Complications within the Diagnostic Testing Cycle

1. Bronner MP. DNA fingerprint analysis for specimen identification. Clinical and Translational Pathology Research. Division of Pathology and Laboratory Medicine, Cleveland Clinic. 2006;Fall:5-7.
6. Ford A. With AP specimen identification, the hero is zero. CAP Today. 2007.

SUPPORTING EVIDENCE OF ERRORS

The following articles provide evidence of errors in the various stages of the biopsy evaluation process.

- Physician collects the specimens using (carefully cleaned) surgical tools.
- Tissue samples are placed into the (properly) labeled specimen containers.
- Specimen containers are batched with many others.
- Specimens are accessioned into lab computer system.
- Containers are transported to the pathology lab.
- Tissue is dissected by clean instruments that have also been used with other samples.
- Cassettes are labeled with the surgical pathology number and a unique block number.
- Tech uses forceps to pick up wax-infused tissue and place it in the final wax tissue block.
- Another tech sections 5 µm slices on a razor blade affixed to a microtome.
- The thin wax slices are floated in a water bath where other patients’ wax slices previously floated.
- Flattened slices are transferred onto a hand-labeled, glass slide.
- Flattened slices are also transferred onto a hand-labeled, glass slide.
- Specimens are assigned unique ID numbers.
- Specimens are divided among several tissue cassettes.
- Pathologist removes the specimens and examines and describes the tissue grossly.
- The study results are documented in the pathology report.
- All of the slides are assembled with the accompanying paperwork.
- They are delivered to the pathologist for evaluation.
- They are delivered to the pathologist for evaluation.

Switching Error

Contamination Error

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Physician collects the specimens using carefully cleaned surgical tools. Tissue samples are placed into the (properly) labeled specimen containers. Specimen containers are batched with many others. Containers are transported to the pathology lab. Specimens are accessioned into lab computer system. Specimens are assigned unique ID numbers.

Pathologist removes the specimens and examines and describes the tissue grossly. Tissue is dissected by clean instruments that have also been used with other samples. Cassettes are labeled with the surgical pathology number and a unique block number.

Hundreds of patients’ cassettes are placed into a chemical bath. Specimen containers are batched with many others. Containers are transported to the pathology lab. Specimens are accessioned into lab computer system. Specimens are assigned unique ID numbers.

The tissue is dissected by clean instruments that have also been used with other samples. The thin wax slices are floated in a water bath where other patients’ wax slices previously floated. The thin wax slices are floated in a water bath where other patients’ wax slices previously floated. The thin wax slices are floated in a water bath where other patients’ wax slices previously floated.

Another tech sections 5 µm slices on a razor blade affixed to a microtome. The thin wax slices are floated in a water bath where other patients’ wax slices previously floated. The thin wax slices are floated in a water bath where other patients’ wax slices previously floated.

Specimens are divided among several tissue cassettes. Flattened slices are transferred onto a hand-labeled, glass slide. Later another technician affixes a computer-generated label to the slides. All of the slides are assembled with the accompanying paperwork. They are delivered to the pathologist for evaluation.

The know error® system ensures the patient is matched to the appropriate diagnosis every time.

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