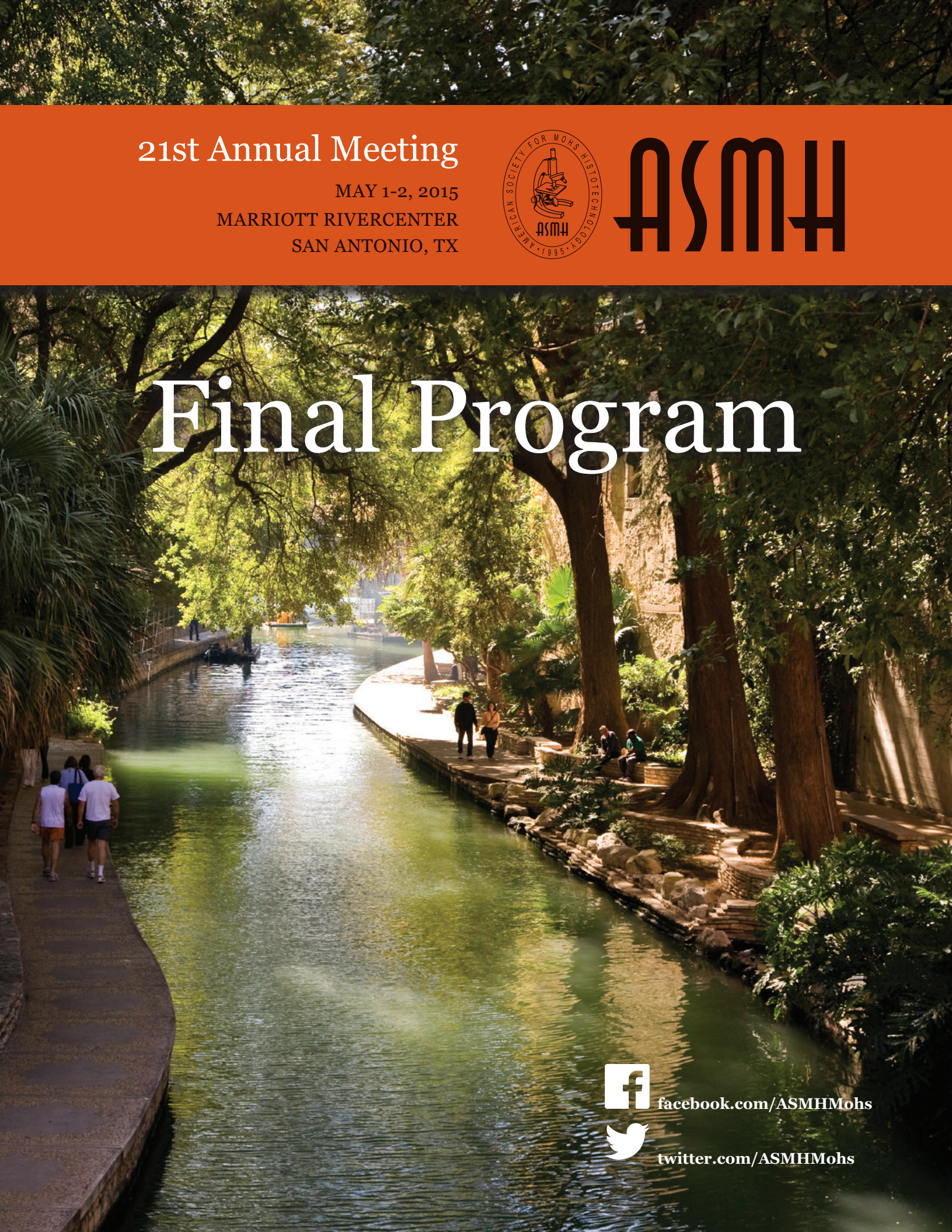

21st Annual Meeting

MAY 1-2, 2015
MARRIOTT RIVERCENTER
SAN ANTONIO, TX

ASMH

Final Program

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ASMH Thanks Our Supporters

The American Society for Mohs Histotechnology gratefully acknowledges the following companies for their contributions and support to help underwrite the educational goals of the ASMH Annual Meeting.

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American Society for Mohs Histotechnology
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Milwaukee, WI 53202-3823

Phone: (414) 918-9813
Fax: (414) 276-3349

Email: info@mohstech.org
Website: www.mohstech.org

General Meeting Information

On-Site Registration

The ASMH Registration Desk will be open at the Marriott Rivercenter on the following days and times (subject to change):

Thursday, April 30:	6:30 am – 5:00 pm
Friday, May 1:	6:30 am – 5:00 pm
Saturday, May 2:	6:30 am – 4:00 pm

Contact Hours

The National Society for Histotechnology (NSH) approved the ASMH 21st Annual Meeting for up to 12.5 Continuing Education Unit Contact Hours. Meeting attendees are responsible for signing in on the Attendance Record form at the Registration Desk, as well as tracking their session attendance and reporting it directly to the NSH for contact hour credit. There is no fee for this service. NSH can be reached at (443) 535-4060 or histo@nsh.org.

Certificate Of Participation

Please pick up your certificate of participation at the Registration Desk on Saturday, May 2.

Special Events

Friday, May 1

CONTINENTAL BREAKFAST
Continental breakfast will be provided to all meeting attendees from 8:15 – 9:00 am in the General Session room (Salon E).

NEW MEMBER AND FIRST-TIME ATTENDEE WELCOME SESSION
If you are new to ASMH, or if this is your first Annual Meeting, plan to attend this informative session from 8:30 – 9:00 am in Salon E to learn more about ASMH and network with new and veteran members.

NETWORKING RECEPTION
A networking reception will take place from 5:00 – 6:30 pm in the Exhibit Hall (Salon F). Light hors d'oeuvres will be served, along with beer, wine, and soda. Please join us to meet and network with fellow attendees and exhibitors.

Saturday, May 2

ANNUAL BUSINESS MEETING (ASMH Members Only)
The 2015 Annual Business Meeting will be held from 9:00 – 10:00 am in Salon E. Breakfast will be provided.

Photography and Recording Policy

Photography or video or audio recording of sessions, materials presented in session, or exhibits without express written permission from the ASMH is strictly prohibited. Any photos, video or audio taken by or on behalf of the ASMH of the meeting activities and attendees shall be property of the ASMH.

There will be a professional photographer on-site documenting the meeting and social events. By attending the meeting, you agree to be photographed. Photos may be used in future promotional materials, ASMH publications, websites and social media, or other formats controlled by the ASMH.

If you prefer not to be photographed, please immediately notify the photographer or an ASMH staff member if your picture is taken.

Use of Mobile Devices

Please ensure that mobile phones, pagers or other electronic devices are silenced or turned off during all sessions.

Lost & Found

Please notify staff at the ASMH Registration Desk if you have lost or found an item during the course of the meeting.

UPS Store

Marriott Rivercenter offers a full-service UPS Store **just off the main meeting space** featuring shipping, postal, document and business services, as well as computer access immediately adjacent.

- Packaging, shipping & receiving
- Packing supplies
- Postal services
- Copying, finishing and printing
- Fax sending & receiving
- Computer services
- Money orders/transfers

Store Hours

Monday – Thursday	6:30 am – 7:00 pm
Friday	6:30 am – 6:00 pm
Saturday & Sunday	7:30 am – 4:00 pm

Wi-Fi Connection Instructions

To access the Internet on the meeting floor:

1. With your computer turned ON, set your wireless adapter SSID to Marriott_CONFERENCE.
2. Launch a web browser.
3. Follow the on-screen instructions and enter the Pass Code "ACMS15" and your first and last name when prompted.

NOTE: Complimentary Internet service is available in guest rooms using a different Pass Code than noted above for the meeting floor.

2014-2015 Officers And Board Members

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Jeanie Wade, HT (ASCP)

VICE PRESIDENT

Linda R. Cesario, DPM, HT (ASCP)

SECRETARY

M. Maureen Gagnot, HT (ASCP)

TREASURER

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PAST PRESIDENT

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MTQA TRAINERS:

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Lynn Whitmore, HT (ASCP)

Lisa Zhu, HT (ASCP)

Welcome From The President

Dear ASMH members and colleagues,

ASMH has enjoyed another great year, and I welcome you to the 21st Annual ASMH Meeting in my home state of Texas!

This year, our Annual Meeting Program Committee is led by Kathi McAdoo, Chair, and Ebony Hills, Co-Chair. These two ladies, along with other members of the Program Committee, have done a wonderful job putting this year's program together, which includes a variety of topics and exciting presentations.

The ASMH meeting is a great opportunity to learn valuable information about compliance, various types of skin cancer, different methods and techniques, and ultimately how to be the best technician you can be in order to offer quality patient care. It is the members of this Society that make it so special! I encourage you to take advantage of the Networking Reception Friday evening, as well as additional opportunities to network and learn about other Mohs technicians from around the globe.

A warm welcome to our new members! If you see a new member, introduce yourself and share information. What an exciting opportunity to get to meet like-minded individuals. We all think "Mohs."

I would like to express my sincere gratitude to the presenters who have graciously volunteered their time and resources this year. The 21st ASMH Annual meeting features 11 ACMS physician-led sessions! They are Drs. Peggy Chern, Matthew Fox, Lee Miller, Vineet Mishra, Juan-Carlos Martinez, Anthony Rossi, Marc Brown, Elizabeth Billingsley, Jennifer Bahner, Valencia Thomas, and CAP Representative Dr. Kenneth Klein. We thank each of them for donating time away from their own meeting to further our knowledge base. Each year, we also have a number of ASMH technician members taking part in group presentations and volunteering to assist with the workshops.

Make sure you visit the Exhibit Hall this year! You will find an array of companies present to show you their products and services. Information on all attending exhibitors can be found on page 17.

On behalf of the ASMH, welcome to the 21st Annual Meeting!

