
Abandoned Test Order Clarification: The state of affairs in which the test order is not entered because clarification information cannot be obtained. (QP092)

Abnormal TSH result
  ➢ Any TSH assay result that falls outside your laboratory’s “normal” or reference range. (QP 95-05)

ABO result discrepancy
  ➢ ABO typing result on the current specimen disagrees with the historical ABO type. (QP074)

Accession day (Anatomic Pathology)
  ➢ Day on which the specimen was accessioned (not biopsied or received) into Surgical pathology. This was considered working day 0. Included were specimens accessioned up to conventional cut-off time or before midnight so that tissue would be processed that day or next morning. (QP 92-09)

Accession day (Anatomic Pathology)
  ➢ Day on which specimen is accessioned (not excised or received) and assigned a unique pathology identifier number into surgical pathology. This will be considered working day 0. Includes specimens accessioned up to your laboratory’s conventional cut-off time or before midnight so that tissue will be processed that day or next morning. (QP 93-09)

Accession number (surgical pathology identification number) (Anatomic Pathology)
  ➢ A unique number assigned by the surgical pathology laboratory to each case. (QP 94-06)

Accessioning (Anatomic Pathology)
  ➢ The process of recording and assigning a surgical pathology identification number to a case and specimen(s) that meet the laboratory’s acceptance criteria (ie, are not rejected). (QP 94-06)

Accessioning: The process of registering specimens into a laboratory system and assigning unique case numbers. (AP, QP094)

Action-alert diagnosis (Anatomic Pathology)
  ➢ For the purposes of this study, includes the consultation responses “specimen positive for cancer,” “specimen suspicious for cancer,” “specimen inconclusive for cancer,” and “specimen unsatisfactory for evaluation.” Input Form 1 will allow separate coding of these diagnostic categories. (QP 93-11)

Activated clotting time (ACT)
  ➢ The ACT is a test of coagulation that is performed by adding a particulate activator to whole blood. It is used to monitor the effect of heparin in a variety of clinical settings. (QP 99-04)

Adequacy determination error (Anatomic Pathology)
  ➢ On rescreening, smear is unsatisfactory for evaluation. A smear with abnormal epithelial (atypical, intraepithelial lesion or carcinoma) must not be called unsatisfactory. (QP 94-09)

Adequate frozen section (Anatomic Pathology)
  ➢ Frozen section study in which frozen section diagnoses are rendered with diagnostic agreement or disagreement with the permanent sections. (QP 94-11)

Adequate specimen label (Anatomic Pathology)
  ➢ A label which is affixed on the specimen container and has the patient’s name and unique patient identifier. (QP 94-06)
Adenocarcinoma (Anatomic Pathology)
- An invasive or microinvasive epithelial neoplasm demonstrating glandular differentiation. (QP98-06)

Addendum report (Anatomic Pathology)
- A supplemental or secondarily issued report, which provides additional information, compared to the original report. (QP 96-05)

Additional Test System: An instrument/reagent combination that is different from the instrument/reagent combination used in the hospital's or health system's main or central laboratory. If satellite laboratories of the main laboratory do not use the same instrument model or instrument/reagent combination or reagent lot as the main laboratory, their methods are considered additional test systems. Point-of-care (POC) testing performed in satellite clinics, anticoagulation clinics, or Home Health Agencies are also considered additional test systems. (QP103)

Ad hoc blood request
- An unplanned request for blood or blood components from the OR for a patient whose surgery is underway. These include:
  - Requests for (packed) red blood cells and whole blood apart from or in addition to any crossmatched before surgery
  - Requests for frozen plasma that were unplanned and required the thawing of units, and
  - Express requests for platelet concentrates or apheresis platelets that were not communicated to blood bank staff before surgery began

Adverse event
- An adverse event was defined as an untoward outcome resulting from a specimen identification error that involved a local laboratory, including a significant change in the way a patient was treated. An adverse event required that a patient be harmed by the identification error or that the patient’s care be significantly changed. Examples included patient who were admitted unnecessarily because the patient’s physician’s received a result that belonged to another patient, patients who had their admission unnecessarily delayed, or who received any prescription medication or surgery that they should not have received as a result of an identification error. Adverse events also included patients who suffered unnecessary stress due to a laboratory identification error—such as receiving incorrect news that they had a serious illness—even if the identification error was later corrected. Adverse events included patients who suffered from a mix-up of two of their own specimens. For example, if a mix-up of blood glucose specimens obtained before and after insulin administration caused a patient to receive unnecessary additional insulin, or to have needed insulin withheld, the episode was considered an adverse event. (QP051)

Allogeneic blood
- For the purposes of this study, allogeneic (homologous) blood includes red blood cell containing units (red blood cells and whole blood) only. (QP 95-08)

Amended report (Anatomic Pathology)
- Any supplemental or secondary report intended to revise and change information that was present on the original report, issued after completion and distribution of the original report. Note: In your institution, this may be known as a supplemental report, corrected report, revised report, addendum report, etc. For the purposes of this study, these will be referred to as amended reports. (QP 96-05)

Analytic/postanalytic issue
- Question, problem, delay, or uncertainty which involves communication between your laboratory and the reference laboratory regarding events that occur after a send-out test sample arrives safely at the reference laboratory. These issues include questions or problems encountered during testing as well as questions or problems pertaining to test results and reports. (QP 93-07)
Anatomic pathology laboratory section

- A section of the laboratory that performs one or more of the following: gynecologic cytopathology, non-gynecologic cytopathology, surgical pathology, histochemistry, immunohistochemistry, or autopsy pathology. (QP042)

Appropriate: Meeting institution-specific transfusion criteria for plasma transfusion. (QP112)

Archived (related to document control)

- A document is considered to be acceptably archived if the document in its current form has been in force for fewer than 2 years (5 years for transfusion medicine documents), AND older versions of the document are retrievable from a file or some other source. If the document in its current form has been in place for more than 2 years (5 years in the case of transfusion medicine), no archived copy needs to be retained. These documents should be considered to be archived. (QP081)

Arrival time (Urinalysis)

- The time at which the specimen is delivered to the laboratory’s receiving area. This may or may not be the same as the laboratory accession time. For specimen receipt areas that are not continuously monitored by laboratory personnel, it is important to request the cooperation of those who deliver urine specimens to record the time of specimen arrival. (QP 94-12)

Arrival time

- The time at which the specimen arrived in the laboratory that performed the test. (QP 97-01)

ASAP

- "As soon as possible” test TAT priority; usually the second most urgent category. (QP091)

ASC-H (Anatomic Pathology)

- Atypical squamous cells, cannot exclude high grade SIL (HSIL). This is to be used for ASC that are suggestive for dysplasia, where high grade dysplasia is in the differential impression. This terminology was introduced in TBS 2001. (QP 18)

ASC-US (Anatomic Pathology)

- Atypical squamous cells of undetermined significance. This is to be used for ASC that are suggestive, but not diagnostic for dysplasia. This terminology was introduced in TBS 2001. (QP18)

ASCUS (Anatomic Pathology)

- Cellular abnormalities that are more marked than those attributable to reactive changes but that quantitatively fall short of a definitive diagnosis of squamous intraepithelial lesion (SIL). This term is from TBS 1988, and has been removed in TBS 2001. (QP18)

ASCUS-favor dysplasia (Anatomic Pathology)

- Cellular abnormalities that are more marked than those attributable to reactive changes but that quantitatively or qualitatively fall short of a definitive diagnosis of squamous intraepithelial lesion (SIL). However, in this category, the examiner favored an interpretation of a dysplastic process. This term is from TBS 1988, and has been removed in TBS 2001. (QP18)

ASCUS-favor reactive (Anatomic Pathology)

- Cellular abnormalities that are more marked than those attributable to reactive changes but that quantitatively or qualitatively fall short of a definitive diagnosis of squamous intraepithelial lesion (SIL). However, in this category, the examiner favored an interpretation of a reactive process. This term is from TBS 1988, and has been removed in TBS 2001. (QP18)

Atypical squamous cells of undetermined significance (ASCUS) (Anatomic Pathology)

- Squamous cell changes which cannot be definitively diagnosed as benign or as an intraepithelial lesion or carcinoma, regardless of further qualifications. (QP 94-09)
Atypical glandular cells of undetermined significance (AGUS) (Anatomic Pathology)

- Glandular cell changes which cannot be definitively diagnosed as benign or as an intraepithelial lesion or carcinoma, regardless of further qualifications. (QP 94-09)

Authorized (relating to document control)

- A document has been authorized if there is evidence that someone who has the authority to approve the document approved it. For paper documents, this approval is normally evidenced by signature/initials on the document itself or on a signature page next to a notation that individually identifies the document. For electronic documents, approval may be evidenced by (1) a paper form with signatures or initials indicating the electronic document has been authorized, (2) a scanned version of a signed or initialed document authorization sheet, (3) electronic signature, or (4) use of a process that prevents unauthorized electronic documents from being made available to staff. In other words, use of an electronic signature is acceptable, but not required. (QP081)

Autologous unit

- For the purposes of this study, autologous units are predeposited red cell-containing units (Red Blood Cells and Whole Blood) only. If you fractionate units, do not count Fresh Frozen Plasma or liquid Plasma as separate units. Exclude intraoperative autotransfusions. (QP92-11)

Automated CBC

- Any CBC performed on an automated analyzer (with or without a WBC differential count), whether or not a peripheral smear is prepared or reviewed. (QP043)

Automated microscopic urine sediment examination (Urinalysis)

- The use of an automated instrument to measure or describe the formed elements of urine. (QP061)

Automated urinalysis (Urinalysis)

- Analysis of a urine specimen, to include color, appearance, and measurement of all or most of the following by an automated/dipstick reader: leukocyte esterase, nitrite, urobilinogen, protein, ph, blood, specific gravity, ketone, bilirubin, and glucose. The urinalysis (CPT81001) may or may not include a microscopic examination of the urine sediment (CPT 81003). (QP061)

Auto-verification

- A process in which the automatically measured CBC results (with or without a WBC differential count) are accepted, verified, and released without any form of human review. (QP043)

Available (relating to document control)

- A document is available if it is reasonably accessible by all individuals who are likely to need access to the document. This includes all applicable sections of the laboratory and all applicable shifts. Judgment is required to determine whether a document is reasonably accessible. A computer order entry procedure that is locked in a manager’s office is not reasonably accessible to order entry staff. On the other hand, a document about bioterrorism or reagent safety should still be considered available if staff is required to walk to another room to access the document. (QP081)

Barcode: A set of machine-readable parallel bars or concentric circles, varying in width, spacing, or height, encoding information according to a symbology. With regards to patient specimens, this usually contains identifying information. (AP, QP094)

Basic metabolic panel

- The most commonly ordered test panel at your institution that contains sodium and at least three other electrolytes. Generally, this will be an electrolyte panel, with or without glucose. (QP16)
**Bedside glucose monitoring**
- The use of portable glucose meter to measure a patient’s glucose level using whole (capillary) blood. For this study, “bedside” refers to any institutional location where medical care or monitoring of glucose using hand-held analyzers is provided, including clinics or laboratory settings. (QP96-08)

**Benign cellular changes** (Anatomic Pathology)
- Includes infections other than HPV, inflammation-associated changes, reactive and reparative changes, atrophic cervicitis/vaginitis. (QP94-09)

**Bethesda 2001** (Anatomic Pathology)
- The Bethesda System (TBS) for Reporting Cervical/Vaginal Cytologic Diagnoses updated and modified at a National Cancer Institute (NCI) sponsored workshop in 2001 to provide uniform diagnostic terminology that would facilitate communication between the laboratory and the clinician. (QP18)

**Bethesda System (1988)** (Anatomic Pathology)
- The Bethesda System (TBS) for Reporting Cervical/Vaginal Cytologic Diagnoses was developed at a National Cancer Institute (NCI) sponsored workshop in December 1988 to provide uniform diagnostic terminology that would facilitate communication between the laboratory and the clinician. (QP18)

**Billable test:** The number of CPT codes billed in your system corrected for the number of individual CPT codes contained within chemistry panels. For example, if you bill for a Basic Metabolic Panel (BMP) by using the panel CPT code 80048, the test count reported should be the number of BMP billed x 8, since the BMP contains 8 individually billable tests. (QP091)

**Biochemical profile**
- A Biochemical Profile is defined by the testing laboratory. It represents the most common collection of biochemical tests (e.g., Chem 12) offered as a single test request and is performed simultaneously on one analyzer. (QP97-03)

**BI-RADS (Breast Imaging Reporting and Data System):** A quality control method used by the radiologists to report breast imaging findings in a standardized manner. (AP, QP104)

**Block Labeling:** The process of marking blocks with unique identifiers for the purpose of tracking the case through histologic processing. This typically includes the surgical pathology number as well as at least one other unique identifier, such as a patient’s name, birth date, and possibly the specimen type. (AP, QP094)

**Blood bag label**
- The label placed on the unit at the time of preparation that specifies the name of the component, donor number, ABO and Rh type of the unit, anticoagulant, storage temperature, collection facility name and address, volume, warnings, and unit expiration date. (QP09)

**Blood bank**
- For the purposes of this study, the hospital blood bank or transfusion service laboratory where blood is processed for distribution to the patient care areas. (QP09)

