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an ITC dept. - Standalone
3 person staff

blocks entered out here
- stay time

3 hr
for
max. to sl.
fanned product

growing
fixation
incubation

or OS ? fridge. HSC

press time in fix prior to proc.
what kind

(routine tests - back log \pm changes \uparrow or \downarrow ?)

CS & MS - PA meeting

work load changes

DAB waste

- ? neutralizing
manufactures suggestions?

23 prep - xylene sub deposit

Lunn, George: Sansone, Eric B

AMT
KE

The Safe Disposal of DAB.

Appl. Occup. Environ. Hyg
6:49-53 1991

Mar 30 2006.

Changes and/or implementations since last visit.

Les.

daily temp log

no corrective action documented.

* pipette calibration not done + biomedical dept
can do the calibration

- benchmarks - power protection.

- no surge protector
interrupter.

- IF controls.

- req controls on every pt blood.

OK Refrigerators

JUST traceable thermometer

Success planning well underway

change in protocols ie. marker added
in wk
ie. to Sentinel node.1. The dept must be removed prior to go live
to ensure product is in safe
impact on world.

doc. performance of Rgt performance
 Corrective action log.
 defined TAT

approval for TOTAL QC program
 clinical & technical
 may. 1 FTE for PATH.
 .2 Path
 .5 secretary

8 new staff - 4 PA
 4 Tech.

- Xpress
 guard controls to powering.

benchmark - quality
 - documented.

for St. Class.
 growing - interpretation.

18.8 % ↑ wild

UK - DEQAS. Journal of UK National Quality
 Assessment Scheme for IHC & FISH

pg 15. IHC vol 4 Issue 1 (Rev 6/6) Inclusion of +ve normal glands is imp as they often give an indication of NS to

Dr. Chittai

- pc. change for log in.
placed in file

locked in to protect
security.

- her own user id, email account.

new pc. memory for

Catherine

9:30

709-777-7706

documented

Parham.

• committees out of lab.

• hosp. QA committee.

• Preanalytical

Common Goal

Job description / title:

• lines of authority.

who she reports to.

sign off of Protocol

• increase the stringency of the environment.

→ the reliability of the immunostaining performed on the slide.

label	
0	external control
x	pt.

① controls: external

tech to read ext controls for that dose.

der code: internal controls in pt.

Path to determine validity of staining in the pt.
neg not done:

pt req. a SI. designated pt. req.

Vlaig - interprets
GR R2 for 2nd ECFR

For to St Clare.

breast.

5 paths to read AR/PR

spec. proc

grossed at St Clare

all processing HSC

cutting HSC

SI & HI storage. 3month HSC

all go to St Clare for storage

all St Clare w/ St Clare HSC.

for slides sent back

enhanced courier system.

"STAT courier" 4x/day.

→ documentation available.

* Surgical Reports. Eastern Health St. Clare.

not amalgamated

read Diagnoses

HSC Carben Clarville

St Clare Path Interpretation

Ventura: Neg Reagent Control.

Neg. control m.

R

Ag entered

* participating labs

Sections circulated.

Arrangement of slides

Score staining pattern.

Features opt st

Sub opt st.

terry Barry Dr Cook Dr Derek
Dr. Dan. Fontaine

control bank IHC beginning,
E documented.

UK NCAS.

Journal.

Aq assessed.

* labs

assessment of staining in house tumors

Introduction.

Guidelines used in validation.

Score staining pattern

Features of optimal immunostaining

Features of sub optimal immunostaining.

Importance of good fixation

Antigen Retrieval

Conclusions from data.

References

Main Technical Parameters employed by
participants in the Green Pathology

Primary Abs (list of clones No of participants)

% of participants achieving
acceptable staining

Pretreatment.

types * nonhazardous % acceptable

Detection system.

Chromagen = Supplier

Instrument = Supplier

1. Intro. 2

1.1. Ex. S 2

2 Bkget 2

3 Obj 3

4 Sc. 3

smeth 3

2 His lab.

2.1. Ex/Cross 4

2.2. Proc 6

3. IHC.

3.1. Stain 7

3.2. Doc 8

3.3. IL 12

3.4 Cont. 13

4. Surg Report 15

5 QA 16

6 Conc. 18