Respectfully,

Jeanie Wade, HT (ASCP)

Jeanie Wade, HT (ASCP)
ASMH President

Welcome From The Program Chairs

Dear ASMH members and colleagues,

Howdy from Texas! We are so excited to welcome you to wonderful San Antonio for the 21st Annual Meeting of the American Society for Mohs Histotechnology.

This year we have made some exciting new changes to the program, and hope you all get a chance to participate in a few of them. We have listened to your suggestions from last year's meeting, and have worked hard to try and put together an agenda that will captivate you, as well as present many opportunities to learn throughout the two days we will spend together. Again, we have several ACMS member physicians presenting as well as fellow technicians, and are grateful for each of them to share some of their knowledge with our group.

If you are new to our Society, or if this is your first time attending the ASMH Meeting, please be sure to attend the Welcome Session on Friday morning from 8:30 – 9:00 am in Salon E. We want to personally meet each of you, answer any questions you may have, and make you feel like a part of the group!

San Antonio is such a fun city, and we hope you take time outside of our sessions to enjoy the surrounding sights while you are here. The San Antonio Riverwalk is a destination in itself, offering numerous restaurants, shops, and attractions all within a few minutes' walk from our hotel. The historic Alamo is only a few blocks away, as well as several museums and many cultural sites. San Antonio also hosts two theme parks that can be reached by a short cab ride. The hotel offers a 24-hour fitness center, and an indoor/outdoor pool and whirlpool if you are looking to take a quick dip while you are here.

Please remember to fill out the survey questionnaires at the end of each session you attend. This helps us plan for next year's meeting in Orlando and incorporate ideas to make this YOUR meeting.

On behalf of the planning committee and the ASMH, we appreciate you joining us in Texas for the 21st Annual Meeting of the ASMH.

Thanks Y'all,

Kathi McAdoo, Program Co-Chair
Ebony Hills, BS, HT (ASCP), Program Co-Chair
2015 Annual Meeting Program Committee

ASMH Program at a Glance

Thursday, April 30		
6:30 am – 5:00 pm	Meeting Registration/Information	Third Floor Foyer
6:30 am – 5:00 pm	Speaker Ready Room	Conference Room 19
12:00 – 7:30 pm	Exhibit Hall Open	Salon A & B (ABF)
5:30 – 7:30 pm	Exhibit Hall Grand Opening	Salon A & B (ABF)

Friday, May 1		
6:30 am – 5:00 pm	Meeting Registration/Information	Third Floor Foyer
6:30 am – 5:00 pm	Speaker Ready Room	Conference Room 19
11:30 am – 6:30 pm	Exhibit Hall Open	Salon F
8:15 – 9:00 am	Continental Breakfast	Salon E
8:30 – 9:00 am	New Member and First-Time Attendee Welcome Session	Salon E
9:00 – 10:30 am 9:00 am 9:15 am 9:45 am	**General Session 1** Opening Remarks and Welcome *Jeanie Wade, HT (ASCP), ASMH President* Cryostat Workshop Overview *Jeanie Wade, HT (ASCP); Robert Tagliaferro, HT* Melanoma Processing (Square vs. Slow Mohs) *Peggy L. Chern, MD, FACMS; Matthew C. Fox, MD*	Salon E
10:15 – 10:30 am	Break	
10:30 am – 12:00 pm 10:30 am 11:00 am	**General Session 2** Immunohistochemistry: More Than Just Melanoma and MART-1 *Robert L. Milewski, HT* CLIA: How to Pass an Inspection *Barbara S. Beck, HT (ASCP)*	Salon E
10:30 am – 12:00 pm	Beginner Cryostat Workshop **Ticket required*	Conference Room 3, 4
10:30 am – 12:00 pm	Advanced Immunohistochemistry Workshop **Ticket required*	Salon M
12:00 – 1:00 pm	Lunch on your own Visit Exhibit Hall *(complimentary beverage/snack)*	Salon A & B (ABF)
1:00 – 2:45 pm 1:00 pm 1:45 pm 2:15 pm	**General Session 3** Between a Rock and a Hard Spot: Handling Lab Emergencies and Disasters *Kristin L. Cox, HT (ASCP)* Perineural Invasion *Lee Miller, MD* Mohs Specimen One-Step Relaxing Using a Biopsy Punch *Marie A. Tudsico, PhD, HT (ASCP)*	Salon E
1:00 – 2:30 pm	Beginner Cryostat Workshop **Ticket required*	Conference Room 3, 4
2:45 – 3:00 pm	Break	
3:00 – 4:30 pm 3:00 pm 3:30 pm 4:00 pm	**General Session 4** Dermatopathology and Beyond of Cutaneous Tumors *Vineet Mishra, MD* Ethics in the Mohs Lab *Alex G. Lutz, BS* What Happens After the Patient is Clear: Basics of Reconstruction in Dermatologic Surgery *Juan-Carlos Martinez, MD, FACMS*	Salon E

ASMH Program at a Glance

Friday, May 1		
3:00 – 4:30 pm	Advanced Cryostat Workshop **Ticket required*	Conference Room 3, 4
3:00 – 4:30 pm	Intermediate Immunohistochemistry Workshop **Ticket required*	Salon M
5:00 – 6:30 pm	Networking Reception in the Exhibit Hall	Salon A & B (ABF)

Saturday, May 2		
6:30 am – 4:00 pm	Meeting Registration/Information	Third Floor Foyer
6:30 am – 4:00 pm	Speaker Ready Room	Conference Room 19
8:00 am – 2:00 pm	Exhibit Hall Open	Salon A & B (ABF)
7:30 – 9:00 am	Advanced Cryostat Workshop **Ticket required*	Conference Room 3, 4
7:30 – 9:00 am	Beginner Immunohistochemistry Workshop **Ticket required*	Salon M
9:00 – 10:00 am	**ASMH Business Breakfast Meeting** - *Members only*	Salon E
10:00 am – 12:00 pm 10:00 am 10:15 am 11:15 am	**General Session 5** 2015 Abstract Award Winner: Tissue vs. Embedding Medium vs. Temperature: A Comparison of Hardness *Kurt Hemmings* CAP Accreditation and Mohs Surgery Laboratories *Kenneth M. Klein, MD, FCAP* Troubleshooting Open Forum *Kathi McAdoo; Ebony K. Hills, BS, HT (ASCP)* *(drop off questions in advance at the ASMH Registration Desk)*	Salon E
12:00 – 1:00 pm	Lunch in the Exhibit Hall	Salon A & B (ABF)
1:00 – 2:30 pm 1:00 pm 1:30 pm 2:00 pm	**General Session 6** The Cutting Edge (And What Disease May Be On It) – Revamped and Revisited *Kimberly R. Brock, BS, HT (ASCP)* Workflow in the Mohs Lab *Daniel H. Gong, MS* Grossing in Critical Areas of the Lip and Eyelids *Anthony M. Rossi, MD*	Salon E
2:30 – 2:45 pm	Break	
2:45 – 4:30 pm 2:45 pm 3:30 pm 4:00 pm	**General Session 7** Communication in the Lab *Marc D. Brown, MD, FACMS; Elizabeth M. Billingsley, MD, FACMS; Jennifer D. Bahner, MD; Deborah J. Hepler, MLT (ASCP); David M. Jereb; Fatat Sleiman, HT* Morbidity and Mortality Due to Pathological Errors in Mohs *Valencia D. Thomas, MD, FACMS* Processing Specimens Expeditiously and Turning Out Quality Slides *Cheryl A. Page*	Salon E
4:30 pm	Meeting Adjourned	

Professional Headshots

Saturday, May 2, 12:00 – 2:00 pm, Exhibit Hall

Available FREE to all meeting attendees *(optional)*

All photos will be taken on a first come, first served basis. Attendees will be have the ability to view and select their preferred image, which will be sent electronically following the meeting for personal use.