**Blood culture set**
- Each blood specimen collected by a separate venipuncture is defined as a blood culture set. The sample distribution method used is not important for the purpose of this study. For example, inoculation of a blood specimen collected by a single phlebotomy into two or more bottles is still counted as a single set and blood specimens collected by two separate venipunctures are counted as two blood culture sets. (QP 95-12)

**Blood culture specimen**
- Sample of blood collected aseptically from a *single venipuncture* and inoculated into one or more media that will support microbial growth. (QP93-08)
Blood preparation turnaround time

- The time period from the request for red blood cells until the time they are ready to be released for transfusion. (QP98-05)

Blood product: Any product derived from human blood, including red blood cells, platelets (including random donor or single donor units), plasma (includes any plasma compound, e.g., FFP, thawed plasma, cryo poor plasma), and cryoprecipitate. (QP0093)

Blood request

- A blood request is any request for red blood cells from patient care areas other than the operating room. Requests originating from the emergency room for patients that will be taken to surgery should be included. (QP98-05)

Blood request form

- A paper record of transfusion related data that is used in many hospitals to transmit the physician’s request for blood products to the hospital blood bank. In many instances this form accompanies a specimen submitted to the hospital blood bank for compatibility testing. This form is often used for a variety of purposes:
  1. to document the interpretation of compatibility testing;
  2. to record the name of the individual drawing the blood specimen for testing;
  3. to record the name of the transfusionist;
  4. to record details about the start of the transfusion; and
  5. to record the occurrence of a suspected transfusion reaction. A copy of this form is often filed in the patient’s medical record. (QP09)

Blood unit

- Whole blood or any blood component, including red blood cells, fresh frozen plasma, and apheresis platelets. (QP96-03)

BNP/NT-proBNP

- B-type natriuretic peptide or its derivative NT-proBNP, a cardiac neurohormone. For the purposes of this study, both of these tests will be referred to as BNP. (QP063)

Breast biopsy (Anatomic Pathology)

- The act of surgically removing a portion, but not all, of the mammary gland. (QP 99-02)

Breast biopsy tissue (Anatomic Pathology)

- The biological material (tissue) surgically excised and representing a small amount or a segment of a mammary gland, but not the whole gland. (QP 99-02)

Capitated payment arrangement

- A method of prepayment for health care services by which a provider accepts a fixed amount of money per health plan member per month in return for providing a specific list of services to the members over a specified number of months. Thus, this contractual arrangement is negotiated for reimbursement based not on actual work performed but by preset fee for members of managed care organization. (QP 97-02)

Carcinoma (Anatomic Pathology)

- An invasive or microinvasive epithelial neoplasm which could not be classified as squamous cell carcinoma or adenocarcinoma. Includes adenosquamous carcinoma and unusual specific types of carcinoma. (QP 98-06)

Carcinoma, NOS or other (Anatomic Pathology)

- An invasive or microinvasive epithelial neoplasm which cannot be classified as squamous cell or adenocarcinoma. Includes adenosquamous carcinoma and unusual specific types of carcinoma.
Case (Anatomic Pathology)
- A single per-patient episode, assigned a unique accession number, for which tissue is submitted for examination and reporting. One test may include more than one specimen, each of which may be evaluated by one or more blocks.

Case (Anatomic Pathology)
- Tissue(s) received from one patient in one or more containers on the same date of procedure and assigned under the same surgical pathology identification number (e.g., S94-101).

Case, specimen, block, slide (Anatomic Pathology)
- A case was defined as a single per-patient episode for which tissue was submitted for examination. A case may have had more than one specimen, and a specimen may have resulted in the submission of one or more tissue blocks. One or more slides may have been prepared from each block.

CAP Cancer Checklists (Anatomic Pathology)
- CAP case summary, or short form that includes a list of data and descriptive elements pathologists must include in surgical pathology reports describing cancer. Available at: http://www.cap.org/apps/docs/cancer_protocols/protocols_index.html.

CBC
- A complete blood count with or without an automated differential ordered. Specimens in which a manual differential was specifically ordered were not included.

CBC (complete blood count)
- May include WBC count, RBC count, hemoglobin, hematocrit, red cell indices (MCV, MCH, MCHC), platelet count, RDW (red cell distribution width), and MPV (mean platelet volume), depending on what your laboratory reports as a CBC. For the purposes of this study, performance of a WBC Differential (automated or manual) is not to be included as a component of the CBC for determining whether a specimen is accepted or rejected.

Change in categorical interpretation (Anatomic Pathology)
- An interpretation is changed from one categorical diagnosis, such as benign, to another categorical interpretation, such as malignant. In order to determine if there has been a change in a categorical interpretation, one must calculate a step difference. Interpretations may be graded by step difference on the probability of malignancy (e.g., benign=1, atypical=2, suspicious=3, and malignant=4). If an interpretation is changed, there will be a step difference in the degree of malignancy. For example, if a diagnosis is changed from malignant to benign, the step difference in the change is 4-1=3. For the purposes of this study, we considered a step difference of 2 or greater as a discrepancy. If the step difference is 0 or 1, a discrepancy has not occurred.

Change in margin status (Anatomic Pathology)
- The interpretation of the margin status is changed from benign to malignant or vice versa.

Change within the same category of interpretation (Anatomic Pathology)
- An interpretation is changed from one benign interpretation to another or from one malignant interpretation to another. A change from one tumor type to another (if the categorical interpretation has not changed) also fell into this category.

Chemical hygiene plan
- A written program developed and implemented by the employer that sets forth procedures, equipment, and work practices which are capable of protecting employees from the health hazards presented by toxic substances used in the laboratory.
Chemistry: Includes all clinical testing other than coagulation, hematology, microbiology, immunology, transfusion medicine, and other esoteric testing (e.g., flow cytometry, cytogenetics, molecular pathology) (QP091)

Chemistry/Hematology/Immunology Laboratory Section
- A section of the laboratory that includes routine and special testing in: chemistry, hematology, coagulation, urinalysis, serology, and immunology whether done in the central (main) laboratory or an off-site laboratory. (QP042)

Clarity of report (Anatomic Pathology)
- The clarity of the report reflects how understandable the original report is from the clinical standpoint. For example, a comment may not be understandable or the diagnosis may not reflect the procedure performed. The pathologist performing the review judged the clarity of the report using a 4-point Likert scale (clear, mildly unclear, moderately unclear, markedly unclear). This was a subjective judgment. (QP033)

Client service response
- The speed and effectiveness with which a reference laboratory responds to communications from your laboratory. This is measured by the promptness with which the reference laboratory answers the telephone and the manner in which your laboratory’s calls are resolved (or not resolved). (QP 93-07)

Clinical findings
- Clinical findings are those findings found at entry to an emergency department setting, including patient symptoms and the history and physical examination. (QP063)

Clinical physician
- An attending or staff physician who had responsibility (primary or consultant) for the care of the patient in the institution. (QP 95-09)

Coagulation: Includes APTT, PT, fibrinogen, D-dimer, FDP, factor assays. (QP091)

Coagulation testing: PT, INR, aPTT. (QP112)

Collection date
- The date of the actual phlebotomy, as recorded by the laboratory personnel when drawing blood or a date a submitting physicians office listed on the test request form. (QP16)

Collection day (Anatomic Pathology)
- Day on which specimen is obtained from the patient. (QP 93-11)

Collection sites adjacent to the laboratory
- Are located in the same building as the laboratory or connected to the building via a walkway or tunnel. Specimen collection sites located on the same campus as the laboratory are also considered to be adjacent to the laboratory. (QP052)

Collection time
- The time at which the phlebotomy was performed to collect the specimen. (QP 97-01)

Collection time (Urinalysis)
- The time at which the specimen is voided into the collection container. This information may appear on the container label or the requisition form submitted to the laboratory. (QP94-12)
Collection time: The time the specimen was collected. Collection time may be determined manually for the purposes of this study or by electronic time stamp if the electronic time represents the actual collection time. (QP111)

Communication event
- A single contact (eg, telephone call, fax transmission, computer printout, etc), or attempted contact, which involves questions or problems between your laboratory and the reference laboratory. One or more issues, patients, and/or tests can be referred to in a single communication event. (QP 93-07)

Compatibility label
- The label attached to a blood bag for the purpose of recording the intended recipient’s name, identification number, interpretation of compatibility testing, and the blood unit number. (QP09)

Competence
- Refers to the capability to perform both general tasks that all laboratory employees or all employees within a laboratory section are expected to be able to perform and specialized tasks that only some employees are expected to be able to perform. Depending on how your laboratory is organized, general tasks may include looking up a result or ordering a test in the computer, logging a specimen into the laboratory, or (in a chemistry section) performing a stat glucose measurement. Specialized tasks may include using a glass washer, initiating a transfusion reaction report, correcting an anatomic pathology report in the computer, or identifying the malaria species in a blood smear. (QP 96-04)

Competency evaluation
- As used in this study, the term” competency evaluation” refers to any system in place to measure, document, or otherwise evaluate that an employee is capable of doing his or her job. Competent employees understand the procedures and policies that apply to their work, and are capable of performing tasks to which they are assigned. Competence in this study is distinguished from job performance, which refers to how well an employee performs his or her job. An employee may be competent or capable of doing a job (eg, have all of the required skills and knowledge), yet still not perform the job adequately. He or she may be to slow, have poor work habits in practice, make to many errors, not show up for work, not take responsibility for assigned tasks, or in any number of ways not meet job expectations. Competence refers only to an employee’s ability to perform tasks or follow procedures correctly without additional training or practice. An annual performance appraisal is not necessarily an assessment of competence, unless it somehow evaluates whether an employee is capable of doing his or her job. (QP96-04)

Complete blood count (CBC)
- Complete blood count or any separately ordered automated component of a CBC (e.g., hemoglobin, hematocrit, automated white blood cell count). (QP 99-01)

Complete blood count (CBC)
- For this study, a CBC is defined by the testing laboratory and represents a series of basic hematology tests performed simultaneously on one analyzer. (QP 97-03)

Completed cancer surgical pathology report  (Anatomic Pathology)
- An individual pathology report describing cancer that has been signed by the pathologist and released to a physician designated to receive this report. (QP062)

Complex specimen  (Anatomic Pathology)
- Specimen corresponding to those listed in CPT codes 88307 and 88309 (level-V and –VI specimens requiring gross and microscopic examination). These specimens are considered complex in that they are typically more work-intensive either because of gross examination and number of blocks submitted for microscopic examination and/or because of more involved microscopic evaluation of a small specimen. (QP93-09)
Computerized crossmatch
- A procedure utilizing an initial validation of a patient’s ABO group and a computer system with donor and recipient information and an alert capability regarding discrepancies between the donor unit and recipient. (QP95-10)

Concordance (Anatomic Pathology)
- An adequate frozen section study and diagnostic agreement with permanent sections. (QP 94-11)

Contaminant (Anatomic Pathology)
- For the purposes of this study, a contaminant was defined as extraneous tissue demonstrated to be present in the tissue block. Note: In some cases it was not possible to determine whether extraneous tissue was a contaminant or a floater. (QP 94-03)

Contaminated urine specimen (Urinalysis)
- A urine specimen that upon culture does not meet criteria for proper collection due to excess number of microorganisms. (QP052)

Contaminated urine specimen (Urinalysis)
- For the purposes of this study, a contaminated specimen was defined as a urine specimen that, upon culture, yielded at least 10,000 colony-forming units (CFU)/ml of two or more different organisms. (QP 96-01)

Corrected Specimen: A specimen that is improperly labeled and then allowed to be relabeled (labeled correctly) without requiring collection of a new (recollected) specimen. (QP114)

Correction of patient identification (Anatomic Pathology)
- Changes sent to the clinician to rectify a patient identification error that was present in a previous report. This may include changes to either the patient name or the unique patient identifying number (eg, social security number or medical record number). (QP 96-05)

Correlation with previous surgical/cytology material (Anatomic Pathology)
- Review of autopsy findings with the pathologist responsible for signing out surgical or cytology material. This may be in the form of a glass slide review or written or verbal communication. This may also include self-review if the autopsy pathologist also signed out the surgical or cytology material. (QP 95-09)

Critical/action values
- Are those values that trigger a protocol to contact someone external to the laboratory in order to influence the medical decision making process (e.g., call ordering physician). For the purpose of this study only the values that require immediate notification to a patient caregiver were considered. Throughout this Final Data Analysis and Critique, the descriptor “critical/action values” will be synonymous with “critical values.” (QP054)

Critical results
- A test result that was generated by the chemistry/hematology section of your laboratory, which concerned an inpatient or emergency department (ED) patient, and meets your laboratory’s defined threshold for a critical result that must be called. A test result is not considered critical just because it was ordered “stat” or ordered with instructions to call the result. Only when the result itself exceeds your laboratory’s defined critical result threshold should the result be considered critical. A result is not considered critical if a previous critical result for the same analyte has already been called and your institution has a written policy that repeat critical values within a specified time frame do not need to be called again. (QP073)
Critical Result Notification Time: The time a laboratory staff member or client services staff member first attempted to reach someone to accept the critical result. (QP102)

Crossed-over autologous unit
- A unit of autologous blood which meets all criteria for homologous donations and has been released for homologous use in the instance that it was not needed by donor. (QP 92-01)

Crossed-over unit
- A unit which meets all the criteria for homologous donation and had been released for allogeneic use because the autologous donor did not need it. (QP 95-10)

Crossmatched RBC-containing unit
- A donor unit which had undergone compatibility testing and has been determined to be compatible with the recipient’s RBCs and serum. (QP 95-10)

