COLLEGE of AMERICAN PATHOLOGISTS

College of American Pathologists / National Society for Histotechnology

Uniform Labeling of Blocks and Slides in Surgical Pathology

Summary of Recommendations

Guideline Statement		Strength of Recommendation
1.	Laboratories should ensure that all blocks and slides are unambiguously labeled using two patient identifiers.	Recommendation
2.	Laboratories should ensure that the accession designation used on the surgical pathology report, and all blocks and slides from that accession, includes the case type (surgical pathology versus cytology or autopsy), the year, and a unique accession number. **Example**: S14-9999 (Surgical Case-Year-Accession Number) *Note: Laboratories may position the information in a different format (eg, 14-9999S, 14S-9999) and may include additional letters that reflect the hospital or clinic site of origin.*	Expert Consensus Opinion
3.	If the patient's name is used as one of the patient identifiers, laboratories should ensure that the name format will link the blocks and slides to the correct patient. *Note: Possible formats include, but are not limited to, full last and first name, full last name with first initial, or an appropriate number of letters of the last and first names.*	Expert Consensus Opinion
4.	When an accession number has not yet been assigned (eg, frozen sections or intraprocedural consultations), laboratories should label the blocks and slides with at least two patient identifiers, one of which is the patient name. *Note: Possible additional identifiers include, but are not limited to, date of birth, medical record number, or unique health identification number.*	Recommendation
5.	Laboratories should label each specimen container with a unique alpha-numeric designation that incorporates the accession designation. Each block and slide from that specimen container should be labeled with the same unique alpha-numeric designation.	Expert Consensus Opinion
6.	Laboratories should label each block obtained from a single specimen sequentially with a unique alpha-numeric designation that can be unambiguously linked to a gross description within the pathology report. The order should be accession designation, specimen identifier, and block identifier. Laboratories may select the format of the specimen/block identifier. **Example:** For Specimen A ... blocks are labeled 1, 2, 3... S14-9999 A1, A2, A3 For Specimen 1 ... blocks are labeled A, B, C... S14-9999-1A, 1B, 1C	Expert Consensus Opinion

*Inactive guidelines are no longer updated with systematic literature reviews, but the recommendations may still be useful for educational, informational, or historic purposes.

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Summary of Recommendations continued

	Guideline Statement	Strength of Recommendation
7.	When multiple slides are cut from a single block, laboratories should label each slide sequentially in order of cutting. This slide identifier should come after the specimen identifier and block identifier. **Example:** *S14-9999-A1-1, S14-9999-A1-2, S14-9999-A1-3* *Note: The laboratory may determine the exact labeling format for multiple slides.*	Expert Consensus Opinion
8.	The laboratory should label the slides with the histochemical, immunohistochemical and/or special procedure (eg, FS for frozen section, TP for touch preparation, AFB for acid fast bacteria) after the accession, specimen, block, and slide identifiers. The histochemical technique or specific antibody used should also be included when it may affect the interpretation. **Examples**: *S14-9999-A1-1* *FS* *S14-9999-A1-1* *Cytokeratin (AE1/AE3)* *S14-9999-A1-1* *AFB (Ziehl-Neelsen, Wade-Fite, etc)* *Note: The panel concludes that surgical pathology slides labeled with terms such as* recut, level, *or* deeper *and slides without an explicit stain name are inherently implied to be a hematoxylin and eosin stain; no additional labeling is required. The panel also concludes that the labeling of control slides or control tissue on test slides is beyond the scope of this guideline; however, the panel concludes that laboratories should establish a clear and standardized method for distinguishing control tissues from patient tissues that can be understood internally and externally.*	Expert Consensus Opinion
9.	No recommendation is made regarding standardization of abbreviations and conventions.	No Recommendation
10.	On paraffin blocks, the accession designation should be the most prominent printed element (ie, larger font or bolded) followed by the patient name or other second identifier. As long as the ability to read the accession designation and second identifier is not compromised, additional elements may be included as determined by the laboratory.	Expert Consensus Opinion
11.	On microscopic slides, the accession designation should be the most prominent printed element (ie, larger font or bolded) followed by the patient name or other second identifier and stain/procedure name. As long as the ability to read these essential elements is not compromised, additional elements may be included as determined by the laboratory.	Expert Consensus Opinion
12.	Laboratories should label blocks and slides received in consultation with their own institution's accession designation. Laboratories should not obscure the original label when relabeling.	Expert Consensus Opinion

Brown RW, Della Speranza V, Alvarez JO, et al. Uniform labeling of blocks and slides in surgical pathology: guideline from the College of American Pathologists Pathology and Laboratory Quality Center and the National Society for Histotechnology. *Arch Pathol Lab Med*. 2015; 139(12):1515-24.

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