Welcome To Our New Members

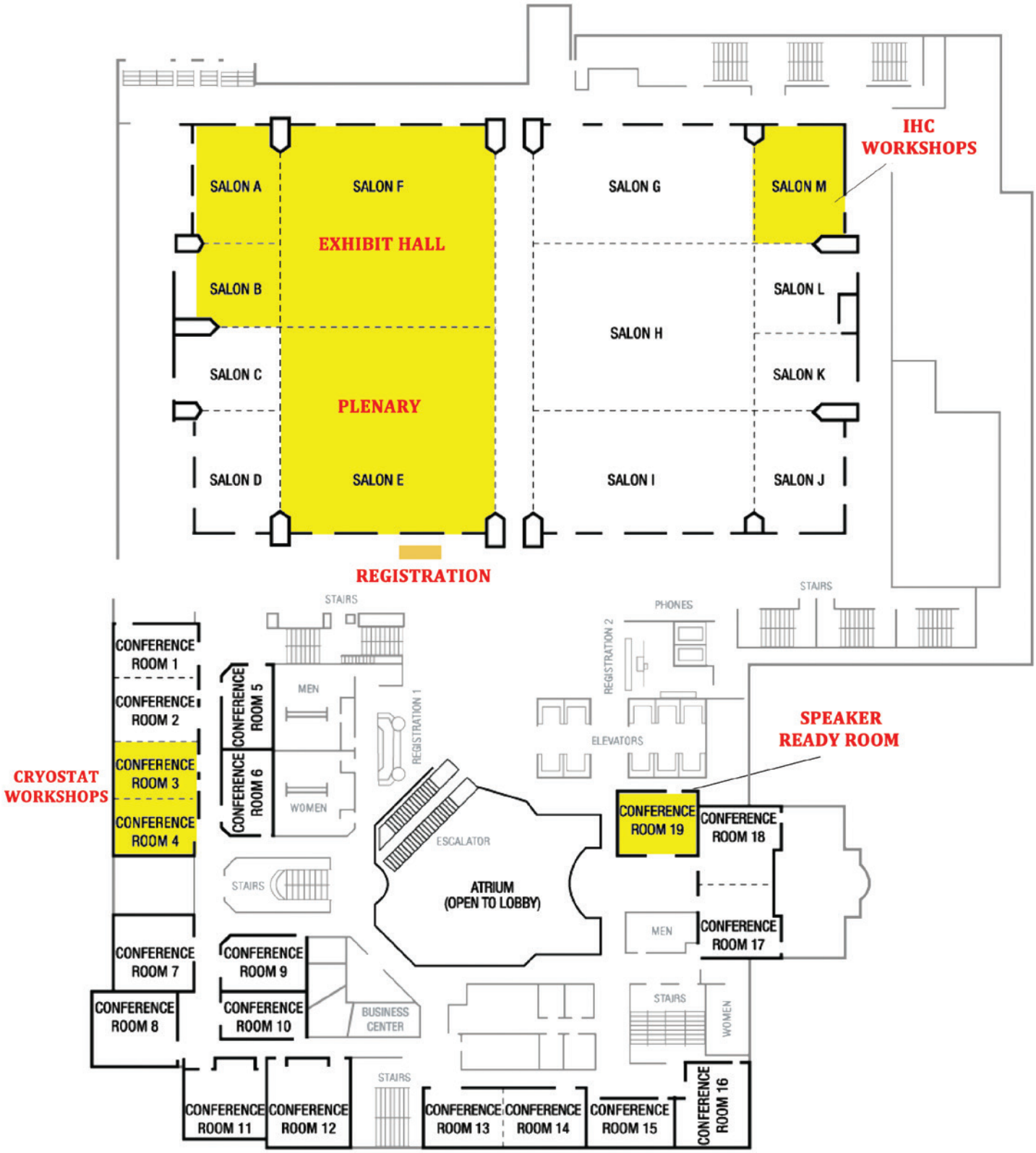
As of March 20, 2015

Kerry L. Aguas, HT
Victor Ancheta, HT
Ashley N. Aston
Jeryl A. Baker, HT MOHS
Charles B. Balo
Bianca R. Baptiste
David Beardsley
Elyana Eliezri Bednarsh, HTL
Susan K. Blaski
Marc Bleigh, HT (ASCP)
Letannah K. Bloom
Sherry R. Bouknight, LPNII-HT
Susan R. Bowers
Bobbie Bruett, HT
Lauren Byrne
Nicole L. Catalano, RN
Charlene M. Chairge, HT (ASCP)
Mary E. Cherico
Johnny D. Cohoon, HT (ASCP)
Dakota Colby
Beth Conklin, HT (ASCP)
Kristin Cress, CCMA
Jennifer M. Diaz, HT
Kristy M. Edwards, HTL
Ryan Erwin
Talisha J. Figueroa
Gina M. Freeman, HT
Liliana Frickel, HT
Gwen E. Gash
Patty A.M. Gosdin, RN
Alice Gouldsberry
Erin Guimaraes
Kameron M. Haga, RN
Paul E. Harmon
Theophilious M. Haynes, HT
Samantha Henard
Guillermo Hernandez
Michelle Jacquette, HT
Marsha N. Jarrell
David M. Jereb
Michael Jones
Neleta F. Jones
Carrie E. Kinas
Jacqueline Lalumiere
Tracen M. Lawson
Sherise Linder, MA
Stacy L. Lippert
Jaime L. MacCracken
Robert T. Mack
Michelle M. Mackinnon, HT
Tawnya M. Matlock
Jennifer Maxham
Joshua I. Mendoza
Maiko M. Morrow, RMA
Brian D Penn, MA
Erica A. Poitier
Christy M. Powell
LaShantia O. Pugh, HT
Nick A. Quinn, BS
Robin Y. Ramirez, HT, (ASCP)
Karyn Rodriguez, MA, HT
Carmit R. Schatz
Jessica M. Shows
Tiffany Silva
Heather P. Smith, HT (ASCP)
Heather Smith, CCMA, BS
Wendi K. Spagnoli, HTL
Jamie N. Springer
Beth Stivason
Tramequa L. Surratt
Lisa L. Swanson, CMA
Nick Swift
Samantha J. Thompson, HT (ASCP)
Sara Thompson
Diana Toledo, HTL (ASCP)
Lauren Kelley Vastano, LPN
Kandice Whitman
Tracy Wiegand
Loseli Wight
Dominic R. Wilcher, HT
Todd M. Willbur
Kristin N. Wood
Krystal M. Yancy, HT
Yezminne Zepeda

Whitelist info@mohstech.org!

To ensure you receive important communications from the ASMH including information regarding the Annual Meeting, messages from the President, the e-Newsletter, member surveys and more, add info@mohstech.org to the Safe Senders list in your email account. If you think you may not have received messages from the ASMH, check your Spam or Junk Mail folder and 'whitelist' info@mohstech.org right away!

Marriott Rivercenter Third Floor Map



Hotel Recreation & San Antonio Tourist Information

San Antonio Marriott Rivercenter
101 Bowie St.
San Antonio, TX

Phone: (210) 223-1000

http://www.marriott.com/hotels/travel/satrc-san-antonio-marriott-rivercenter/

Hotel check-in time is 4:00 pm CST and check-out time is 11:00 am CST.

Airport

San Antonio International Airport (SAT) (8 miles South)
9800 Airport Blvd.
San Antonio, TX 78216
(210) 207-3411
www.sanantonio.gov/SAT.aspx

Transportation from San Antonio International Airport *(Please note that San Antonio Marriott Rivercenter does not provide shuttle service.)*

- *Airport Express:* Fee $18 (one way); Reservation required (210) 281-9900
- *Taxi:* Estimated taxi fare is $22 (one way)

San Antonio Marriott Rivercenter Parking

Self: $27 plus tax, per day
Valet: $37 plus tax, per day

Onsite Hotel Recreation

- Complimentary Health Club facilities (24 hours, room key access)
- Indoor Pool
- Whirlpool
- Outdoor Pool

Nearby Recreation

- Bike rentals (5 miles)
- Biking trail (5 miles)
- Bowling (0.8 miles)
- Jogging/fitness trail (5 miles)
- Miniature golf (10 miles)

Golf

- The Quarry (6 miles)
- Pecan Valley (9 miles)
- Canyon Springs (15 miles)
- Silverhorn Golf Club (12 miles)
- La Cantera Golf *The Palmer Course (20 miles)
- Republic Golf (20 miles)
- Brackenridge (1 miles)
- Alamo City Municipal Courses (10 miles)

Nearby Attractions

- The Alamo • www.thealamo.org
- Riverwalk (Paseo Del Rio) www.thesanantonioriverwalk.com
- Sea World of Texas http://seaworldparks.com/en/seaworld-sanantonio/
- San Antonio Zoological Gardens and Aquarium www.sazoo-aq.org
- Six Flags Fiesta Texas Theme Park www.sixflags.com/fiestatexas
- El Mercado/Market Square www.getcreativesanantonio.com/ExploreSanAntonio/MarketSquare.aspx
- IMAX Theater @ Rivercenter Mall www.amctheatres.com/movie-theatres/amc-rivercenter-11-with-alamo-imax
- La Villita • http://lavillita.com/
- Mission Trail www.nps.gov/saan/planyourvisit/hikebike.htm
- Buckhorn Museum/Texas Ranger Museum (2 blocks) www.buckhornmuseum.com

Scientific Program – Friday, May 1

New Member and First-Time Attendee Welcome Session — Salon E

8:30 – 9:00 am

Jeanie Wade, HT (ASCP), ASMH President

If you are new to ASMH, or if this is your first Annual Meeting, plan to attend this informative session to learn more about ASMH and the Annual Meeting, as well as network with new and veteran members.

GENERAL SESSION 1 — Salon E

9:00 – 9:15 am

Opening Remarks and Welcome

Jeanie Wade, HT (ASCP), ASMH President

9:15 – 9:45 am

Cryostat Workshop Overview

Jeanie Wade, HT (ASCP); Robert Tagliaferro, HT

This in-depth presentation will include instruction on how to process full-thickness wedge specimens, acquire a complete representative section of fatty (non-cutting) tissue, manipulate the contours of cartilage, and transition epidermis to an even plane with the deep margin.

(See pg. 24 for handouts)

9:45 – 10:15 am

Melanoma Processing (Square vs. Slow Mohs)

Peggy L. Chern, MD, FACMS; Matthew C. Fox, MD

Methods of surgical technique and tissue processing in the treatment of melanoma in situ/lentigo maligna and melanoma will be discussed. Mohs surgery, "slow Mohs," and the square technique, including the role of the Mohs histotech, will be reviewed.

GENERAL SESSION 2 — Salon E

10:30 – 11:00 am

Immunohistochemistry: More Than Just Melanoma and MART-1

Robert L. Milewski, HT

This lecture will cover diseases and appropriate diagnostic antibodies other than for melanoma and MART-1 for use in the dermatology and Mohs lab. Information provided is a continuation of last year's basic immunohistochemistry presentation.

11:00 am – 12:00 pm

CLIA: How to Pass an Inspection

Barbara S. Beck, HT (ASCP)

Session will cover the following:

- Start to finish application requirements;
- What documentation is needed to keep your lab in compliance;
- Educational requirements for Mohs technicians;
- What testing can personnel perform according to CLIA.

(See pg. 28 for handouts)

GENERAL SESSION 3 — Salon E

1:00 – 1:45 pm

Between a Rock and a Hard Spot: Handling Lab Emergencies and Disasters

Kristin L. Cox, HT (ASCP)

Disasters happen. Emergencies are inevitable. Knowing what to do and the best way to handle them can save a lot of time and frustration. Find new ways to get yourself out from between a rock and a hard place. Some of the ideas may surprise you.

