

## ***PEC Form II Part B: Program-Specific Information***

PROGRAM: Histopathology

DEPT. NAME:

| <b>A. Histopathology Specialty Resources</b>                                          | <b>YES/NO</b> | <b>Number</b> | <b>Comments</b> |
|---------------------------------------------------------------------------------------|---------------|---------------|-----------------|
| Total Number of Specimens (last 12 mos.)                                              |               |               |                 |
| <b>Samples Processed Annually</b>                                                     |               |               |                 |
| <b>Specimens (specify number of specimen/year):</b>                                   |               |               |                 |
| • Histology                                                                           |               |               |                 |
| • Cytology (Gynae)                                                                    |               |               |                 |
| • Cytology (Non-Gynae)                                                                |               |               |                 |
| <b>The laboratory has the following subspecialty cases (specify number of cases):</b> |               |               |                 |
| • Breast Pathology                                                                    |               |               |                 |
| • Gynecologic Pathology                                                               |               |               |                 |
| • Hepatobiliary Pathology                                                             |               |               |                 |
| • Bone and Soft Tissue Pathology                                                      |               |               |                 |
| • Gastrointestinal Pathology                                                          |               |               |                 |
| • Genitourinary Pathology                                                             |               |               |                 |
| • Dermatopathology                                                                    |               |               |                 |
| • Hematopathology                                                                     |               |               |                 |
| • Renal Pathology                                                                     |               |               |                 |
| • Pulmonary Pathology                                                                 |               |               |                 |
| • Neuropathology                                                                      |               |               |                 |
| • Transplant Pathology                                                                |               |               |                 |
| • Other Subspecialty cases                                                            |               |               |                 |
| <b>The laboratory has the following services:</b>                                     |               |               |                 |
| • Surgical specimens, medical biopsies for tissue diagnosis                           |               |               |                 |
| • Fine Needle Aspiration Cytology (FNAC)                                              |               |               |                 |
| • Cervical smears                                                                     |               |               |                 |

| A. Histopathology Specialty Resources (cont'd)                                                                                                       | YES/NO | Number | Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|----------|
| <b>The laboratory has the following services (cont'd):</b>                                                                                           |        |        |          |
| • Frozen sections                                                                                                                                    |        |        |          |
| • Immunohistochemistry (IHC)                                                                                                                         |        |        |          |
| • Molecular Pathology                                                                                                                                |        |        |          |
| • Immunofluorescence (IF)                                                                                                                            |        |        |          |
| • Post mortem examinations                                                                                                                           |        |        |          |
| • Electron microscopy                                                                                                                                |        |        |          |
| • Other Services                                                                                                                                     |        |        |          |
| Available Microscopes                                                                                                                                |        |        |          |
| Personal Protective Equipment<br>(i.e. eye protector, face masks, gloves, surgical gowns, lab coat, disposable aprons, disposable shoe covers, etc.) |        |        |          |
| Consultant Room                                                                                                                                      |        |        |          |
| Registrar (Specialist) Room                                                                                                                          |        |        |          |
| Cytoscreener Room                                                                                                                                    |        |        |          |
| Resident Room                                                                                                                                        |        |        |          |
| Seminar/Conference/Teaching Room                                                                                                                     |        |        |          |
| Audio Visual aid (computer, projector, etc.)                                                                                                         |        |        |          |
| Printing/Photocopy Facility                                                                                                                          |        |        |          |
| Internet Access (WiFi)                                                                                                                               |        |        |          |
| Books (Print, Electronic)                                                                                                                            |        |        |          |
| Journals (Print, Electronic)                                                                                                                         |        |        |          |
| Slide Collections                                                                                                                                    |        |        |          |
| Educational Software/Database                                                                                                                        |        |        |          |
| Routine Monitoring of Turnaround Times                                                                                                               |        |        |          |
| Discipline-Specific Requirements                                                                                                                     |        |        |          |
| Emergency Restraint Policy                                                                                                                           |        |        |          |
| Hand-Over System                                                                                                                                     |        |        |          |
| Other Resources                                                                                                                                      |        |        |          |

| <b>B. Human Resources for Histopathology</b> | <b>Number</b> | <b>Comments</b> |
|----------------------------------------------|---------------|-----------------|
| Senior Consultants                           |               |                 |
| Consultants                                  |               |                 |
| Senior Specialists                           |               |                 |
| OMSB Trainers                                |               |                 |
| Specialists                                  |               |                 |
| Medical Officers                             |               |                 |
| Cytoscreeners                                |               |                 |
| Technologists                                |               |                 |
| Auxiliary Staff                              |               |                 |
| Others, please specify                       |               |                 |

| <b>C. Academic Activities and Quality Assurance (QA) in Histopathology</b> | <b>YES/NO</b> | <b>Frequency</b> | <b>Comments</b> |
|----------------------------------------------------------------------------|---------------|------------------|-----------------|
| Morning Meetings Conducted Regularly                                       |               |                  |                 |
| Black Box Teaching                                                         |               |                  |                 |
| Department Lectures/Didactics for Staff                                    |               |                  |                 |
| Academic Day/Teaching Day                                                  |               |                  |                 |
| Specialty Workshops                                                        |               |                  |                 |
| Journal Clubs                                                              |               |                  |                 |
| Interdepartmental Conferences/Meetings                                     |               |                  |                 |
| Internal Quality Assurance Programs                                        |               |                  |                 |
| External Quality Assurance Programs                                        |               |                  |                 |
| Audits Conducted Regularly                                                 |               |                  |                 |
| Peer Reviews                                                               |               |                  |                 |
| Availability of Incident Reports System                                    |               |                  |                 |
| Patient Safety Monitoring System                                           |               |                  |                 |
| Other Activities, please specify                                           |               |                  |                 |

**D. Other Resources and Overall Comments:**

Approved by:

\_\_\_\_\_  
**Name**  
Head of Department / Representative

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**