. Autopsy report	<i>Satisfactory?</i>	
1. Preliminary report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Final report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Timeliness of report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

E. Review of 10 reports for common but complex cases:	
1.	Report:
2.	Report:
3.	Report:
4.	Report:
5.	Report:
6.	Report:
7.	Report:
8.	Report:
9.	Report:

E. Review of 10 reports for common but complex cases:	
10.	Report:

Practice Visit Number: _____

Practice Visitor: _____

Date: _____