1:45 – 2:15 pm

Perineural Invasion

Lee Miller, MD

This session will review the anatomy of a nerve, the microscopic findings, and the clinical relevance of perineural invasion of non-melanoma skin cancer.

2:15 – 2:45 pm

Mohs Specimen One-Step Relaxing with a Biopsy Punch

Marie A. Tudisco, PhD, HT (ASCP)

This technical pearl will present a visually novel technique for relaxing the edges of small Mohs specimens that have been excised with a bevel > than 40.

GENERAL SESSION 4 — Salon E

3:00 – 3:30 pm

Dermatopathology and Beyond of Cutaneous Tumors

Vineet Mishra, MD

Goals for this session include the following:

- Review the pathology of skin tumors and its key features;
- Appreciate the diversity of pathology of skin cancers;
- Correlate the clinical picture with the histological features;
- Discuss treatment options and patient outcomes.

3:30 – 4:00 pm

Ethics in the Mohs Lab

Alex G. Lutz, BS

This session will discuss the high degree of autonomy Mohs technicians typically experience at their daily job. Moral and ethical decision making for tissue processing will be discussed.

4:00 – 4:30 pm

What Happens After the Patient is Clear: Basics of Reconstruction in Dermatologic Surgery

Juan-Carlos Martinez, MD, FACMS

Complete tumor removal can't be assured without good slides. However, for most patients, the day has just begun once they are cured of their cancer; the resultant surgical defect must now be repaired. Although histotechnologists are a critical part of successful Mohs surgery, few are involved with reconstruction. This session is meant to review and illustrate the wide range of reconstructive techniques used by Mohs surgeons to restore a natural appearance.

Scientific Program – Saturday, May 2

ASMH Business Breakfast Meeting* — Salon E

9:00 – 10:00 am

The Annual Business Meeting will announce the 2015 Board of Directors election results, outline the ASMH year in review, and share plans and goals for the coming year.
**Breakfast will be served during the Business Meeting only.*
ASMH Members Only

GENERAL SESSION 5 — Salon E

10:00 – 10:15 am

2015 Abstract Award Winner

Kurt Hemmings
This discussion will offer a comparison of the measured hardness of common tissue types and that of common embedding mediums over a range of working temperatures.

10:15 – 11:15 am

CAP Accreditation and Mohs Surgery Labs

Kenneth M. Klein, MD, FCAP
The session will describe the CAP Accreditation process and its relation to CLIA, accreditation goals and objectives, terms of accreditation, and requirements specific to the Mohs surgery laboratory, as well as discuss deficiencies and how to correct them.
(See pg. 30 for handouts)

11:15 am – 12:00 pm

Troubleshooting Open Forum

Kathi McAdoo; Ebony K. Hills, BS, HT (ASCP)
This session is designed for attendees to discuss laboratory concerns, learn techniques, and ask questions in an unintimidating environment. Attendees will have a chance to write their questions and drop them off in advance, or to ask during the session. Fellow Mohs technicians will be able to respond to the questions asked, and share their own experiences and advice for each situation.
Drop off questions in advance at the ASMH Registration Desk.

GENERAL SESSION 6 — Salon E

1:00 – 1:30 pm

The Cutting Edge (And What Disease May Be On It) – Revamped and Revisited

Kimberly R. Brock, BS, HT (ASCP)
Worried about what infectious diseases and bloodborne pathogens might be lurking on your microtome blade? This encore presentation reviews the basic bacteria, viruses and infectious agents that can be transmitted while cutting tissue. Emphasis is placed on the risks and methods of transmission as well as the effects of the diseases. It is revamped and updated to include current data and in-the-news viruses such as Ebola and Chickungunya.

1:30 – 2:00 pm

Workflow in the Mohs Lab

Daniel H. Gong, MS
Do you work in a busy Mohs laboratory? This session will focus on optimizing your Mohs laboratory workflow to maximize your productivity.

2:00 – 2:30 pm

Grossing in Critical Areas of the Lip and Eyelids

Anthony M. Rossi, MD
There are many methods for grossing excised Mohs tissue. Frequently excised tissue is divided or bisected along the long axis following the score marks into two pieces to facilitate tissue processing and preserve tissue orientation. However, in certain facial regions, the decision to bisect the tissue in a horizontal vs. vertical plane is particularly critical for many reasons. Anatomic structures such as the eyelid, ear, and lip consist of multiple tissue planes with varied composition (such as fat, conjunctiva, and cartilage), varied texture, and inherent fragility. Since these variables affect tissue processing and histologic interpretation, it is important to consider these implications when deciding how to divide or bisect Mohs tissue during grossing.

GENERAL SESSION 7 — Salon E

2:45 – 3:30 pm

Communication in the Lab

Marc D. Brown, MD, FACMS; Elizabeth M. Billingsley, MD, FACMS; Jennifer D. Bahner, MD; Debra J. Hepler, MLT (ASCP); David M. Jereb; Fatat Sleiman, HT
The questions most asked on a daily basis by a Mohs surgeon will be discussed, along with the most frequent answers from a Mohs tech. Audience participation is encouraged.

Scientific Program – Saturday, May 2

3:30 – 4:00 pm

Morbidity and Mortality Due to Pathological Errors in Mohs

Valencia D. Thomas, MD, FACMS

Pathologic errors in Mohs micrographic surgery can have consequences ranging from trivial to catastrophic. This session will discuss the technical and medical aspects of Mohs histology, the clinical significance of incorrect histology, and quality assurance measures that can help avoid pathologic errors in Mohs.

4:00 – 4:30 pm

Processing Specimens Expeditiously and Turning Out Quality Slides

Cheryl A. Page

When preparing specimens, the goal of the Mohs tech is to process tissue in a quick and efficient manner, preparing slides that are clear and maximally revealing under the microscope.

Cryostat and Immunohistochemistry Workshop Details

The following workshops are SOLD OUT and require a separate ticket for entry:

Cryostat Workshops — **Conference Rooms 3 and 4**

Beginner Cryostat

Friday, May 1, 10:30 am – 12:00 pm OR 1:00 – 2:30 pm

Robert Tagliaferro, HT

Receive direct guidance and advice from experienced workshop volunteers to learn tips and refine techniques that will help you with cryostat use in the Mohs lab. Cryostat embedding and cutting techniques and maintenance will also be covered.

Advanced Cryostat

Friday, May 1, 3:00 – 4:30 pm OR Saturday, May 2, 7:30 – 9:00 am

Jeanie Wade, HT (ASCP)

This in-depth presentation will include instruction on how to process full-thickness wedge specimens, acquire a complete representative section of fatty (non-cutting) tissue, manipulate the contours of cartilage, and transition epidermis to an even plane with the deep margin.

Immunohistochemistry Workshops — **Salon M**

Saturday, May 2, 7:30 – 9:00 am

Beginner Immunohistochemistry

Sakina A. Sadiq, BS, HT, HTL, QIH; Susan Bryant, Biocare Medical

A demonstration of staining for MART-1 including explanation of reagents, equipment and staining protocols. Experienced workshop volunteers will assist attendees with the technique of MART-1 staining.

Friday, May 1, 3:00 – 4:30 pm

Intermediate Immunohistochemistry

Sakina A. Sadiq, BS, HT, HTL, QIHC; Susan Bryant, Biocare Medical

A demonstration of staining for MART-1 including explanation of reagents, equipment, staining protocols and troubleshooting techniques. Experienced workshop volunteers will assist the attendees with the technique of MART-1 staining.

Friday, May 1, 10:30 am – 12:00 pm

Advanced Immunohistochemistry

Sakina A. Sadiq, BS, HT, HTL, QIHC; Susan Bryant, Biocare Medical

A demonstration of slide staining for MART-1 including procedures, equipment and staining protocols. Experienced workshop volunteers will assist with staining questions and issues involving many aspects of MART-1 staining and troubleshooting.

Abstract Winner

2015 Abstract Award Winner

Tissue vs. Embedding Medium vs. Temperature: A Comparison of Hardness

Kurt Hemmings
Montreal, Québec, Canada
Saturday, May 2, 2015
10:00 – 10:15 am

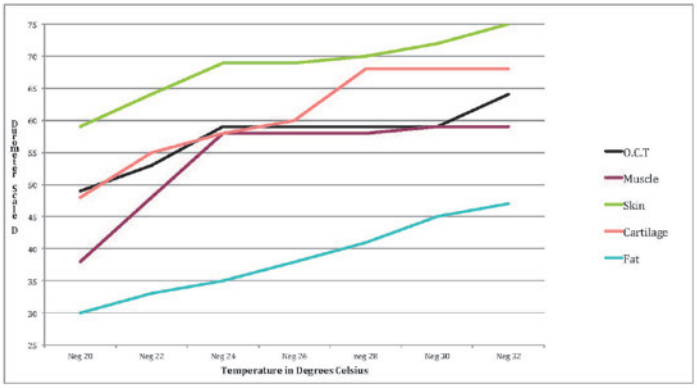
Subject: A comparison of the measured hardness of common tissue types and that of common embedding mediums over a range of working temperatures.

Methods: Samples of muscle, skin, cartilage and fat along with samples of O.C.T, Cryo-gel, Histo Prep and Avantic brand embedding mediums are frozen at set temperature points ranging from -20 C to -32 C, and their hardness is measured on a meter.