Current (related to document control)
- A document is current if it is in use and there is no more recent, authorized version of the document. (QP081)

Customer Service Representative: A staff member whose primary duties include responding to customers’ difficulties with the laboratory testing process. (QP092)

Cut and abrasion resistance
- A fabric property of glove construction that is designed to protect the wearer against slashes, scrapes, and cuts from sharp, bladed instruments. (QP 92-02)

Date of specimen receipt
- The date the specimen was delivered to the laboratory (the initial contact point, whether it is a central processing/receiving area or the cytopathology laboratory, whichever is first). (QP 97-06)

Day period
- The interval commencing at 0600 hours (6am) and concluding at 1759 hours (5:59pm). (QP031)

Day shift
- Shift during which all types of laboratory tests are performed, usually corresponding to the period from 8:00 AM to 4:00 PM (0800 to 1600, military time). (QP 98-03)

Defects involving misinterpretations: Misinterpretations happen at two levels. At the primary level they include inaccurate diagnoses (false positives and false negatives) and misclassifications (correct diagnostic category but incorrect classification). At the secondary level misinterpretations involve elements of tumor grade, stage, margin status, or lymph node status. (AP, QP113)

Defects involving misidentifications: Errors in identification may be of the patient, tissue type (“colon” versus “stomach”), laterality of a specimen (eg, “right breast” versus “left breast”), or specific location within an organ (“skin of shoulder” versus “skin of thigh”). (AP, QP113)
Defects involving specimens: Such defects may involve loss of a specimen, inadequate size of specimen, lack of critical measurements in description, inadequate sampling of a lesion, and lack of critical ancillary studies or wrong ancillary studies selected. (AP, QP113)

(Defects) Other or remaining defects: These are defects that do not fall into the other three categories. Misinterpretations, misidentifications, and specimen defects should be explicitly excluded before report changes are placed into this category. These defects include missing or erroneous nondiagnostic information, dictation and typographical errors, and failures in computer formatting or transmission. (AP, QP113)

Deferred diagnoses (Anatomic Pathology)
- Diagnoses that are undeterminable at the time of the frozen section examination. Do not include these as discordant diagnoses. Deferred diagnoses may involve one or more specimens of a given case; frozen section evaluation of the specimen may result in one or more deferred frozen section diagnoses; a deferred diagnosis may involve one or more frozen section blocks.

Deficiency (Anatomic Pathology)
- Problem specifically related to specimen identification and/or lack of specific information concerning the specimen.

Delayed surgery
- Surgery delayed from the intended date/time, specifically due to issues related to the blood availability (e.g., a lack of available crossmatch compatible blood or incomplete antibody workup).

Delayed Test Order Clarification: The state of affairs that occurs when seeking and obtaining information necessary for entering a test order takes more than 30 minutes or when the attempt to obtain the information is abandoned. (QP092)

Delta Check: The use of a prior result from a patient to determine when a newly obtained test result is likely to be in error. (QP103)

Delta Check: Means of detecting mislabeled specimens (specimens with wrong blood in tube) by laboratory personnel and/or the laboratory information system comparing test results to previous results for the same patient. (QP114)

Diagnosis (Anatomic Pathology)
- Clinical diagnosis or differential diagnosis pertinent to the tissue specimen.

Diagnosis implying uncertainty (Anatomic Pathology)
- Diagnoses which are neither clearly positive for adenocarcinoma nor clearly negative for adenocarcinoma, but which may require that the urologist perform another biopsy in order to advance treatment.

Diagnostic change (Anatomic Pathology)
- This strictly refers to changes made in the diagnosis that was stated in the original report (eg, “benign” changed to “malignant”), but does not include modification or clarification of the diagnosis where the original diagnosis remains correct (eg, “malignant lymphoma” modified to “diffuse large cleaved –cell lymphoma, B-cell type”).

Diagnostic code (ICD-9 code)
- At the direction of the Centers for Medicare and Medicaid Services (CMS), Medicare carriers and intermediaries establish lists of tests that must be accompanied by diagnostic information to establish medical necessity. Such diagnostic information may be submitted using a set of ICD-9 codes or by a narrative description. The ordering attending physician must provide this information. (QP063)
Diagnostic mammography  (Anatomic Pathology)
➢  Mammography performed to further investigate an already identified breast lesion.

Diagnostic mission  (Anatomic Pathology)
➢  The reason for performing the FS. See ivory-colored Master List of Codes.

Diagnostic slide review of cases  (Anatomic Pathology)
➢  The examination of available histologic sections, other diagnostic material, and report by a pathologist other than the one who initially completed the report.

Discordance  (Anatomic Pathology)
➢  An adequate frozen section study and diagnostic disagreement with permanent sections. Discordant frozen section diagnoses may involve one or more specimens of a given case; frozen section evaluation of a specimen may result in one or more discordant frozen section diagnoses; a frozen section diagnosis may involve one or more frozen section blocks.

Discordant diagnosis  (Anatomic Pathology)
➢  A difference in diagnoses when a comparison is made between the original or preliminary diagnoses and the consultant’s diagnosis. The discordance is due to differences in the main diagnosis such as benign to malignant or other changes such as the type of malignancy. This does not include modifications or clarifications made to the original diagnosis (e.g., malignant lymphoma modified to large cleaved cell lymphoma, B-cell type).

Discrepancy  (Anatomic Pathology)
➢  A discrepancy has occurred if there is any difference between the original interpretation and the interpretation after the second review. Discrepancies were any of the following: change in categorical interpretation, change in margin status, change within the same category of interpretation, change in patient information, typographical error.

Dissection/review of brain  (Anatomic Pathology)
➢  Dissection or review of gross brain findings in a conference setting with persons in attendance who were not responsible for the autopsy prosection, with opportunity for discussion.

Document
➢  For the purposes of this study, a document consists of any policy, procedure, form, or work aid that governs processing and handling of specimens and orders, as well as testing, reporting, or any quality control activity performed by humans in a laboratory. Documents may exist on paper and/or on computer screens.

Draw time
➢  The time that the specimen was drawn in the emergency department. This time should correspond to the draw time required by most reporting agencies.

Duplicate TSH assay
➢  To blood specimen collected for TSH assay no more than one week (7days) from one another. (Example: One specimen is collected for TSH assay on Monday at 7:00 AM, and another specimen for the same patient on the following Monday at 6:30 AM. The second test is considered a duplicate because it was collected within 7 days from the first specimen.) The only exception to this definition is TSH assays ordered as part of a thyrotropin-releasing hormone (TRH) stimulation test, which are to be excluded from the study. See Instructions for further details.
Effect on patient management  (Anatomic Pathology)
➢ Discrepancies were subdivided into the following categories based on what happened to the patient: significant event, near miss, no harm.

Elective surgical cases  (Anatomic Pathology)
➢ Scheduled cases performed in your hospital’s operating suite. Exclude cases that are performed in outpatient surgical areas, doctor’s offices, etc unless those areas are part of the hospital’s operating room (OR) suite.

Electrolytes
➢ Sodium, chloride, potassium, carbon dioxide—either ordered together as a panel or profile or ordered separately. If the analytes are ordered separately in your institution and a patient has more than one analyte ordered on a single collection (e.g., Na, K), only monitor the performance on one analyte per patient specimen.

Electronic control
➢ A predetermined series of electronic signals (e.g., specimen recognition, and/or result reception, transmission/amplification, analysis, and display functions) introduced into an automated test system to document its functionality. Such control may be internal to circuits in detection device or external signal generators that interact with detectors.

Electronic test order
➢ A test order placed electronically without the use of paper requisitions via an integrated computer system. Examples include test order entry through internal intranet access or a web site.

Emergency department
➢ The emergency department is defined as the emergency clinical services found at the portal of entry for a patient’s emergent care. These may be ED services as part of an acute care hospital or free-standing emergent care clinic.

Employee competent in POC glucose testing
➢ An Employee designated to perform POC glucose testing on inpatient nursing units and who understands all operations required to properly perform testing, including how to properly perform quality control.

Encounter
➢ A case where an outpatient assigned responsibility for the collection of blood specimens from outpatients.

Endocervical component (Anatomic Pathology)
➢ Presence of endocervical cells or squamous metaplastic cells.
places a tissue slide under the microscope and noticed that the tissue type does not match the specimen requisition because of a slide labeling error. The labeling error was corrected and the proper slide located. Another example included a laboratory order-entry staff person who noticed that the patient birth date on a specimen label did not match the birth date listed in the laboratory computer database for the patient in question. An error corrected pre-verification did not have to be discovered by laboratory staff. If a physician’s office staff or nurse called to inform the laboratory that a specimen that was submitted was mislabeled, and the error was corrected before the test result was released, this was considered an instance of pre-verification correction. (QP051)

**Error Incident:** Any mislabeled case or a case with at least one mislabeled specimen, block, or slide. (AP, QP094)

**Estimated blood loss (EBL)**  
- The amount of blood approximated to have been shed during surgery or other instance of blood loss. (QP 93-05)

**Evening shift**  
- The shift which operates the laboratory during the evening, roughly from 3:00 PM to 11:00 PM (ie, 1500-2300 hours). (QP 97-04)

**Exempt from submission** (Anatomic Pathology)  
- Per written institutional policy, refers to specific tissue that is not required to be sent to the pathology laboratory from surgery and/or for which no laboratory report is generated. (QP 97-02)

**Expert pathologist** (Anatomic Pathology)  
- A pathologist whose diagnostic acumen in a particular field is recognized by his/her peers by virtue of his/her experience. An expert pathologist may be locally or nationally known. (QP 99-06)

**Extradepartmental consultation** (Anatomic Pathology)  
- A surgical pathology case that is sent out to a particular pathologist or to another institution. (QP 99-06)

**Extraneous tissue** (Anatomic Pathology)  
- Tissue from another specimen or case found in microscopic sections; the extraneous tissue may have been present in the tissue block or may have been transferred to the microscopic section from a source other than the tissue block. For the purposes of this study, extraneous tissue was also defined to include tissue from the same specimen or patient, depending on the pathologic processes within the specimens. (QP94-03)

**False-positive blood culture (contaminant)**  
- A positive blood culture for which the clinical and laboratory evidence suggest that the organism did not come from the patient’s bloodstream. (QP 93-08)

**Feedback from Patient’s Clinical Care Team** (“Feedback from Caregiver”): Detection of a mislabeled specimen (specimens with wrong blood in tube) by feedback received from the patient’s clinical care team indicating that the test result(s) is/are inappropriate for the patient’s clinical picture. (QP114)

**First specimen** (Urinalysis)  
- Acceptable urine specimen with earliest laboratory arrival time recorded on specimen label or requisition form. (QP94-12)

**Flag**  
- Any automated instrument failure, distributional, or morphologic parameter, which can be set in such a manner that result values that fall outside of these parameters will generate an operator message that
draws attention to that “flagged” value and gives the operator an opportunity to review the result before verifying the result. (QP043)

Floater (Anatomic Pathology)
- For the purposes of this study, a floater was defined as extraneous tissue demonstrated to be absent in the tissue block but present in the microscopic section. Note: In some cases it was not possible to determine whether extraneous tissue was a contaminant or a floater. (QP 94-03)

Fluid resistance
- A fabric property that prevents penetration of water and soaking of underlying clothing or skin. (QP 92-02)

Form
- A document that is used to record information related to laboratory activities. A form most commonly consists of paper used to record some observation (eg, results of quality control testing or Gram stain interpretation) but may consist of a computer screen used to record information. A form must contain some information itself, above and beyond the information that is to be recorded. (QP081)

Formula for reconstituting whole blood in vivo
- A formula which recommends replacing platelets or plasma according to the amount of red blood cells (RBCs) transfused, without regard to clinical evidence of hemostatic defect or laboratory values. (QP 93-05)

Front end automation: Automation designed to assist in receipt, centrifugation, aliquoting and sorting of specimens. Examples of front end automation include barcode readers, track system, automated aliquoting, automated centrifugation, and automated specimen storage and retrieval systems. (QP091)

Frozen section (Anatomic Pathology)
- An intraoperative consultation during which tissue is frozen, cut, stained, mounted on a slide, examined, and interpreted. Omit cases in which a frozen section is not performed (ie, cases with gross only, touch preps only, or harvest of tissue for special procedures only, etc). (QP 95-06)

Frozen section block (Anatomic Pathology)
- Each chuck that is laden with tissue and processed in the cryostat is counted as one block. One case may include several different FS blocks. (QP 95-06)

Frozen section diagnoses (Anatomic Pathology)
- Diagnoses rendered by frozen section evaluation of a given specimen. A specimen may have more than one frozen section diagnosis; a frozen section diagnosis may be based on one or more frozen section blocks. In addition, a frozen section block may entail one or more frozen section diagnoses; for example, one frozen section may be used to evaluate both the type of neoplasm and the status of an adjacent margin. (QP 94-11)

Frozen section specimen (Anatomic Pathology)
- Each specimen frozen for examination. Each case may contain several specimens that require making several different blocks. (QP 95-06)

Frozen section technical personnel (Anatomic Pathology)
- Any personnel involved in the technical preparation of the FS. These people may include other pathologists, residents, medical students, physician assistants, technologists, etc. (QP 95-06)

Frozen section turnaround time (Anatomic Pathology)
- The time it takes to perform a frozen section. For the purposes of this study, this interval is measured from the time the FS specimen arrives in the laboratory or location where the FS is to be performed (whichever is earlier) to the time of the first attempt to report the FS result to the surgeon.
FTE

- Full time equivalent, equal to 40 hours per week or 2,080 hours per year of employment. This includes staff from all shifts and fractions of FTEs, which are devoted to performing CBC and manual peripheral smear reviews.