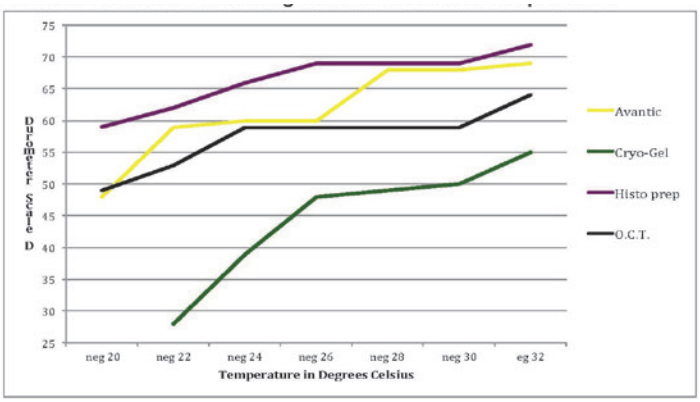
Results: What does this mean? This chart plots the relative hardness of common tissues and that of O.C.T. brand embedding medium. The goal for a smooth cut is to have a temperature at which all the present elements are close to the hardness of the embedding medium. For example, we see that cartilage starts to move away from the O.C.T. after -26 degrees and in this case both the skin and the cartilage are going to be harder to cut. At around -30 the fat is at its closest to the O.C.T., but beyond that the O.C.T. spikes up and moves away, (they don't get closer again till much later on but at that point the O.C.T. is very brittle). This explains why most of the good sections are in the -24 to -28 ranges. This also gives insight into what tissue elements need in terms of localized warming or cooling. At -32, it's going to help a bit for the fat, but you need to warm the now-brittle skin edge, and cartilage is good up to -26 then it starts to climb in hardness. As we see, the skin is dominating the top of this chart but in practice it tends to cut well; why is this? On an average Mohs layer, the epidermal and dermal layers don't make up a huge component of the block and only a thin part of it is seen by the blade at any one time, except for the leading and tail edges of a whole mounted layer. It's also interesting to note that both the leading and tail edges of these samples are also prone to cutting artifacts, artifacts that are greatly reduced with localized warming (just a thumb is all that's needed, to -20). If the layer is cut from thick skin, such as the palm, sole or back, the true margin might be in the dermal layer and in this case this is a very tough block to cut, as it's very hard. The solution is to warm it as we can see above.

Conclusions: Control of our sections starts with understanding the properties and reactions of our material. Just knowing that brittleness starts in the 65 range of the hardness scale could prompt you to warm certain areas of a block or even try another embedding medium for that case.

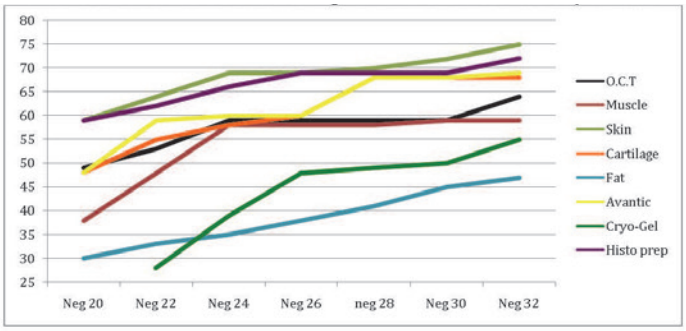
Hardness of various tissues at selected temperatures



Hardness of various Embedding Mediums at selected temperatures



Hardness of Tissues and Embedding Mediums at selected temperatures



Thank You

ASMH expresses sincere appreciation to all speakers, session participants, and workshop volunteers for their contribution to the meeting program:

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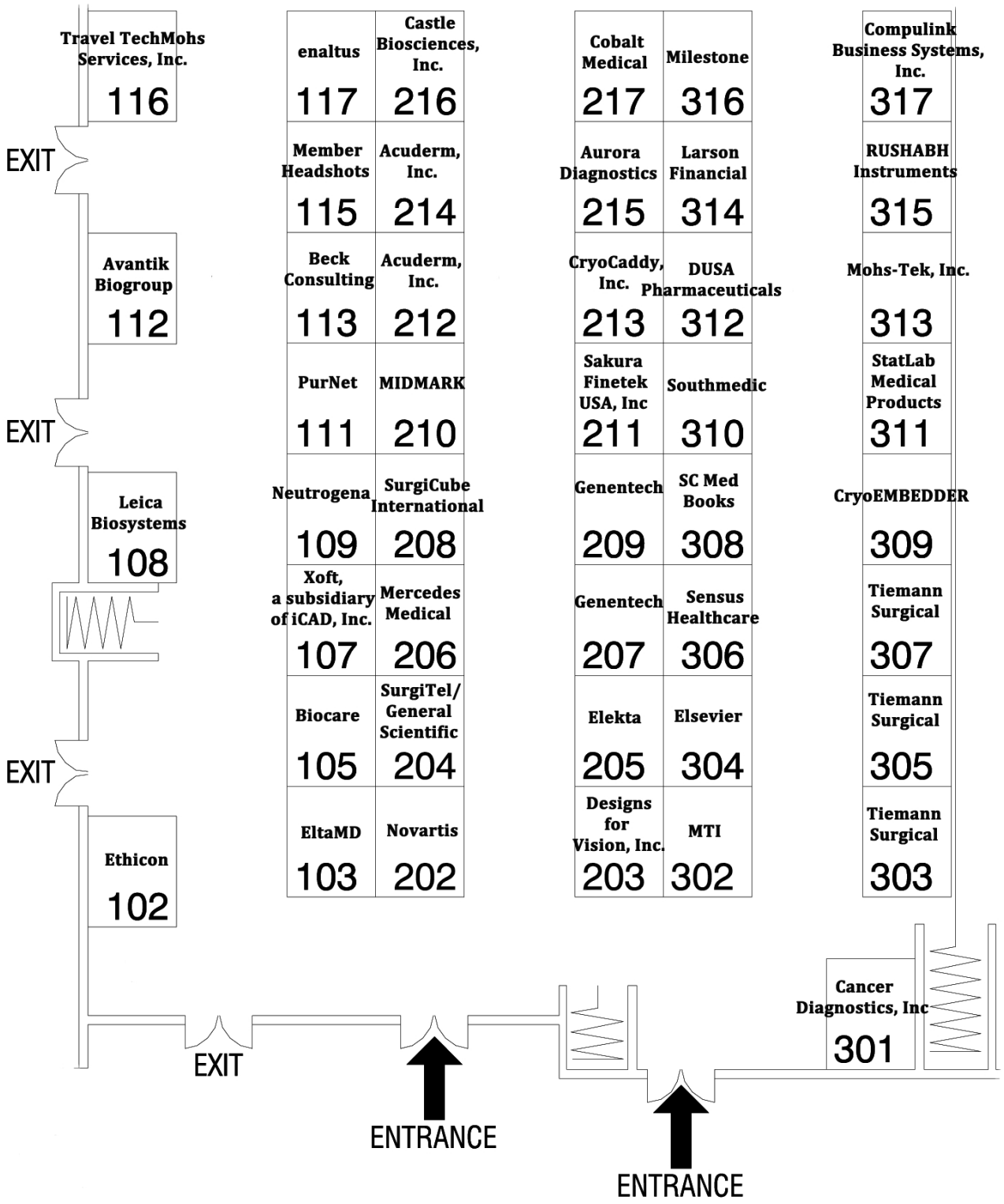
William Phillips

Exhibit Hall Floor Plan

The Exhibit Hall is located in Salon A & B (ABF)



Exhibitor Listing

(as of 4/1/15)

You are encouraged to visit the technical exhibits during the ASMH Annual Meeting. A variety of companies of interest to Mohs technicians will be displaying their products, equipment, and services. Please be sure to visit the Exhibit Hall to learn about their quality offerings. A complete list of exhibitors, product descriptions, and a locator map will be provided with the on-site registration materials.

Exhibit Hall Hours:

Thursday, April 30:	12:00 – 7:30 pm
Friday, May 1:	11:30 am – 6:30 pm
Saturday, May 2:	8:00 am – 2:00 pm

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Xoft® is the only FDA cleared electronic brachytherapy system (eBx®) that has been used to treat over 10,000 NMSC patients and is supported by positive four-year clinical data. Xoft's streamlined design and wide range of applicators make it an ideal alternative for patients with lesions in challenging anatomic locations or those with co-morbidities. The Xoft System requires minimal shielding and is highly mobile making it easy to treat patients at multiple locations.

Beginner Cryostat Lecture Handout

Specimen ink orientation:

- Apply margin ink at designated areas of the specimen to correlate with patient map (if dividing specimen into pieces, apply ink after sectioning of tissue - unless otherwise indicated).

Score and relax specimen:

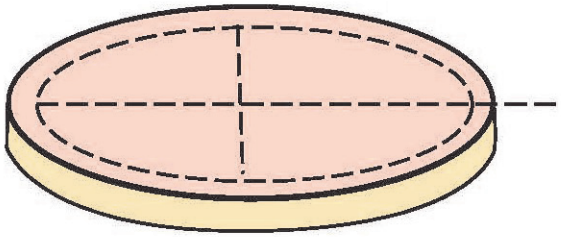
- Apply relax cuts and scores to allow epidermal edges to lay flat against the surface.

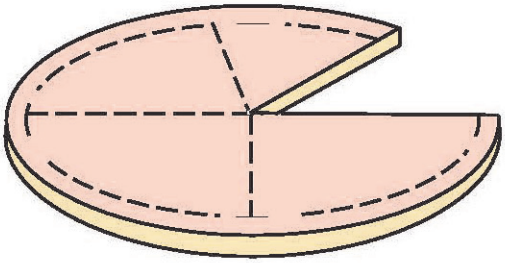
Different processing styles:

Pac-man:

Score (lightly cut into epidermis to transition epidermis) all the way around the epidermal edge, allowing enough epidermis margin for sectioning. Using an 11 blade, or other point tipped scalpel blade, implement a relax cut to create pac-man effect.

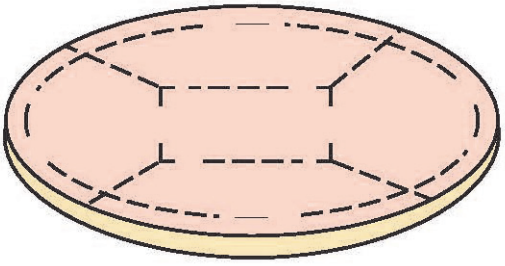
(After relax cut, specimen will open up like a pac-man)





Disc:

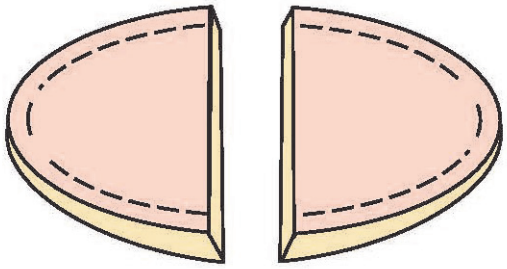
Score (lightly cut into epidermis to transition epidermis) all the way around the epidermis edge, allowing enough epidermis for sectioning. Other scores may be required.



Bisected:

Bisect specimen. If the specimen has round tips, relax cuts will aid in getting these tips down.

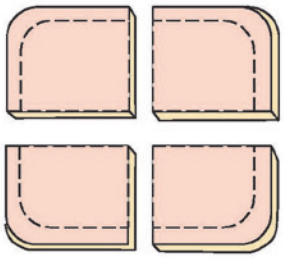
Score (lightly cut into epidermis from one relax cut to the other to transition epidermis).

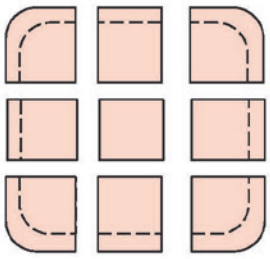


Multi-sectioned:

Score (lightly cut into epidermis from one relax cut to the other to transition epidermis) all the way around the epidermis edge, allowing enough epidermis margin for sectioning. Using an 11 blade, or other point tipped scalpel blade, implement a relax cut as needed.

**when processing a "Multi-sectioned" specimen that has pieces in the center of the tissue (not surrounding the edge), the center pieces are to show representative sections of the base only (no epidermis).





Embedding:

One of the key components to remember when embedding is that your primary goal is to show the physician the epidermis edge, and the deep margin of the specimen that that last came in contact with the patient.

There are a variety of embedding techniques. The most commonly used are the reverse slide mount method, embedding wells, and the cryoEMBEDDER® system. These forms of embedding allow the technician more control in achieving a complete representative section of epidermis and deep margin of the specimen.

If using the reverse slide mount method, you must apply a thin layer of embedding medium to the slide prior to embedding to prevent loss of tissue.

Beginner Cryostat Lecture Handout

Embed tissue of proper orientation to insure complete section on first cut

- Freeze tissue, placing all epidermal edges and deep margin on same plane.
- Place embedding medium around tissue (freeze spray will aid in rapid chilling of embedding medium to prevent lifting of epidermis).
- Place embedding medium on the embedding disc in cryostat.
- Invert specimen on to specimen disc and apply heat extractor to make final block.
- Place specimen block in holder of cryostat to begin facing tissue.
- Ensure proper angle of blade and begin trimming into block.
- Once embedding medium has been adequately trimmed, begin applying sections to your slide (the first section is of utmost importance do the fact it is your true margin).

Proper placing of sections on slide

- If applying two or more sections to a slide, it is common to begin in the upper corner, placing two or three sections diagonally across the slide. If applying only one section per slide, place the section in the center or at the end of slide for ease in reading for the surgeon.
- Remove excess embedding medium between sections to prevent overlapping of tissue onto embedding medium from previous section. This will prevent loss of tissue during staining.

Advanced Cryostat Lecture Handout

For the Mohs specimens that challenge us

Do you ever process wedge type specimens, the dreaded double cut, dog ears (burrow's triangles), or struggle with cartilage, fat or epidermis transitioning? If so, this class is for you!

The ASMH Advanced Cryostat workshop will offer an in-depth presentation on processing full-thickness wedge specimens, provide instruction on how to acquire a complete representative section of fatty (non-cutting) tissue, how to manipulate the contours of cartilage and to transition epidermis to an even plane with the deep margin. At the end of this workshop, you will be able to provide a high-quality representative section with ease.

It is all about "Tissue Manipulation." We can learn to listen, and pay attention to what our specimen needs to create a quality representative section for our Mohs surgeon!

Wedges:

The full-thickness wedge is a specimen that has been completely excised from a free edge of tissue such as a lip, nasal ala, eyelid or ear rim. The wedge is embedded for a complete specimen representation.

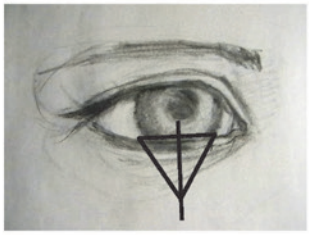
The physician must be able to identify the outer layer from the inner layer on eyelid, nose and lip tissue, and identify both the front and back side of ear tissue.

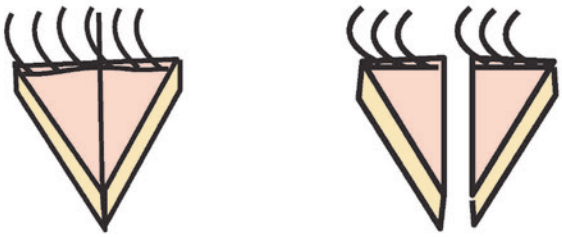
To ensure correct inking and orientation of the specimen, you will:

- Receive specimen and orient the location of the specimen on the map
- Ink margins prior to bisecting the specimen to prevent loss of orientation
- Using the reverse slide mount method, place tissue (margin side down) on the embedding slide
- Freeze tissue to the slide, ensuring that all representative margins are in contact with the slide for a complete representative section
- Process as usual

Eyelid Wedge:

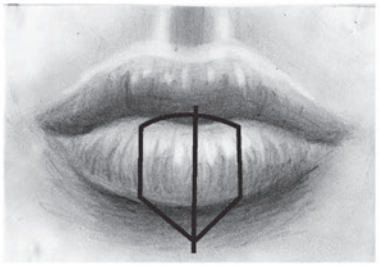
A full-thickness representative section of the eyelid will enable the physician to view the epidermis margin, the eyelid, the mucosal conjunctiva and the deep margin.

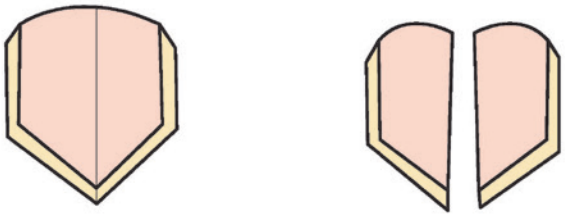




Lip Wedge:

A full-thickness representative section of the lip will enable the physician to view the epidermis margin, the mucosal lining and the deep margin.

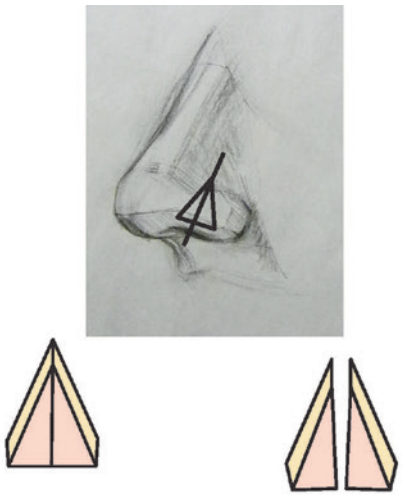




Advanced Cryostat Lecture Handout

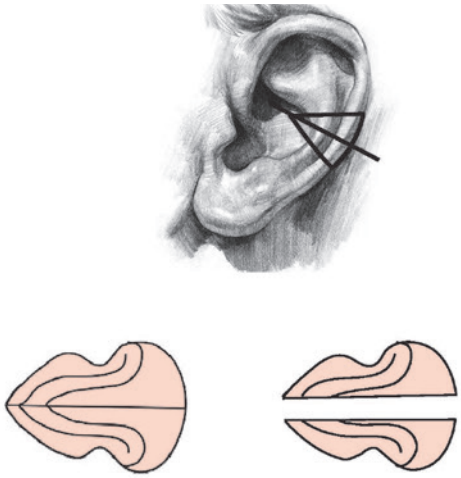
Nose Wedge:

A full-thickness representative section of the nose will enable the physician to view both the outer and inner layers of the nose.



Ear Wedge:

A full-thickness representative section of the ear will enable the physician to view both the front and back margin of the ear, as well as the deep margin including the cartilage.



Double Cut:

We have all seen them. We receive a specimen that has a cut (or two) in the epidermis margin. It is our task to miraculously repair this imperfection.

Dog Ears (Burrow's triangle):

These are routinely received as an "additional stage" specimen. Your physician will give you this type of specimen since they will need to take it out anyway as part of the repair of the surgical site. A "dog ear" can be in the shape of a V or in the shape of a check mark √. With the aid of a score and a relax cut, you can give your physician an impressive complete representative section.

Cartilage:

Cartilage is one of the most difficult tissues to flatten. When confronted by this type of tissue, unique relaxation techniques may be required. It is crucial that the cartilage be kept moist until it is processed.

Cartilage may be flattened by placing decisive hatch marks and scores within the curved areas of the cartilage to relax its concavity. Fan-like darts relax the areas within the conchal bowl, tragus and anti-tragus.

Due to the behavior characteristics of cartilage within the ear, some curling and lifting is to be expected.

Cartilage tissue is to be placed on charged slides to prevent loss of tissue during staining.

Fatty Tissue:

The physical characteristics of adipose or connective tissue make embedding fat especially challenging.

Adipose tissue exists in white and brown form, with each serving different needs in the body. Each adipocyte or fat cell is filled with a lipid droplet that is composed mainly of varying mixtures of tripalmitin, tristearin and triolein.