FTE (full-time equivalent)

- An FTE is defined in this study as 2080 paid hours per year (40 hours per week for 52 weeks). For example, if you had one employee with 2080 paid hours per year and a part-time employee with 520 paid hours per year, you would have 1.25 FTEs.

FTE: Full time equivalent is defined as 40 paid hours per week or 2,080 paid hours per year. This usually can be calculated by dividing the total hours paid to employees working for a specified period of time by the appropriate fraction of 2,080. For example, if you are looking at a 12-week period of time, divide the total hours paid during that 12-week period by 12/52(2,080) to get the number of FTEs for that 12-week period of time.

Gel tube

- Blood collection tubes that contain a gel material at the bottom of the tube which positions itself between cells and serum/plasma during centrifugation. If the tube is a serum separator, it contains a clotting activator (eg, glass, silica particles). If the tube is a plasma separator, it contains an anticoagulant (eg, lithium heparin).

Geometric Mean (GM): A geometric mean is the antilog of the mean of a log-transformed set. Geometric means are used to dampen the effect of extreme values in skewed data distributions. Geometric means of PT reference intervals are used in INR calculations.

Glandular intraepithelial lesion (GIL) (Anatomic Pathology)

- Includes glandular cell dysplasia of any degree and adenocarcinoma in situ.

Glycohemoglobin

- An essay for either hemoglobin A1c(HbA1c) or total glycohemoglobin. Total glycohemoglobin includes glycosylated hemoglobins other than HbA1c. In normal subjects, total glycohemoglobin values are similar to those of HbA1c, but they rise more rapidly than HbA1c when serum glucose levels rise. In poorly controlled diabetics, total glycohemoglobin values may be considerably higher than corresponding HbA1c levels. When total glycohemoglobin is measured, it is common practice to convert values to HbA1c by a simple algebraic formula.

Governmental care organization

- United States and foreign health care organizations in which governmental agencies act as insurer and provider of health care services (eg, US Veterans Affairs Medical Centers {VAMC}, federal, state, local, county, and charitable hospitals, national Health Service of Canada, Great Britain, etc).

Gross examination (Anatomic Pathology)

- Per written institutional policy, refers to the macroscopic examination of specific tissues, for which a laboratory report is generated. This examination may include dissection but not submission of tissue for microscopic examination. However, at the pathologist’s discretion, tissue may be submitted for macroscopic examination.

Grossly suspicious lesion (Anatomic Pathology)

- A breast abnormality which is suspected to be carcinoma by visual inspection or palpation prior to microscopic evaluation.
Hazardous solvents or reagents

- Any laboratory chemical that is either a physical hazard (combustible, explosive, or a compressed gas) or a health hazard (carcinogen, toxin, irritant, corrosive, or sensitizer).

(QP 92-02)

Hemolytic anemia

- Anemia caused by immunologic or mechanical destruction of RBCs.

(QP083)

Hematology: Includes CBC and any of its components, reticulocytes, and urinalysis (with or without microscopy).

Note: If urinalysis is performed in a laboratory section other than hematology, the urinalysis data was still included in the hematology section. (QP091)

High-grade squamous intraepithelial lesion (HSIL) (Anatomic Pathology)

- Includes moderate dysplasia, severe dysplasia, CIN grade 2, CIN grade 3, and carcinoma in situ.

(QP 98-06)

High grade SIL (Anatomic Pathology)

- High-grade lesions encompass moderate dysplasia, severe dysplasia, and carcinoma in situ/CIN 2,3.

(QP053)

High risk

- “Healthcare workers employed in certain occupations are assumed to be at high risk for bloodborne infections due to their routinely increased exposure to body fluids from potentially infected patients. These high-risk occupations include, but are not limited to, physicians, pathologists, dentists and dental technicians, x-ray technicians, phlebotomists, emergency room, intensive care, and operating room nurses and technicians, laboratory and blood bank technologists and technicians.”

(QP 92-02)

Historical ABO type

- Patient ABO type performed on a previous specimen and the result was present in the medical record at the time of receipt of the most recent specimen submitted for testing.

(QP074)

Homologous unit transfused concurrently

- Any homologous unit transfused in conjunction with the patient’s surgery. Exclude albumin and anti-hemophilic factor.

(QP 92-01)

Hospital Information System (HIS)

- Is a computer system that supports the functions found in more than one department of a hospital (laboratory, radiology, pharmacy, finance, etc.). A clinical laboratory may use the HIS as its primary computer, entering laboratory results directly into the HIS. Alternatively, a laboratory may use the LIS to enter and manipulate laboratory data, which is in turn interfaced to the HIS. Some software vendors sell separate software modules dedicated to laboratory, radiology, and pharmacy which can interact with one another as a single system. When several of these modules reside on the same computer, they should collectively be considered a hospital information system.

(QP14)

HPV DNA testing (Anatomic Pathology)

- Testing for the presence of human papillomavirus DNA in cervical-vaginal cytology samples; methodologies for DNA testing to include Digene Hybrid Capture®2, Inform®HPV, and PCR.

(QP053)

Illegible specimen label: A specimen label that has illegible patient identifiers that cannot be read electronically or manually. (QP072)
**Improperly Labeled Specimen:** A specimen that is: a) unlabeled, b) incompletely labeled (does not include the minimum information required by institutional guidelines), c) labeled with information not in adequate agreement with the accompanying requisition form or electronic test order, or d) mislabeled. (QP114)

**In situ carcinoma** (Anatomic Pathology)
- An autonomous neoplastic cellular proliferation which is confined to normally occurring ducts and lobules. (QP 99-02)

**Inappropriate transfusion**
- For the purposes of this study, synonymous with “unjustified” transfusion; that is, a transfusion which a hospital’s Transfusion (Blood Usage Review) Committee designated, after all review was finished, to be not clinically indicated. (QP93-05)

**Inappropriate or Inadequate Specimen:** A specimen found to be unsuitable for analysis as a result of: a) hemolysis, b) unintended clotting, c) inadequate quantity, d) inappropriate anticoagulant and/or collection container, e) improper method of collection, f) excessive time between collection to receipt in the laboratory, or g) inappropriate storage conditions prior to receipt in the laboratory. (QP114)

**Incomplete requisition**
- A specimen received with a requisition that does not include two patient identifiers. (QP072)

**Incomplete specimen label**
- A specimen that is labeled correctly with two patient identifiers but lacks information that your laboratory requires or the additional information is incorrect. For example, the date and time of blood draw, gender type, or specimen type may be missing from the label. Criteria in addition to two patient identifiers may vary from institution to institution, and are not limited to the examples provided above. (QP072)

**Incongruency/lack of correlation:** Pathologic findings do not explain the radiologic abnormality (eg, lack calcifications in a biopsy performed for suspicious calcifications on imaging; benign fibroadipose tissue for a biopsy performed for spiculated mass on imaging, etc). (AP, QP104)

**Indeterminant-positive blood culture**
- A blood culture for which, after all the clinical and laboratory evidence is examined, it is impossible to determine if the isolate is a true positive or false. (QP 93-08)

**In-hospital non-laboratory phlebotomy personnel**
- Personnel who service patients in the hospital environment (including the emergency department) and who belong to a phlebotomy team that is not responsible to the laboratory director. (QP 95-02)

**In-house collection**
- For the purposes of this study, the collection of blood by members of the same institution whose practices are governed by the policies of the hospital laboratory blood bank. (QP 95-08)

**Inking and ink** (Anatomic Pathology)
- The application of ink, a pigmented liquid material, to the surface (usually a margin) of a specimen for the purpose of identification at the microscopic level. (QP 95-03)

**Inpatient**
- An adult patient admitted to a hospital and occupying a bed for a period of at least 24 hours. (QP083)

**Inpatient:** An adult patient admitted to a hospital and occupying a bed for a period of at least 24 hours. (QP093)
Insignificant alloantibodies

- Antibodies that according to your policy do not require antigen-negative RBCs for crossmatch and transfusion, e.g., anti-Le\(^a\), anti-Le\(^b\), High-titer low avidity (HTLA), etc.  
  (QP15)

Institutional consultation  (Anatomic Pathology)

- A case sent out primarily due to the patient’s referral to a different hospital or clinic with a need for tissue diagnosis (case review) by pathologists at the new institution.  
  (QP 99-06)

Intensive care unit (ICU)

- Any adult patient nursing unit designated in your institution as “intensive care” (eg, surgical ICU, cardiac ICU, medical ICU, etc). If your institution has several intensive care units, you may wish to select only one of them to include in the study.  
  (QP96-02)

International normalized ratio (INR)

- A method of converting the results of prothrombin time(PT) tests into a common scale which has been adopted by the World Health Organization (WHO). The INR calculation adjusts for differences in sensitivity among various thromboplastin reagents. INR Equation:

\[
INR = \frac{\text{Patient’s PT in seconds}}{\text{Mean Normal PT}^* \text{ in seconds}}^{\text{ISI}**}
\]

*Mean Normal PT=Mean of the patient normal range for your laboratory using your reagents and instrument system.  
**ISI=International Sensitivity Index-this number is usually lot-specific and can be obtained from your reagent literature or manufacturer.  

(QP 99-04)

International Normalized Ratio (INR): Patient prothrombin time (PT) is expressed as the numerator in a ratio with a normal population's geometric mean PT as the denominator. This ratio is normalized (standardized) for the potency of the thromboplastin used in the test by raising the ratio's quotient to the power of the ISI. The ISI is a quantitative measure of the thromboplastin's responsiveness to warfarin's anticoagulant effect.  

(QP103)

INR Calculation Verification: When an INR calculation becomes liable to change, the post-change check on the INR's accuracy is called an INR verification. Changes that trigger INR calculation verification events include introducing a new PT reagent lot or a new testing instrument. INR calculation verification may also be performed periodically as specified by the testing laboratory's own procedures.  

(QP103)

International Sensitivity Index (ISI): Quantitative measure of responsiveness of a prothrombin time system (thromboplastin/instrument combination) to the coagulation defect induced by warfarin. The ISI is applied as an exponent in the INR calculation.  

(QP103)

Interpretive error  (Anatomic Pathology)

- Cells previously identified and evaluated by the cytotechnologist or pathologist, based on the original markers/dots on the slide, are interpreted differently after the review.  
  (QP 94-09)

Intralaboratory (analytic) time interval  (Anatomic Pathology)

- Working day of specimen accession to working day of final report signature (manual) or pathologists review and approval (electronic signature or other mechanism) of completed report before release.  
  (QP 92-09)

Intra-operative transfusion

- A RBC transfusion occurring in the operating room.  
  (QP083)
**Invasive carcinoma** (Anatomic Pathology)
- An autonomous neoplastic cellular proliferation which has extended beyond the confines of normal ducts and lobules.  
  (QP 99-02)

**Invasive diagnostic procedure**
- Includes procedures such as percutaneous liver biopsy, paracentesis, thoracentesis, and gastrointestinal endoscopy, for which there is little evidence of the efficacy of prophylactic transfusions in preventing subsequent bleeding.  
  (QP93-05)

**Isolate**
- A microorganism that upon culture yields at least 10,000 CFU/mL. For example, a urine collection that yielded > 100,000 CFU/mL *Escherichia coli* and 10,000 CFU/mL *Citrobacter* species would have two isolates. However, a culture that yielded > 100,000 CFU/mL of *E. coli* and 5,000 CFU/mL of *Citrobacter* species would have only one isolate.  
  (QP052)

**Keep-ahead blood order**
- An order for a specified number of RBC units to be set up and made available for release to a patient to replace RBC units that have just been released for transfusion.  
  (QP083)

**Laboratory Correlation with Clinical Picture** (“Clinical Picture – Lab”): Means of detecting mislabeled specimens (specimens with wrong blood in tube) by laboratory personnel proactively comparing test results to the patient’s clinical picture. (QP114)

**Laboratory Information System (LIS)**
- Is a computer system dedicated to one or more clinical laboratories, which runs on its own central processing units (CPUs). The LIS supports few or no clinical functions that normally fall outside the laboratory (radiology, pharmacy, nursing, etc.)  
  (QP14)

**Laboratory personnel**
- All personnel responsible to the laboratory director (including phlebotomy service if it is responsible to the laboratory director).  
  (QP13)

**Laboratory requisition**
- A piece of paper sent to the laboratory that is used to specify test orders. The laboratory requisition may contain a preprinted "test menu," be a carbon copy of a hand-written order sheet from the medical record, or a printout from a computer that is not interfaced with the laboratory computer, such as a printout from a physician’s office electronic medical record.  
  (QP064)

**Laboratory requisition**
- A piece of paper that is sent to the laboratory to specify test orders. The laboratory requisition may be a preprinted “test menu,” a carbon copy of the order sheet, or a printout from a computer that is not interfaced with a laboratory computer. In some outpatient care settings, office staff enters test orders from an order sheet or requisition directly into a hospital computer that is interfaced with the laboratory computer or directly into the laboratory computer itself. In this case, the order sheet or paper requisition is considered the laboratory requisition. Labels or documents printed by such a computer should not be considered the laboratory requisition.  
  (QP 98-01)

**Laboratory Test Menu:** The defined list of test names and test codes recognized in the laboratory information system. (QP092)

**Last specimen** (Urinalysis)
- Acceptable urine specimen with latest laboratory arrival time recorded on specimen label or requisition form.   
  (QP94-12)
Less than optimal (LTO)  (Anatomic Pathology)
➤ Indicates the specimen may provide useful diagnostic information but is less than optimal (eg, partially obscured by inflammatory exudates).  