When adipose tissue is viewed on the slide, the cells appear empty. The nucleus may be observed towards the side of the cell.

To successfully section this type of specimen, the adipose must be brought down to a much lower temperature than that used for epidermis. Use the Spot Freeze Technique to accomplish this.

Liquid Nitrogen is very helpful in acquiring sections of fatty, non-cutting tissue. The method is found to work well is as follows:

1. Face specimen and determine which area of the tissue will be non-cutting.
2. Add a small amount of liquid nitrogen to a Styrofoam cup and place in a convenient location within the cryostat chamber.
3. Using a 4x4 piece of gauze, dip one end of the gauze into the liquid nitrogen and apply to the non-cutting area of the specimen. Apply pressure with a pair of embedding forceps.
4. Carefully and lightly reface into block (only remove the top layer where liquid nitrogen was applied to prevent freeze artifact). Sectioning should now produce quality, complete sections of the specimen. In the event of an excessively fatty specimen, you may need to increase your micron settings to acquire a complete section. Fat cells tend to stain transparent, therefore not creating a thickness issue when cutting at a higher micron setting.

CLIA: How to Pass an Inspection

Barbara S. Beck, HT (ASCP)

Friday, May 1 – General Session 2: 11:00 am

CLIA

Are you ready for your inspection

What's new

INSPECTION

- CLIA/who needs one
  Clinical Laboratory Improvement Amendment
- Are you ready for your CLIA inspection
- Do you have the latest updates
  www.CMS.hhs.gov/CLIA
- Is everything documented
- Are you current on your QC
- Proficiency testing

JCAHO

CLIA

CAP

OSHA

DOCUMENTATION

- How often do I need to change my solutions
- What do I need to log on the chemicals
  - Supplier
  - Date received
  - Date opened
  - Expiration date
  - Lot number
- Initial all documentation
- Corrective Actions
- QC log/slide

PROCEDURE MANUAL

- INDEX
- DIRECTORY
- STATEMENT OF POLICY
- POLICY AND PROCEDURES
- EMERGENCY NUMBERS
- Emergency plan of Action
- Emergency Exit Floor Plan from Lab

PROCEDURE MANUAL

- MONTHLY MEETINGS/UPDATES
- LOGS/FLOW SHEETS
- CLIA/OSHA DOCUMENTATION
- www.CMS.hhs.gov/CLIA
- "WHAT EVERY WORKER NEEDS TO KNOW"
- JOB DESCRIPTIONS
- OPERATING HOURS

CLIA: How to Pass an Inspection, continued

Barbara S. Beck, HT (ASCP)

Friday, May 1 – General Session 2: 11:00 am

PROCEDURE MANUAL

- DAILY ROUTINE
- SPECIMEN COLLECTION
- PROCESSING PROCEDURE
  specimen received
  processing
  slide review
  final report

LOG SHEETS

Cryostat temperature QC
Staining QC
Eye Wash Log
Microscope Log
Fume Hood Log
Daily Routine Log

PROCEDURE MANUAL

- LAB ERROR
- KOH
- TZANK PREPS
- FROZEN SECTION BIOPSY
- ADDITIONAL PROCEDURES

CAP Accreditation and Mohs Surgery Laboratories

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Agenda

- CLIA and Accreditation overview
- CAP overview
- Accreditation goals and objectives
  - Terms of Accreditation
  - Laboratory Accreditation Manual
  - Standards
  - Checklists
- Deficiencies
- Checklists for the Mohs surgery laboratory: Laboratory General, All Common, Anatomic Pathology, Team Leader Assessment of Director and Quality
- Questions

CLIA and Accreditation Overview

- Clinical Laboratory Improvement Amendments (CLIA)
- Originally passed in 1988, with subsequent amendments
- Clinical laboratories must be licensed by the federal government
- Continual accreditation to ensure compliance with all regulations placed under the responsibility of the Centers for Medicare and Medicaid Services (CMS)

CMS Oversight

- CMS delegated "deemed status" for accreditation to various organizations including:
  - The College of American Pathologists (CAP) – hospital, commercial, and military laboratories
  - The Joint Commission (JC) – hospital laboratories
  - The Commission on Laboratory Accreditation (COLA) – office-based laboratories
  - AABB – blood banks
  - Others

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CAP Overview

- Established in 1946
- Leading organization for board-certified pathologists
- More than 18,100 members and 600 employees
- Largest laboratory accrediting organization in the world
- Headquarters: Northfield, Illinois; Advocacy office Washington, DC

CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

CAP Overview continued

- Advocating high quality and cost-effective patient care
- Global leader in laboratory quality assurance
  - Offering laboratory accreditation since 1963
  - More than 7,700 CAP-accredited laboratories in 50 countries
  - Estimated 22,000 laboratories in 90 countries enrolled in the CAP's proficiency testing (PT) programs

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CAP Laboratory Accreditation Program: Its principles ensure consistent practice

CAP Philosophy

- Any test worth doing is worth doing well with same quality assurance mechanisms to ensure consistent delivery of accurate, effective results.
- Quality improvement and continuous compliance is fundamental
- Qualified personnel and ongoing education required
- Accreditation program is based on peer review by active laboratory professionals

 9

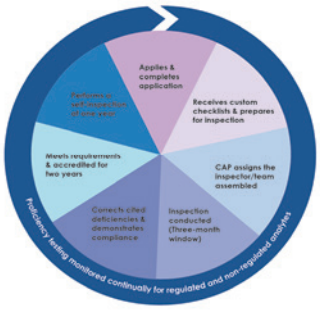
CAP Laboratory Accreditation Program

Sets high standards for clinical, anatomic, and specialty laboratories that address quality, efficiency, and safety:

- Exceeds U.S. Federal Government (CMS) regulatory requirements
- Provides a solid foundation for quality practices
- Leads in developing requirements for molecular oncology, cytogenetics, and reproductive medicine
- Global Reach: the CAP accredits laboratories in 50 countries

 10

CAP Laboratory Accreditation Program: Two-Year Cycle



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CAP Laboratory Accreditation Program: Value of Peer-Based Inspections

- Laboratory professional (pathologist, technologist, etc.)
  - Gains insight through interacting with peer professionals
  - First-hand knowledge to offer constructive feedback
- Promotes continuous education and continuous improvement
- Inspectors with specialty expertise
- Working professionals exposed to new technologies

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Laboratory Accreditation Manual

Provides comprehensive overview of the CAP's Laboratory Accreditation Program, including:

- CAP accreditation governance structure
- Commissioners
- Inspectors and CAP staff
- Documents
- Standards
- Checklists
- Philosophies
- Application Process
- Inspection Cycle
- Policies

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CAP Standards for Laboratory Accreditation

- The Standards constitute the core principles of the CAP's Laboratory Accreditation Program
- The Standards' objective is to ensure that accredited clinical laboratories meet the needs of patients, physicians, and other health care practitioners.
- The CAP accredits clinical laboratories that conform to the Standards.

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CAP Standards for Laboratory Accreditation

- The specifics of how the Standards are applied to laboratories are found in the CAP Accreditation Checklists and Terms of Accreditation.
- The CAP is committed to helping laboratories comply with the Standards through peer-based education.
- The ultimate responsibility for compliance rests with the laboratory director and laboratory organization.

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CAP Standards for Laboratory Accreditation

Standard I – Director and Personnel

- A board-certified pathologist or other qualified physician or scientist with doctoral-level or commensurate qualifications that meet or exceed requirements or applicable law shall direct the laboratory service.
- The director must be qualified to assume professional, scientific, consultative, organizational, administrative, and educational responsibilities for the services provided.

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CAP Standards for Laboratory Accreditation

Standard I – Director and Personnel continued

- The director is responsible for maintaining the Standards and implementing the requirements of the Accreditation Checklists and documenting compliance.

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CAP Standards for Laboratory Accreditation

Standard II – Physical Resources

- There shall be sufficient resources to support the activities of the library.
- Such resources include, but are not limited to, physical space, testing instruments, reagents, information processing and communication systems, ventilation, storage and waste disposal facilities, and public utilities.

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

CAP Standards for Laboratory Accreditation

Standard II – Physical Resources continued

- Patients, laboratory personnel, and visitors shall be protected from hazardous conditions.
- Reasonable accommodation shall be made for disabled persons.

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CAP Standards for Laboratory Accreditation

Standard III – Quality Management

The laboratory shall have policies and procedures to ensure quality laboratory testing and patient safety, including, but not limited to:

- Validation of test systems
- Analytic quality control
- Quality management of pre- and postanalytic processes
- Proficiency testing (PT)/External Quality Assurance (EQA) (or periodic alternative)
- Human resource management
- Information management
- Ongoing quality improvement
- Appropriate communication to clinicians, patients, administration, and government entities

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CAP Standards for Laboratory Accreditation

Standard IV – Administrative Requirements

- CAP-accredited laboratories must comply with the requirements specified in the Accreditation Checklists and Terms of Accreditation.
- These Requirements include, but are not limited to:
  - On-site inspections
  - Interim self assessment
  - Non-routine inspections
  - Maintenance of appropriate records
  - Cooperation with the Laboratory Accreditation Program and adherence to its policies

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Accreditation Checklists

- The CAP program is based on rigorous accreditation standards that are translated into detailed checklist requirements.
- CAP inspection teams use the checklists, a quality practice blueprint for laboratories, as a guide to assess the laboratory's overall management and operation.
- The CAP releases a new edition annually, usually in late July.

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Accreditation Checklists

- Laboratory General
- All Common
- Team Leader Assessment of Director and Quality
- Anatomic Pathology
- Chemistry and Toxicology
- Clinical Biochemical Genetics
- Cytogenetics
- Cytopathology
- Flow Cytometry
- Hematology and Coagulation
- Histocompatibility
- Immunology
- Limited Service Laboratory
- Microbiology
- Molecular Pathology
- Point-of-Care Testing
- Transfusion Medicine
- Urinalysis

Checklists in blue apply to Mohs surgery laboratories

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Deficiencies

Each checklist requirement bears a designation of Phase I or Phase II.