(QP 91-11)

Liquid control
➤ A prepared analyte solution of known test characteristics (e.g., of known sensitivity to assay reagents) introduced into a test system to document its accuracy.

(QP 99-04)

Low-grade squamous intraepithelial lesion (LSIL)  (Anatomic Pathology)
➤ Includes cellular changes of man papillomavirus (HPV), koilocytosis atypia, condylomatous atypia, mild dysplasia, and cervical intraepithelial neoplasia (CIN) grade 1.

(QP 98-06)

Low grade SIL  (Anatomic Pathology)
➤ Low-grade lesions encompass the cellular changes associated with HPV cytopathic effect (so-called koilocytotic atypia) and mild dysplasia/CIN 1.

(QP053)

Low-risk surgical procedure
➤ Any surgical procedure in which blood use is unlikely; that is, less than ten percent of patients will receive transfusions when undergoing that procedure. The recommended Maximum Surgical Blood Order Schedule (MSBOS) for a low – risk procedure would be a Type and Screen. If an MSBOS recommendation is not available, and the likelihood of transfusion for a given procedure is not known within your institution, use your own discretion in designating which procedure fit this category.

(QP 92-01)

Lower therapeutic limit (LTL)
➤ The shortest time in seconds for aPTT, or the lowest level of activated-Factor X, that was considered to be an acceptable therapeutic level by a participant.

(QP032)

Lumpectomy/segmental mastectomy: Breast conservation surgical removal of part of the breast containing radiologic and/or pathologic abnormality. (AP, QP104)

Main Laboratory: Central laboratory where PT/INR testing is performed. (QP103)

Mammograph or mammogram  (Anatomic Pathology)
➤ A film-like sheet which, when transilluminated, shows an image of a breast or breast tissue.

(QP 99-02)

Mammographic abnormality  (Anatomic Pathology)
➤ A lesion within breast tissue which is seen in a mammograph.

(QP 99-02)

Mammographically detected breast biopsy tissue  (Anatomic Pathology)
➤ Biological material taken from a breast (mammary gland) in which an abnormality was detected by mammography.

(QP 95-03)

Mammography  (Anatomic Pathology)
➤ A specialized radiographic procedure which produces an image for the purpose of identifying abnormal lesions in the breast.

(QP 95-03)

Managed care
➤ A term originally used for prepaid health care organizations, eg, health maintenance organizations (HMOs). It has been broadened to include any exclusive network of health care providers who contract to provide quality, cost-effective health care, including preferred provider organizations (PPOs) and indemnity insurance coverage, that incorporates preadmission certification and other utilization controls.

(QP 97-02)

Updated 9/29/2011
Managed care organization
➢ Organizations such as health maintenance organizations (HMOs), independent practice association (IPAs), preferred provider organizations PPOs), or point-of-service (POS) programs that manage the delivery of health care services to control costs. (QP 97-03)

Management Review (related to document control)
➢ A document has undergone management review if there is evidence that management approved of the document within the past 12 months (for example, a document reviewed in January 2008 for a document approved in January 2007). (QP081)

Manual differential count
➢ A technologist reviews the peripheral smear visually and performs a formal white blood cell (leukocyte) differential count. (QP043)

Manual microscopic urine sediment examination (Urinalysis)
➢ The traditional method used to measure or describe the formed elements of urine. Urine is centrifuged under standard conditions and the sediment is observed manually through a microscope. (QP061)

Manual peripheral smear review
➢ A manual scan of a peripheral smear or a manual differential count. (QP043)

Manual scan of a peripheral smear
➢ A technologist reviews the peripheral smear visually without performing a formal white blood cell differential count, e.g., reviews the smear only to verify platelet count. (QP043)

Manual urinalysis (Urinalysis)
➢ Analysis of a urine specimen, to include color, appearance, and manual dipstick measurement of all or most of the following: leukocyte esterase, nitrite, urobilinogen, protein, pH, blood, specific gravity, ketone, bilirubin, and glucose. The urinalysis (CPT81000) may or may not include a microscopic examination of the urine sediment (CPT 81002). (QP061)

Margin status (Anatomic Pathology)
➢ The presence or absence of a malignant tumor at the surgical margins of resection. (QP95-03)

Massive transfusion protocol: Defined transfusion plan used in the setting of massive hemorrhage, usually with a particular ratio of plasma units transfused in relation to the amount of red blood cells transfused. (QP112)

Master list (Anatomic Pathology)
➢ A listing of patient names and unique patients identifiers. This may be present in a computer system or in other formats. (QP 94-06)

Maximum Surgical Blood Order Schedule (MSBOS)
➢ A blood inventory management tool designating the maximum number of units of packed RBCs or whole blood that should be crossmatched preoperatively in preparation for elective surgery. (QP 95-10)

Mean Normal Prothrombin Time (MNPT): The geometric mean of the prothrombin times of the healthy adult population, the MNPT is usually calculated from at least 20 fresh samples from healthy individuals, including those of both sexes. Calculation of the geometric mean is indicated by the equation below. (X represents each patient PT result.)

\[
GM = \text{antilog} \left[ \frac{\log(X1) + \log(X2) + \log(X3) + \ldots + \log(Xn)}{n} \right]
\] (QP103)
Microbiology laboratory section

- A section of the laboratory that performs one or more of the following: aerobic and anaerobic cultures, antimicrobial susceptibility testing, mycobacterial culture, mycology cultures and parasitology. (QP042)

Minimum volume collections

- This refers to the size of the collection container used, the volume of whole blood, serum or plasma requested by the laboratory and the instrument analytic volume for routine CBC and plasma or serum electrolyte panels performed on routine adult intensive care unit (ICU) patients. (QP12)

Miscellaneous test code

- A single test code filed in a laboratory or hospital information system that is used to order all tests for which specific test codes have not been built (see “specific test code”). It is generally too time consuming to create a separate, specific test code for every send-out test that could be ordered because there are so many types of send-out tests and some are ordered very infrequently. Low frequency tests are all ordered using the same miscellaneous test code. The name of the desired test is then typically entered into a free text field in the laboratory or hospital computer, or handwritten on a piece of paper that accompanies the electronic order for the miscellaneous test code. (QP064)

Mislabeled Block: Histologic block labeled with the wrong patient/case identification or wrong sequence number or letter. This could be the consequence of the wrong label being applied to the block or tissue being placed in the wrong block. Undetected mislabeling of cases, mixed up cases, or mislabeled specimens will also lead to mislabeled blocks. (AP, QP094)

Mislabeled Case: Wrong accession number applied to the entire case (e.g., S07-0001 vs. S08-0001 or S08-00101 vs. S08-00110). (AP, QP094)

Mislabeled Slide: Histologic slide labeled with the wrong specimen/patient identification, sequence number, or letter. It may be due to an error in labeling at the time of slide preparation or wrong sections placed on the slide. This error may also be the consequence of undetected mislabeling of blocks, specimens, or cases. (AP, QP094)

Mislabeled Specimen: Wrong specimen labeling due to mix-up of specimens within a case (e.g., right vs. left specimens in a bilateral biopsy from the same patient). (AP, QP094)

Mislabeled specimen

- A mislabeled specimen is a specimen on which one or both patient identifiers are incorrect. A specimen with a label from a different patient or two contradictory labels on one specimen should also be considered mislabeled. (QP072)

Specimens that do not meet the requirements of your institution’s labeling policy (QP074)

Mislabeled Specimen: A specimen that is found not to be from the intended patient (wrong blood in tube) by any method of detection. For purposes of this study, mislabeled specimens are included in the improperly labeled specimen category. (QP114)

Near miss (Anatomic Pathology)

- A discrepancy that was detected before harm occurred such as a discrepancy that was detected at a clinical-pathologic conference before treatment was initiated. (QP033)

Needle core biopsy: Specimens obtained with the use of large bore needles, often using image guidance (mammography, ultrasound or MRI). (AP, QP104)
Negative diagnoses (Anatomic Pathology)

- Diagnoses showing no evidence of adenocarcinoma and implying no element of uncertainty (see definitions for “diagnoses implying uncertainty”). This category includes, but is not limited to, the following diagnoses in which a follow-up diagnostic biopsy is not necessarily indicated: benign, “no evidence of malignancy,” inflammation, and atrophy.

Night period

- The interval commencing at 1800 hours (6 pm) and concluding at 0559 hours (5:59 am).

Night shift

- The shift which operates the laboratory during the night, roughly from 11:00 PM to 7:00 AM (ie, 2300-0700).

No harm (Anatomic Pathology)

- A discrepancy that did not result in patient harm such as a typographical error that had no bearing on patient treatment.

No Valid Test Order: The state of affairs in which a patient presents for testing when no order is available to the laboratory (e.g., a standing order has expired, a telephoned question has not reached the collection site, etc.). (QP092)

Non-ABO RBC antibodies

- Antibodies that react against RBCs other than the “naturally-occurring” isohemaglutinins (anti-A, anti-B, and anti-A, B).

Non-hemorrhagic anemia

- Anemia caused by underproduction of RBCs by the bone marrow and not secondary to bleeding.

Non-laboratory personnel

- Personnel who service patients (including phlebotomists, venipuncturists, nurses, etc.) and are not responsible to the laboratory director.

Nonlaboratory personnel

- Personnel who service patients in the hospital environment (including the emergency department and outpatients service areas) and are not responsible to the laboratory director.

Nontechnical employee

- Any employee who is not involved in clinical testing. For example, this category may include phlebotomists, transcriptionists, or other employees who work in the laboratory but do not perform clinical testing.

Nursing staff customer

- Hospital based management and non-management nursing personnel that represent all three traditional shifts.

Order sheet

- The page or pages in a patient's medical record (or an electronic medical record) where a physician writes orders for laboratory tests. (Order sheets may or may not be used for ordering other procedures
or medications as well as for laboratory tests.) Generally for outpatients, order sheets remain part of the outpatient medical record and are not transmitted to the laboratory. In some outpatient care settings, staff enters test orders into the laboratory computer directly from the order sheet or into a computer that is electronically interfaced with the laboratory. In these settings, “test order entry” is done from the order sheet and the order sheet should be considered synonymous with the test requisition, and copies of the order sheet should be obtained from the patient’s medical record. (QP064)

**Other in-hospital nonlaboratory personnel**
- All personnel who service patients in the hospital environment (including the emergency department) and who are not part of a phlebotomy team and not responsible to the laboratory director. (QP 95-02)

**Other phlebotomists**
- Individuals who collect blood specimens from inpatients, but who are not part of an organized and supervised phlebotomy team (eg, nurses, physicians, house staff, etc). (QP 92-07)

**Order time**
- The time that a cardiac marker test is requested by health care workers in the ED. (QP031)

**Order time**
- The time that the test was requested by the emergency department. In a busy emergency department, especially with samples drawn by emergency department personnel, this time may be difficult to obtain. In these cases, the order time may appear in the emergency department records to be the same as the draw time or later. Note the order time reported in the records, even if it does not make logical sense. (QP98-03)

**Order time:** This is the time that the ordering physician writes the order for the test. If ordering tools such as protocols, treatment plans or order sets are used in the ED, the order time is the time the applicable tool was applied or released for the specific patient. Order time may be obtained from an electronic time stamp in a computer system or by review of records if paper orders are used. (QP111)

**Orderable test:** Any test that can be ordered, whether as an individual test or as a panel. For example, if one can order a Basic Metabolic Panel, as well as the eight components of a BMP, the number of orderable tests would be 9. (QP091)

**Outlier stat turnaround time (TAT)**
- Turnaround time greater than 70 minutes for a stat test, measured from the time the test was ordered to the time the result was reported. (QP 96-02)

**Out-of-control event**
- Any incident in which a control sample failed the laboratory’s established quality control criteria for acceptability. An out-of-control-event could have involved one or more control samples and was typically corrected by using one or more of the resolution methods listed in the study. (QP 94-08)

**Out-of-hospital nonlaboratory personnel**
- Personnel who are not responsible to the laboratory director and whose phlebotomy duties are performed outside of the regular hospital environment (ie, physicians drawing blood samples in their offices, physician’s office personnel, clinic personnel, home care nurses, etc). (QP 95-02)

**Outpatient**
- Outpatients are ambulatory patients who visit a physician’s office or clinic for an episode of care. The doctor’s office or clinic does not need to be attached or financially connected with the institution that owns your laboratory. Patients who are not assigned medical record numbers (so-called “nonpatients”) are considered outpatients if they meet other criteria of outpatients. (QP 98-01)
Outpatient
- Any patient receiving laboratory services who is not registered as an inpatient or emergency department patient at the institution with which the testing laboratory is associated. (QP 97-03)

Outpatient (Urinalysis)
- A person who was not located on an inpatient care unit in your hospital at the time of urine specimen collection. An on-site outpatient specimen is a urine sample which an outpatient collected on site at your hospital (eg, in an outpatient clinic). For this study, count a specimen received from the Emergency Department as an on-site outpatient specimen. A remote specimen collection is a urine sample collection performed at a physically separated facility (eg, nursing home, doctor’s office, patient’s home, etc) and transported to your laboratory for testing. Thirty minutes or more are needed to travel to a remote specimen collection site from the main hospital building. (QP 94-12)

Outpatient
- Any adult patient receiving a RBC transfusion who is not registered as an inpatient. Non-trauma patients receiving RBC transfusions in the emergency department should be considered outpatients for the purposes of this Q-Probe. (QP083)

Outpatient: Any adult patient receiving a transfusion who is not registered as an inpatient. Non-trauma patients receiving transfusions in the emergency department were considered outpatients for the purposes of this Q-PROBES study. (QP093)

Outpatient Order Entry Personnel: A staff person whose primary duties include outpatient order entry but do not include specimen collection. (QP092)

Outpatient Order Entry Site: A geographically distinct location (i.e., in a separate building or at a different street address) at which outpatient order entry is done. (QP092)

Panel tests
- A panel of tests, if they are ordered as such, is counted as one test. The final reporting time is that of the very last stat test reported, even if one or more of the tests in the panel are available and reported earlier. If the panel includes stat and nonstat tests, ignore the nonstat tests. (QP 06-02)

Partially labeled specimen
- A specimen with a label that lists only one patient identifier. (QP072)

Pathologist readers (Anatomic Pathology)
- Total number of pathologists (including yourself and consultants) involved in reaching a decision on the diagnosis of the specimen. (QP 95-06)

Patient Sample Comparison (PSC): A comparison generated by splitting a single patient sample then testing the aliquots by two instruments or methods. (QP103)

Perioperative autologous blood
- For the purpose of this study, perioperative autologous blood includes autologous red blood cell-containing units (red blood cells and whole blood) that are collected by isovolemic hemodilution immediately prior to surgery and autologous blood salvaged from the operative field. It does not include postoperative drainage such as shed mediastinal blood. (QP 95-08)

Personal consultation (expert) (Anatomic Pathology)
- A case sent for a second opinion to a specific pathologist or pathology department. The pathologist, the clinician, or the patient may seek this consultation.
Personnel Types Primarily Clarifying Outpatient Orders: The staff designation of the laboratory employees who usually (most of the time, in most instances) sort out the majority of orders requiring clarification. (QP092)

Pertinent clinical information (Anatomic Pathology)
- Information regarding the patient’s condition which is relevant to the specimen submitted. (QP 94-06)

Phlebotomist: A staff person whose primary duties involve specimen collection. (QP092)

Phlebotomy service
- A group of individuals assigned responsibility for the collection of blood specimens from outpatients. (QP10)

Phlebotomy service
- A group of individuals who are organized and supervised for the purpose of collecting blood specimens from inpatients. For this study, these employees were divided into two groups: those whose primary or only responsibility is phlebotomy (eg, phlebotomist) and those for whom phlebotomy is not the primary responsibility (eg, medical technologists/technicians, laboratory aides). (QP 92-07)

Physician
- Any individual whom your laboratory recognizes as having test ordering privileges. This may include licensed doctors and dentists, and individuals acting under a physician's direct supervision (e.g., nurse practitioners and physician's assistants). (QP064)

Physician customer
- Any physician, excluding physicians in training (interns, residents, fellows) who utilizes the clinical laboratory services. (QP071)

Physician customer (Anatomic Pathology)
- Any physician, excluding physicians in training, who utilize the anatomic pathology laboratory services. (QP11)

Physician’s orders
- Orders written by a physician on the patient chart. Physician orders may be written on the order sheet, an emergency room sheet, a preadmission order sheet, or an operating room sheet. If physicians in your institution normally order tests directly into a computer, then the computer printout of ordered tests (which should be filed on the patient chart) is considered the physician’s orders. For hospitals outside of the United States that do not require physicians to write test orders on the chart, the tests marked on the laboratory requisition should be considered the physician’s order. (QP07)

Plasma transfusion: Transfusion of all forms of plasma (FFP, FEP, 24 hour plasma, 5-day plasma) for treatment of coagulopathy. (QP112)

Point-of-care glucose testing
- The use of a portable glucose meter to measure a patient’s glucose level using whole (capillary) blood. For this study, “point –of-care” (POC) refers to any institutional location where medical care or monitoring of glucose using hand-held analyzers is provided, including clinics or laboratory settings. (QP13)

Point-of-care (POC) test
- Diagnostic testing that is performed near to or at the site of the patient, with the result leading to possible change in the care of the patient. POC tests may be performed by non-laboratory staff outside of a recognized diagnostic laboratory. (QP063)
Point-of-care testing

- For the purpose of this study, point-of-care testing is defined as testing performed outside the laboratory on held-held or portable analyzers, whether by laboratory or clinical personnel, and whether under the control of the laboratory or under the control of another clinical service. (QP 99-04)

Policy

- A document that indicates an organization’s intentions or commitments, for example, a written statement that critical laboratory results should be called within 60 minutes. (QP081)

Post accession day (Anatomic Pathology)

- A working day following the accession day. These were considered working days 1, 2, 3, etc. (QP 92-09)

Post-operative transfusion

- A RBC transfusion occurring after the patient has left the operating room. (QP083)

Pre analytic issue

- Question which arises or problem which occurs before a send-out test sample arrives safely at the reference laboratory, resulting in or necessitating communication between your laboratory and the reference laboratory. Preanalytic issues include questions and problems pertaining to ordering, collection, identification, and transportation of send-out test specimens. (QP 93-07)

Preliminary diagnosis (Anatomic Pathology)

- A written diagnosis that is issued with the intent of following up with a supplemental or final diagnosis after the consultation. (QP 99-06)

Preoperative autologous blood

- For the purposes of this study, preoperative autologous blood includes predeposited red blood cell-containing units (red blood cells and whole blood) only. Do not count fresh frozen plasma or liquid plasma as separate units. (QP 95-08)

Pre-operative transfusion

- A RBC transfusion occurring before the patient enters the operating room. (QP083)

Presentation of completed case (Anatomic Pathology)

- Formal presentation of autopsy findings after all studies have been completed, with persons in attendance who were not responsible for the autopsy prosection. This may be done in conjunction with presentation of clinical history or specific clinical studies. (QP 95-09)

Procedure

- A document that provides instructions for an individual to follow in order to correctly perform an activity or step in a larger process, for example, step-by-step instructions for performing ABO identification in the transfusion service or quality control of media in the microbiology section of a laboratory. For the purpose of this study, consider “process maps” (documents that describe or illustrate how specimens should move from station to station or from person to person) to be procedures. (QP081)

Procedure code (CPT code)

- Procedure codes are codes designated for a test or test panel, as defined by current procedure terminology (CPT). CPT codes are assigned in an independent review process coordinated by the American Medical Association. CPT codes are provided by the clinical laboratory for each test billed to the CMS carrier/intermediary. (QP063)
**Product wastage:** Products requested and prepared but not actually transfused. Wastage may occur before release from the Blood Bank (order canceled or abandoned) or after release from the Blood Bank (returned to Blood Bank). (QP112)

**Properly Labeled specimen**
- A properly labeled specimen includes two correct patient identifiers (name and birth date, or name and unique institutional identifier) attached to a tube of the identified patient’s blood. (QP072)

**Prospective transfusion review:** Review of transfusion request prior to transfusion. (QP112)

**Prothrombin time (PT)**
- The PT is a test of the extrinsic coagulation cascade. It is performed on either plasma—by adding a tissue factor/phospholipid complex (thromboplastin) and calcium to plasma—or whole blood (in which case, the assay is calibrated or corrected to agree with the plasma essay). The PT is used to monitor the effect of warfarin oral anticoagulation. (QP 99-04)

**Prothrombin Time (PT):** Time, in seconds, required for a fibrin clot to form in a plasma sample after tissue thromboplastin and a specified amount of calcium chloride have been combined with the sample. (QP103)

**Provider**
- An individual with test ordering privileges in your institution who provides care for patients. Providers include doctors and dentists and sometimes include individuals who operate under their supervision (nurse practitioners and physicians assistants). (QP99-05)

**Provider Types:** See definitions below for physician, mid-level provider, registered nurse, and other provider types:
- **Physician:** A licensed doctor of medicine, osteopathy, dentistry, or podiatry. Hospitalists and residents in training are considered physicians, but medical students are not considered physicians.
- **Mid-level provider:** A nurse practitioner, physician’s assistant, or nurse anesthetist. Medical students, physician’s assistants in training, and nurse practitioners in training are not considered mid-level providers.
- **Registered Nurse:** A registered nurse who is not a mid-level provider. Licensed practical nurses are not considered nurses for the purposes of this study. Nursing students are not considered registered nurses.
- **Other Provider:** Anyone who accepts a critical result, but who is not a physician, mid-level provider, or a registered nurse.
- **Licensed Caregiver:** A physician, mid-level provider, or registered nurse as defined above. (QP073)

**Provisional diagnosis** (Anatomic Pathology)
- A written diagnosis, which is issued with the intent of following up with a supplemental or final report containing a final diagnosis after special procedures and/or consultation. (QP 96-05)

**Radiography of tissue blocks** (Anatomic Pathology)
- X-ray imaging of the paraffin-embedded tissue blocks for detection of previously documented abnormalities, usually calcification. (QP 95-03)

**Radiologic findings:** Results of the breast imaging examination by the radiologists. (AP, QP104)

**Radiologic-pathologic correlation:** Congruency/agreement is present between radiologic findings and histologic findings, that is, pathologic findings explain the radiologic abnormalities (eg, spiculated mass on imaging and carcinoma on histology; round mass on imaging and fibroadenoma on histology; linear
calcification/linear distribution of calcification and ductal carcinoma in situ; calcifications on imaging and abundant calcification present in benign breast tissue, etc. (AP, QP104)

Random error
- An analytic error which has no directional tendency and whose magnitude is independent of its placement within the run. (QP 94-08)

RBC allogeneic unit
- A unit of either whole blood or packed red blood cells provided for general patient use by an unrelated donor. (QP 95-10)

RBC autologous unit
- A whole blood or packed RBC-containing unit predeposited by the intended recipient. If you fractionate units, do not count fresh frozen plasma or liquid plasma as separate units. An autologous unit should be counted as one unit, even if you fractionate it. Exclude intraoperative autotransfusions. (QP 95-10)

RBC-containing unit
- Any unit containing red blood cells (RBCs), such as packed RBCs, frozen RBCs, RBC units with leukocytes removed, and whole blood. (QP 95-10)

RBC directed unit
- Whole blood or packed RBC-containing unit designated at the time of donation. (QP95-10)

RBC transfusion threshold
- The hemoglobin (g/dL) or hematocrit (%) value below which a RBC transfusion would be indicated according to local institutional transfusion guidelines. (QP083)

Receipt day (Anatomic Pathology)
- Day on which the receipt of the final pathologic diagnosis is received and acknowledged by the treating physician. (QP 93-11)

Receipt time
- The time that the cardiac marker specimen is received (logged) in the laboratory. For tests performed by POC methods, this time will be the time that the tests are processed on POC instruments. (QP031)

Receipt time: This is the time the specimen was received in the laboratory. For the purpose of this study, the laboratory should have a process in place to acknowledge the actual time the specimen was delivered to the laboratory. This could be a written or electronic time stamp for the requisition. A default time assigned by the laboratory information system (LIS) at the time of accessioning may not represent an actual specimen receipt time, and could misrepresent the findings of the study. (QP111)

Received unit
- A unit of whole blood or a fractionated component received from a donor center or another transfusion service for the purpose of blood component therapy. (QP 95-10)

Recollected Specimen: A specimen recollected in direct response to rejection of a specimen previously collected for the same test(s). Note: For the purposes of this study, any specimen collected more than six (6) hours after a specimen is rejected is not considered to be in direct response to the previous rejection and should be excluded from the study. (QP114)

Reference (referral) laboratory
- A laboratory that provides send-out test results for your laboratory. (QP 93-07)
Reference range values
- Are those values that are reported out with a patient result. For the purpose of this study, routine (non-stat) reference ranges were included. (QP054)

Reflex HPV testing (Anatomic Pathology)
- Automatically send residual liquid based pap test sample for HPV DNA testing in the case of a Pap test interpretation of ASC-US, based on policy, standing order, or clinician request. (QP053)

Rejected specimen (Anatomic Pathology)
- A specimen which fails to meet an institution’s specified criteria for acceptance, is not accepted for accessioning and processing, and therefore does not enter the laboratory test cycle. (QP 91-11)

Rejected specimen
- Specimen for which part or all of the CBC ordered cannot be performed or reported because it does not meet laboratory acceptability criteria. The specimen may be rejected at any time prior to reporting of results. (QP 92-05)

Rejected specimen
- Any blood specimen for which there is a determination that one or more of the tests ordered cannot be performed or reported because the specimen does not meet laboratory acceptability criteria. The specimen may be rejected at any time prior to testing. (QP 95-02)

Rejected specimen
- Specimens that are rejected for ABO testing and a new specimen is requested (i.e., an ABO type was not performed on a rejected specimen) (QP074)