- Phase I: These requirements compromise the quality of the services without endangering the health and safety of patients, clients, or personnel. If a laboratory is cited with a Phase I deficiency, correction and a written response to the CAP are required, but supporting documentation is not required.

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Deficiencies continued

- Phase II: Requirements may have a serious impact on quality of services or may endanger the health and safety of patients, clients, or personnel. All Phase II deficiencies must be corrected before the CAP Accreditation Committee grants accreditation. Correction requires that the laboratory provide to the CAP both a plan of action and supporting documentation that the plan has been implemented.

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Accreditation Checklists: Laboratory General

General topics:

- Quality Management
- Specimen Collection, Data Handling, Result Reporting
- Laboratory Computer Services
- Personnel
- Physical Facilities
- Laboratory Safety

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Accreditation Checklists: Laboratory General continued

GEN.16902 **QM Implementation** **Phase II**

For laboratories that have been CAP accredited for more than 12 months, the QM plan is implemented as designed and is reviewed annually for effectiveness.

NOTE: Appraisal of program effectiveness may be evidenced by an annual written report, revisions to laboratory policies and procedures, or revisions to the QM plan, as appropriate.

Evidence of Compliance:

✓ Evidence that the plan has been implemented as designed requires all of the following:

- quality measurements/assessments specified in the plan are being substantially carried out;
- there is evidence of active review of quality measurements;
- if target performance levels are specified in the plan and the targets are not being met, there is documented follow-up action;
- any interventions/changes to operations that are specified in the plan have been carried out as scheduled, or the reason for delay documented; **AND**
- any communication of information that is required by the plan have taken place

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Accreditation Checklists: Laboratory General continued

GEN.20375 **Document Control** **Phase II**

The laboratory has a document control system to manage policies, procedures, and forms.

***NOTE:** Document control applies to all policies, procedures and forms (including quality management documents) for all processes and activities that are subject to CAP accreditation. The document control system must ensure that only current policies, procedures, and forms are in use.*

It is recommended that the laboratory maintain a control log listing all current policies, procedures, and forms with the locations of copies (including derivative documents such as card files and summary charts). The control log may contain other information as appropriate, such as dates when policies/procedures were placed in service, schedule of review, identity of reviewer(s), and dates when policies/procedures were discontinued/superseded.

Additional requirements regarding procedure manuals are found in the All Common Checklist, and in this checklist in the Collection Manual, Computer Services and Safety sections.

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Accreditation Checklists: All Common

General Topics:

- **Proficiency Testing**
- **Quality Management**
- **Procedure Manual**
- **Results Reporting**
- **Reagents**

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Accreditation Checklists: All Common

General Topics continued:

- **Instruments and Equipment**
  - **Instrument and equipment maintenance/ function checks**
  - **Thermometers**
  - **Temperature-dependent instruments, equipment, and environments**
- **Test Method Validation/Verification**
  - **Method performance specifications**
  - **Reference intervals**

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Accreditation Checklists: All Common

COM.04200 Instrument/Equipment Record Review Phase II

Instrument and equipment maintenance and function check records are reviewed and assessed at least monthly by the laboratory director or designee.

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Accreditation Checklists: All Common

COM.30300 Reagent Labeling Phase II

Reagents, calibrators, controls, and solutions are properly labeled, as applicable and appropriate, with the following elements.

1. **Content and quantity, concentration or titer**
2. **Storage requirements**
3. **Date prepared or reconstituted by laboratory**
4. **Expiration date**

NOTE: The above elements may be recorded in a log (paper or electronic), rather than on the containers themselves, providing that all containers are identified so as to be traceable to the appropriate data in the log. While useful for inventory management, labeling with "date received" is not routinely required. There is no requirement to routinely label individual containers with "date opened"; however, a new expiration date must be recorded if opening the container changes the expiration date, storage requirement, etc.

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Accreditation Checklists: Team Leader Assessment of Director and Quality Checklist

Laboratory Director Assessment

- **Qualifications and General Requirements**
- **Laboratory Director Responsibility and Oversight**
- **Laboratory director not on site full time.**

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Accreditation Checklists: Team Leader Assessment of Director and Quality Checklist

TLC.10440 Effective QM Phase II

The laboratory director ensures an effective quality management program for the laboratory.

NOTE: The laboratory director must be involved in the design, implementation and oversight of the laboratory's quality management program.

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Accreditation Checklists: Team Leader Assessment of Director and Quality Checklist

TLC.10440 Effective QM Phase II (continued)

Evidence of Compliance:

- *Written QM plan covering all areas of the laboratory AND*
- *Records documenting the laboratory director approval of the QM plan and the selection of quality indicators AND*
- *Records (eg, reports, QM meeting minutes) documenting laboratory director review of quality indicators, annual assessment of QM plan, complaints, and incidents with development and implementation of plans of corrective action*

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Accreditation Checklists: Team Leader Assessment of Director and Quality Checklist

TLC.11425 Director Responsibility - Delegation of Functions Phase II

If the laboratory director has delegated some functions to others, documentation specifies the individuals and the specific activities so authorized.

NOTE: 1) Delegation of functions must be in writing. 2) The laboratory director is responsible for ensuring that delegated functions are properly carried out. 3) It is the responsibility of the laboratory director to ensure that persons performing delegated functions are qualified to do so.

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Accreditation Checklists: Team Leader Assessment of Director and Quality Checklist

TLC.11425 Director Responsibility - Delegation of Functions Phase II (continued)

Examples of items that may be delegated include review of QC data, proficiency testing performance, and test methodology. Some functions may not be delegated including provision of appropriately trained supervisory and technical staff and the identification of their responsibilities.

The laboratory director must document personal, onsite assessment of physical and environmental conditions and the adequacy of staffing.

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Accreditation Checklists: Anatomic Pathology

Anatomic Pathology Checklist

TABLE OF CONTENTS

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Phase I Deficiencies: Examples

ANP.12075 Residual Frozen Tissue Phase I

Following frozen section examination, the residual frozen tissue is routinely processed into paraffin, and a histologic section prepared and examined for comparison with the frozen section interpretation. *NOTE: The laboratory must prepare a paraffin block and stained slide(s) from each frozen section block, and such paraffin blocks must be retained in accordance with CAP guideline for retention of surgical pathology blocks (ANP.12500).*

Correlation of frozen section findings with a permanent section prepared from routinely fixed and processed residual frozen tissue is an important quality improvement mechanism. Evaluation of such permanent sections provides important feedback on the accuracy of frozen section diagnoses and improves recognition of specific frozen section morphologic alterations.

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Phase I Deficiencies: Examples

ANP.12075 Residual Frozen Tissue Phase I (continued)

The only exceptions to this requirement are as follows: 1) Frozen tissue that must be submitted for specialized studies; 2) Mohs frozen sections. However, the CAP strongly recommends preparation of paraffin sections from frozen tissue used for Mohs frozen sections, for quality management purposes. CAP also recommends retention of the tissue used for Mohs frozen sections in accordance with CAP retention guidelines.

Evidence of Compliance: Written procedure for the processing and examination of residual frozen tissue including correlation of the findings

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CAP Accreditation and Mohs Surgery Laboratories, continued

Kenneth M. Klein, MD, FCAP

Saturday, May 2 – General Session 5: 10:15 am

Phase I Deficiencies: Examples

ANP.11650 Mohs Diagnosis

Mohs surgically excised tissue diagnoses are made by a dermatologist, dermatopathologist, or pathologist. Note: The diagnosis includes whether or not the tumor is present.

ANP.12173 Mohs Report

There is a written report generated for each Mohs surgical procedure. Note: A written note, report, or diagram must be included in the patient's medical record or operative report. The report should include required elements such as gross description, accession number, designation of relationships of blocks to the slides, and clear diagnosis on each specimen.

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Phase II Deficiencies: Examples

ANP.10050

Previous/Current Material Review Phase II

Whenever appropriate, pertinent previous cytologic and/or histologic material from the patient is review with current material being examined.

Note: Because sequential analysis of cytologic and histologic specimens may be critical in patient management and follow-up, efforts must be made to routinely review pertinent previous material. Documentation of the retrospective review should be included in the current patient report.

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Most Common Deficiencies: Mohs Surgical Laboratories

- Incomplete personnel folders (eg, missing diplomas or transcripts)
- Lack of an organized competency program, including the six elements required for each platform
- Missing two identifiers on slides
- Lack of an organized quality management program or not implemented as designed.
- Document control issues (eg, policies/procedures for all activities, approved by director prior to implementation and reviewed biennially or annually.

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Inspection Preparation

- Review Table of Organization
- Review Checklists
  - Requirements and notes
  - Evidence of compliance
- Annotate Checklists
  - Notes
  - Excel Spreadsheet online
  - Records and examples

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Inspection Preparation continued

- Have available for the inspection
  - QM plan and meeting minutes
  - Personnel folders containing education records (ie, diploma or transcript), previous experience, job description, competency evaluations, and continuing education activities
  - Procedure manual
  - Daily temperature and maintenance records for the cryostat and any other equipment plus the cryostat decontamination schedule and record

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Inspection Preparation continued

- Conduct a Mock Inspection
  - Involve all staff
  - Switch roles
  - Locate and review all required records, personnel files
  - "Cite" deficiencies

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CAP Accreditation and Mohs Surgery Laboratories, continued

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Notes

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ASMH

SAVE THE DATE

22nd ASMH Annual Meeting

April 29-30, 2016

Rosen Shingle Creek
Orlando, FL

ASMH-0315-649