Rejected Specimen: A specimen that is found for any reason to be unsuitable for analysis prior to initiation of testing or a specimen found (before or after completion of testing) to be improperly labeled or otherwise inappropriate. Improperly labeled/inappropriate specimens can be found as a result of comparison of the specimen label to the requisition form or electronic test order, or comparison of the current test results to previous laboratory results for the same patient (delta check analysis) or to the patient’s clinical status. (QP114)

Report time
- The time at which the test result was completed by the laboratory. For computerized reports, this was the time the computer result was verified or approved for release. (QP 97-01)

Report time
- The time that a cardiac marker test result is made available to health care workers (i.e., the time that results are verified in the computer or phoned or faxed) in the ED. (QP031)

Report-by time
- The deadline or time of day established by your laboratory by which routine morning laboratory tests are complete and available for physician’s use. (QP 99-01)

Residents in an ED setting
- The presence of residents, interns, or fellows with direct clinical care activities in the emergency room or ED. Residents may be part of ED-specific, general (e.g., medicine, family medicine, et al.), or subspecialty training programs. (QP063)
Result report time: This is the time that results are made available. This can be the time the result is verified in the LIS or the time the result is phoned or verbally communicated. (QP111)

Retrospective transfusion review: Review of transfusion event after transfusion. (QP112)

Review of gross findings (Anatomic Pathology)
- Presentation or review of gross autopsy findings in a conference setting with persons in attendance who were not responsible for the autopsy prosection, with opportunity for discussion. (QP 95-09)

Review of reports (Anatomic Pathology)
- The proof reading of a report only (not slides) by a pathologist or technician/clerical person following final report completion. (QP 96-05)

Routine blood culture
- Standard blood culture procedure used by your laboratory for detecting most organisms in blood specimens. This should not include other procedures used for isolating special organisms (eg, Mycobacteria, fungi, cell wall-deficient bacteria, etc). (QP 93-08)

Routine case review (Anatomic Pathology)
- Partial or complete review of case materials prior to sign-out that must include review of glass slides and possible review of gross materials, lab results and the medical record. Case review must be documented either in the report or in a conference case log or in a departmental review sheet or in departmental QA logs. (QP084)

Routine diagnosis (Anatomic Pathology)
- Definitive diagnosis that describes a disease process associated with low morbidity and does not require immediate follow-up diagnostic or therapeutic action. (QP 93-11)

Routine morning tests
- Nonemergency, non-stat tests. (QP 99-01)

Routine urinalysis (Urinalysis)
- Nonpriority test performed on voided urine (or urine collected by urethral or suprapubic catheterization) for dipstick chemical analysis (ie, pH, protein, glucose, ketone, hemoglobin, bilirubin, urobilinogen, nitrite, leukocyte esterase) alone or dipstick analysis together with a microscopic examination. (QP94-12)

Run
- This study used the NCCLS definition of a run:” … an interval, that is, a period of time or series of measurements, within which the accuracy and precision of the measuring system is expected to be stable; between analytical runs, events may occur causing the measurement process to be susceptible to variations which are important to detect”.

Each run included patient specimens and one or more control samples. For example, a batch may have been considered a run if patient samples and two controls were analyzed on an instrument and the control results were used to determine whether or not patient result from that batch could be reported. Another example of a run was an eight-hour shift. This may have applied to a continuously operated instrument used to perform complete blood counts. In this case, patient specimens were run throughout the day and control samples were run at the beginning of each eight-hour shift. If controls did not meet specified rules, no further specimens were run until the problem was identified and corrected. For this instrument, the run length would have been eight hours. For any continuously operated instrument, a
run could not exceed 24 hours. That is, controls must have been run with the next set of patient samples if more than 24 hours had elapsed since the last running of controls.

(QP 94-08)

Satisfactory (SAT) (Anatomic Pathology)
➢ Indicates the specimen is adequate and can be interpreted without qualification, based on sampling or preparation.

(QP 91-11)

Schedule for Optimal Preoperative Collection of Autologous Blood (SOPCAB)
➢ A blood inventory management tool designating the optimal number of RBC-containing units that should be collected preoperatively in preparation for elective surgery.

(QP 95-10)

Scheduled (computer) downtime
➢ Is a planned, intentional suspension of major computer functions for the purpose of repairing, maintaining, or enhancing a computer system. Downtime may be scheduled to perform hardware or software upgrades, preventive maintenance, backup of data, customization/modification of systems parameters, or repair problems that are intermittent but recurring.

(QP 14)

Scheduled surgery
➢ Nonemergent surgical cases where there was ample opportunity to obtain a sample for T & S or crossmatch was ordered.

(QP 15)

Screening (indicator) criteria
➢ Objective prerequisites for appropriate transfusion that, if absent, flag transfusions for review. They include limits for measurable variables, such as hemoglobin levels or prothrombin times, and are used to exclude cases from the more detailed review of “peer” or physician reviewers.

(QP 93-05)

Screening error (Anatomic Pathology)
➢ Previously unmarked cells are identified during rescreening, resulting in a different diagnosis.

(QP 94-09)

Screening mammography (Anatomic Pathology)
➢ Mammography performed without prior suspicion of a breast lesion and as a part of a routine physical examination.

(QP 99-02)

Send-out laboratory
➢ Any laboratory that receives send-out tests from your facility and which does not use the same computer system as your laboratory. Also called a “reference” laboratory.

(QP 064)

Send-out test
➢ Any test sent to another CLIA (Clinical Laboratory Improvement Amendments of 1988) licensed laboratory that is not using the same computer system as your laboratory. This might be a third-party reference laboratory with which your institution has a contractual relationship, or a “core” laboratory that is owned by the same health care system as your facility, but which operates on a different computer system from your laboratory. The laboratory receiving the send-out test may be located in the same city as your laboratory or in a distant state. Your laboratory computer may be interfaced with the laboratory computer used by the send-out laboratory, but they must be separate computer systems that are run on separate hardware and maintained by a separate team of individuals (e.g., the two computer systems cannot consist of interfaced central processing units (CPUs) that are housed in the same computer room and maintained by a common set of computer operations staff).

(QP 064)

Send-out test
➢ A test performed by, or at least processed through, a reference laboratory.

(QP 93-07)
Shipped unit
- A unit of whole blood or a fractionated component which is exported for patient use at another facility or returned to the blood supply center. This unit may have been collected on-site or received from another facility.

Significant alloantibodies
- Antibodies targeted against antigens other than A, B, and D, that according to your policy require antigen-negative RBCs for crossmatch and transfusion, e.g., anti-K, anti-E, anti-C, anti-Jka, etc.

Significant event (Anatomic Pathology)
- A discrepancy that leads to patient harm (that could entail inappropriate treatment, psychological event, etc.). The perceived effect of a significant event on patient management will be judged using a 3-point Likert scale (1=marked, 2=moderate, 3=mild). This will be judged by the pathologist performing the review.

Significant Difference Threshold: The difference between repeat values that your laboratory defines as significant for that test. (QP102)

Sign-off day (Anatomic Pathology)
- Working day on which the final pathologic diagnosis is available for communication or is communicated to the clinician. This would incorporate various mechanisms for pathologist approval of finalized reports, such as written signature on a hard copy, electronic signature on a computer screen, or telephone communication/fax transmittal of the final pathologic diagnosis to the clinician followed by one of the above.

Sign-off day (Anatomic Pathology)
- Day on which the final pathologic diagnosis is available for communication. This would incorporate various mechanisms for pathologist approval of finalized reports, such as written signature on hard copy or electronic signature in a computerized hospital information system. If telephone communication or fax transmittal of the final pathologic diagnosis to the clinician occurs concurrently with sigh-off, this should be specified on Input Forms 1 and 2.

Sign-out (Anatomic Pathology)
- The point at which a case is finalized or verified and is available for review by clinicians. After sign-out the surgical pathology report becomes a part of the patient’s medical record.

Simple or modified radical mastectomy: Removal of the entire breast with or without the axillary dissection.

Single versus batch tests
- Often multiple stat tests are requested on a single specimen. Some laboratories report each result as it becomes available; others hold each result until all the tests are completed and then report the batch. If your laboratory batches reports, your final reporting time for each test in the batch will be the time when you report the entire batch (ie, all tests in the batch will have the same reporting time). If the result for each test is reported as it becomes available, record the reporting time for each test.

Slide Labeling: The process of marking histology slides with unique identifiers for the purpose of tracking the case through histologic processing. This typically includes the surgical pathology number as well as at least one other unique identifier such as a patient’s name, birth date, and possibly the specimen type.

Solitary blood culture
- A total of only one blood culture set submitted during any 24-hour period for an individual patient.
Special efforts to obtain compatible RBC units
- The antibody identified required special efforts on the part of the transfusion service to obtain blood, e.g., antigen negative units required that are not normally kept in inventory and/or require additional time to locate.  

(QP15)

Special procedures  (Anatomic Pathology)
- Manipulation of the specimen that would necessarily delayed processing the FS. These are procedures performed in addition to performing a frozen section.

(QP 95-06)

Specific test code
- A test code filed in a laboratory or hospital information system that describes a specific test, such as “sodium” or “IgE.” Two different tests never share the same specific test code. A separate specific test code is filed for all commonly ordered tests.

(QP064)

Specimen
- CBC, full or partial (ie, hemoglobin and hematocrit). For the purposes of this study, the specimen should be counted as acceptable if all CBC components ordered can be performed, even if other tests requested (eg, automated or manual differential) can not be performed. A specimen should be counted as rejected only if some parts of the CBC can not be performed.

(QP 92-05)

Specimen  (Anatomic Pathology)
- Tissue biopsy or multiple tissue biopsies received on one patient and accessioned under the same pathology identifying number (eg, SP91-101A, 101B, 101C=one specimen).

(QP 92-09)

Specimen  (Anatomic Pathology)
- Tissue resection or multiple excisional biopsies received on one patient and accessioned under the same pathology identifying number (eg, SP91-101A, -101B, -101C = one specimen).

(QP 93-09)

Specimen  (Anatomic Pathology)
- Tissue received in a separate container. For the purposes of this study, consider multiple specimens from the same patient on the same procedure date as one case if each specimen is separately identified in its own container with its own requisition slip and clinical information (eg, S94-101A, S94-101B, and S94-101C=one case).

(QP 94-06)

Specimen
- For the purposes of this study, any blood specimen container submitted to the chemistry laboratory for testing. Exclude any specimen that is submitted for arterial blood gas testing (even if other tests are also ordered for that same specimen), as well as urine specimens, other body fluid specimens, and specimens submitted for therapeutic drug monitoring (TDM). (QP95-02)

Specimen Collected Before Order Clarified: One or more tubes are collected before orders have been clarified. (QP092)

Specimen container  (Anatomic Pathology)
- Vessel in which the specimen is received.  

(QP 94-06)

Specimen pre-screen  (Urinalysis)
- A test performed on the specimen before a urine culture is plated to determine whether the culture should be performed, for example, a urine specimen that exhibits positive results for nitrites, blood and/or leukocyte esterase on a urine dipstick.  

(QP052)

Specimen radiography  (Anatomic Pathology)
- X-ray imaging of the breast biopsy tissue performed after the tissue has been removed from the patient.  

(QP 95-03)
Specimen Rejection Time: Time the specimen was first discovered as being unsuitable for analysis or reported as being unsuitable (eg, first reported to the medical provider’s office, nursing unit, phlebotomy service, etc) or the time the laboratory’s specimen rejection protocol was first initiated (eg, first reported to the laboratory supervisor, pathologist, etc). (QP114)

Specimen/requisition mismatch
- A specimen received with a requisition that does not match the request and/or patient identified on the specimen tube. (QP072)

Specimen requisition or tag (Anatomic Pathology)
- Document accompanying the specimen which has spaces available for the clinician to provide information such as the clinic name, the patient name, unique patient identifier, submitting physician name, tissue source, pertinent clinical information, diagnosis, and date of procedure. (QP 94-06)

Squamous cell carcinoma (Anatomic Pathology)
- An invasive or microinvasive epithelial neoplasm demonstrating squamous differentiation. (QP 94-06)

Squamous intraepithelial lesion (SIL) (Anatomic Pathology)
- Squamous intraepithelial lesion encompasses a spectrum of noninvasive cervical epithelial abnormalities traditionally classified as flat condyloma, dysplasia/carcinoma in situ, and CIN. (QP053)

Squamous intraepithelial lesion (SIL) of indeterminate grade (Anatomic Pathology)
- Squamous cells which qualify as an intraepithelial lesion but cannot be diagnostically placed in the high-grade or low-grade category by the pathologist (ungraded dysplasia). (QP94-09)

Staff
  Management
- Spends more than 50% of time supervising activities of others.
  Non-management staff
- Spends 50% or less time supervising others. Includes medical technologist or technician, cytotechnologist, or histotechnologist; primarily performing “bench” testing or procedures, but may also perform some non-technical tasks.
  Doctoral
- Doctoral level staff (physicians or individuals with PhD or other doctorate degree) may or may not supervise activities of others. Time spent by doctoral level staff supervising activities of others was tabulated as part of this study. Time spent in research, academic time, or time spent developing esoteric tests was not included in this study. (QP-042)

Staff review (related to document control)
- A document has been reviewed by staff if there is evidence that staff reviewed it within 45 days of the time it first was placed in service or most recently updated (whichever comes later). (QP081)

Stat test
- Any test so defined by your institution, the result of which you expect to routinely REPORT in approximately one hour or less from the time it is ORDERED. (QP 96-02)

STAT: “Short turnaround time” test TAT priority; usually the most urgent priority category with results typically provided in less than one hour. (QP091)

Stat urinalysis (Urinalysis)
- High-priority test performed on voided or catheterized urine, including dipstick chemical analysis alone or dipstick chemical analysis together with microscopic examination. This category includes any urinalysis testing in which rapid turnaround of diagnostic information is expected. (QP 94-12)
Study date
➤ The date a participant receives this study in the mail. (QP 99-05)

Submitting physician name  (Anatomic Pathology)
➤ The name of the physician who performs the biopsy or surgical procedure. (QP 94-06)

Sub-therapeutic level
➤ A digoxin level that was below an institution’s lower limit of the therapeutic range for digoxin. (QP044)

Successful phlebotomy
➤ An encounter with a patient in which blood is collected for the requested hemoglobin and/or potassium tests. If an inadequate volume of blood or no blood is obtained (e.g., unsuccessful venipuncture, or the patient refuses, is difficult to draw, is unavailable, or is inadequately prepared, etc) do not record the encounter. Note: If a specimen has to be redrawn because it is rejected by the testing laboratory (e.g., because of hemolysis, clotting, etc), do not record data for the rejected specimen. If the specimen is redrawn during the hours of the study (ie, 1:00-10:30AM), record data for the new specimen. (QP 97-01)

Supra-therapeutic anticoagulation
➤ For the purposes of this study, an aPTT or activated – Factor X value greater than the upper therapeutic limit of each facility’s therapeutic range (QP032)

Surgical schedule
➤ A list of the names of patients and the planned elective surgical procedures that is compiled and distributed daily in many hospitals. This schedule helps the blood bank personnel to anticipate patient’s blood needs during surgery. (QP 95-08)

Susceptibility
➤ Use the interpretive categories of sensitive, resistant, and intermediate (moderately susceptible) for reporting cumulative susceptibility test results based on the appropriate cutoff values (ie, zone size, MIC, etc) for the method used. Count all intermediate results as resistant for this study. (QP 98-04)

Systematic error
➤ An error in one direction (positive or negative). The results of tests showing systematic error have a consistent bias in one direction. It is possible to predict the direction, and possibly the magnitude, of a test showing systematic error. A systematic error cannot be determined from an isolated QC result but must be determined within the context of surrounding results. (QP 94-08)

Technical employee
➤ An employee involved in performing clinical testing (eg, licensed or certified medical technologist/technician) or a licensed or certified histotechnologist or cytotechnologist. (QP 96-04)

Test
➤ Any chemistry, hematology, microbiology, immunology, toxicology, urinalysis, or sendout test. (QP07)

Test
➤ A single service or unit of service. For example, a stat CBC (ie, complete blood count) is one test. A CBC and a stat potassium are two tests. A serum potassium is one test, but if it is ordered as part of an electrolyte panel, then the electrolyte panel (Na, K, Cl, Co2) is considered one test. (QP 96-02)

Test Accession: A test order that results in a unique laboratory accession number. (QP114)

Test Order: Single test or profile/panel of several tests ordered together as a standard institutionally recognized order cluster. (QP092)
Test Order Clarification: Seeking information necessary for entering a test order that is absent, obscure, or confused in the format in which the order initially presented. (QP092)

Test Order Event: One or more test orders arriving together on the same written order form or in the same electronic transmission. (QP092)

Test System: The specific combination of thromboplastin, coagulation instrument, and method used to produce prothrombin time results in a controlled laboratory setting. (QP103)

Test utilization
- Test utilization is a measure of the clinical appropriateness of test ordering. Over-utilization indicates tests are ordered when they are not clinically indicated. Likewise, under-utilization indicates tests are not ordered when test results would be supportive of solutions to a differential diagnosis. (QP063)

Therapeutic anticoagulation
- For the purposes of this study, activated partial thromboplastin time (aPTT) or activated-Factor X values that were within each facility’s own therapeutic range are considered therapeutic anticoagulation. (QP032)

Thromboplastin: An animal tissue-derived reagent containing tissue factor and coagulant phospholipids. (QP103)

Thromboplastin/Instrument – Specific ISI: Thromboplastin ISI value generated by a reagent manufacturer. It is specified for a particular thromboplastin/instrument combination. (QP103)

Thyroid testing
- Whichever is most commonly ordered in your institution: an order for TSH on its own, or a thyroid panel that includes TSH, free T4, or T4 and thyroid binding globulin. (QP16)

Time of Critical Result: The time a result was first known by the laboratory staff to be critical. This is generally the time the test instrument first made the critical result available to laboratory staff. This time is not necessarily the time of result verification in the computer, unless the laboratory staff member verifies results as soon as testing is complete. (QP102)

Timed Events: In the course of this study you will be asked to record up to four different dates and times, which are defined below:

T⁰: The date and time a specimen was collected. This may not be the same as the date and time the test was ordered or the date and time the specimen was received into the laboratory.

T¹: The date and time a specimen was first known by the laboratory to be critical. This is generally the date and time the test instrument first made the critical result available to laboratory staff. However, if the laboratory has a policy of repeat testing for critical results, then T¹ is the date and time that the repeat test was completed. T¹ is not necessarily the date and time of result verification in the computer, unless your laboratory verifies results as soon as testing is complete. Also, T¹ generally occurs a minute or two before a critical result call was initiated, although some laboratories begin calling critical results immediately.

T²: The date and time a laboratory staff member first contacted someone who accepted the critical result. This individual may or may not be a licensed caregiver.

T³: The date and time a critical result is received by a licensed caregiver. If the critical result is directly communicated by laboratory staff to a licensed caregiver, than T²=T³. Note that T³ is considered to have
occurred when any licensed caregiver accepts the result; you do not need to establish that the licensed
caregiver is directly responsible for the particular patient who has the critical result.

(QP073)

**Tissue source**  (Anatomic Pathology)
- Anatomic site or location from which the specimen was obtained.  (QP94-06)

**Total turnaround time:** The period of time from the order of the test to the time of result report availability in the
ED. (QP111)

**Toxic level**
- A digoxin level that was above an institution’s upper limit of the therapeutic range for digoxin.  (QP044)

**Toxic substance**
- Any chemical that is regulated by OSHA in 29 CFR Part 1910, Subpart Z, or has been found to be a
carcinogen or a potential carcinogen by the International Agency for Research on Cancer or the
National Toxicology Program.  (QP 92-02)

**Transfusion event**
- A single request for release of a RBC unit for transfusion. Two or more units issued at the same time to
the same patient constitute one transfusion event. A subsequent request for a RBC unit constitutes a
second event, unless a “keep-ahead” order has been placed. A keep-ahead order should only be counted
as one event.  (QP083)

**Transfusion event:** Infusion of a single unit or pooled blood product. When multiple units were transfused, each
unit or pooled unit infused counted as 1 transfusion and were assessed for documentation requirements.
Transfusing personnel were documented once if the same person(s) administered multiple units.  (QP093)

**Transfusion event:** A single request for release of a plasma product (any number of units) for a single transfusion
episode. (QP112)

**Transfusion medicine laboratory section**
- A section of the laboratory that performs one or more of the following: blood type/ABO, atypical
antibody identification, or holding and dispensing of blood products.  (QP042)

**Transfusion Medicine physician**
- Any licensed physician who has received specialized training in the science and practice of Transfusion
Medicine either as a component of clinical pathology residency training or during fellowship training.
(QP083)

**Transfusion Reaction:** Adverse event related to plasma transfusion, reported to or identified by Blood Bank as a
potential transfusion reaction. Serious transfusion reactions include transfusion-related acute lung injury
(TRALI), anaphylaxis, sepsis, transfusion-associated circulatory overload (TACO) requiring more
intervention than diuresis, and hemolysis. (QP112)

**Transfusion service**
- For the purposes of this study, a hospital transfusion service is defined as the personnel and physical
plant devoted to all aspects of transfusion within the hospital, including laboratory facilities. This
definition applies regardless of the volume of blood collection performed in-house.  (QP 95-10)

**Transfusions not meeting screening criteria**
- Those transfusions which, upon screening review using objective though limited criteria, do not meet
the requirements for appropriateness. Many times further review by physicians, often with additional
clinical information from the medical record or transfusing physician, will determine that these
transfusions were appropriate.  (QP 93-05)
True-positive blood culture
- A positive blood culture for which there is convincing clinical and laboratory evidence that the organism was in a patient’s bloodstream at the time the specimen was collected. Even transient bacteremias that may have no clinical significance should be counted as true positives. (QP 93-08)

Turnaround time
- The interval commencing when a cardiac marker test is ordered and concluding when a test result is made available (i.e. the time that results are verified in the computer or phoned or faxed) to the ED. (QP031)

Turnaround time
- The period of time from test ordering to the time the results are made available (ie, time the result is verified in the computer or phoned) to the emergency department. (QP 98-03)

Type and screen procedure
- A testing procedure limited to determination of ABO, Rh, and unexpected antibodies. (QP 95-10)

Unclassified error
- A QC error that cannot be classified as random or systematic after a detailed review of result within the context of surrounding results. (QP 94-08)

Unique patient identifier (UPI) (Anatomic Pathology)
- A unique number assigned by the hospital to only one patient (e.g., medical record number or social security number). (QP 94-06)

Unlabeled specimen
- A blood specimen received in the clinical laboratory without a label or without any patient identifiers on the label. (QP072)

Unsatisfactory (Anatomic Pathology)
- For the purposes of this study, a smear was classified as unsatisfactory for reasons other than the absence of an endocervical component (presence or absence of an endocervical component was to be recorded separately). Reasons may have included scant cellularity, poor fixation or preservation, presence of foreign material (e.g., lubricant), obscuring inflammation, obscuring blood, excessive cytolyis or autolysis, not representative of the anatomic site, or other reasons, as determined by the pathologist or cytotechnologist. (QP 93-03)

Unsatisfactory (UNSAT) (Anatomic Pathology)
- Indicates the specimen is not acceptable for diagnostic evaluation and repeat sampling may be warranted. (QP 91-11)

Unsatisfactory for evaluation (Anatomic Pathology)
- A Pap smear is classified as unsatisfactory if no abnormal epithelial cells are identified and if either of the following applies: scant squamous cellularity (well-preserved, well-visualized squamous cells spread over less than 10% of the slide), or obscuring which precludes interpretation of approximately 75 percent or more of the epithelial cells (obscuring blood, inflammation, thick areas, poor fixation, air-drying artifact, contaminant, etc). The absence of an endocervical component does not make a smear unsatisfactory. A biopsy may be unsatisfactory because it is not representative of the site (e.g., no squamous epithelium is present in a biopsy following a cytologic diagnosis of a squamous epithelium abnormality) or cannot be interpreted (e.g., severe cautery effect). (QP 94-09)

Unscheduled downtime
- Is any instance of downtime that is not scheduled or that exceeds the estimated scheduled downtime by more than 90 minutes. (QP14)
Unsuccessful encounter (specimen not collected)

- A case where an outpatient presents to the phlebotomy service for venipuncture, but an appropriate specimen is not collected during that encounter. This category includes the following situations: patient left before phlebotomy could be performed, patient not fasting for test(s) requiring fasting, patient improbably prepared for reason other than nonfasting, missing order information or insufficient order information, wrong time, difficult patient). Unsuccessful encounters include both situations where no phlebotomy is attempted (e.g., a nonfasting patient presents for a test requiring fasting) and situations where the phlebotomy is attempted but does not yield the necessary specimen (e.g., difficult venipuncture). (QP10)

Validation: Confirmation, through the recording of objective evidence, that performance specifications have been fulfilled. (QP103)

Verification of Units: The process whereby the person responsible for transfusing the unit(s) of blood verifies, according to institutional protocol, that the patient and the unit(s) to be transfused match correctly, including patient identification, blood type and any special requirements (e.g., irradiation, CMV negative, etc.). (QP093)

Wasted unit

- A unit which must be discarded prior to the expiration date. This action may be necessitated by discovery of labeling error, accidental puncture, contamination, excessive room temperature exposure, etc. (QP 95-10)

Weekdays

- The period from the start of your day shift (8:00AM) on Monday to the start of your night shift (12:00 AM) on Friday. (QP 98-03)

Weekend

- The period from the start of your night shift on Friday (12:00 AM) to the start of your day shift (8:00 AM) on Monday. (98-03)

Work Aid

- A summary of part of a procedure that is immediately available in close proximity to where the procedure is to be performed. For example, a chart at a laboratory bench showing which media to set up for different microbiology specimens would be considered a work aid if the chart summarized parts of one or more procedures. “Cheat sheets” at the work bench or posted on an instrument that have been written by laboratory staff and that provide instructions about how to perform one or more steps should be considered work aids. (QP081)

Working day (Anatomic Pathology)

- A calendar day composed of a 24-hour interval starting from 12:00 AM (midnight). Excluded from consideration as a regular working day were any holidays or weekend days in which routine services (such as Transcription Service for report production, or a pathologist for signing off or finalizing the report) were not available. (QP 92-09)

Working day (Anatomic Pathology)

- A calendar day composed of a 24-hour interval starting from 12:00AM (midnight). Exclude from consideration any holiday or weekend day that is not a regular working day on which transcription service is available for report production and a pathologist is available to sign off or finalize the report. (QP 93-09)

Wrong blood in tube (WBIT)

- Samples for which the ABO type testing result disagreed with a historical ABO type. (QP074)