

Peer Assessment Committee – Pathology Questionnaire

NAME OF PHYSICIAN _____

ADDRESS OF FACILITY _____

A. STAFFING

Please indicate the number of full-time and part-time personnel that you work with on a regular basis (daily/weekly) within your practice. For part-time laboratory physicians, please estimate the fraction of full-time work (e.g., 0.5 or half-time). For technologists, assistants, administrative staff, an estimate of total full-time equivalents is sufficient.

1. Staff	# FT	#PT
2. Laboratory Physicians		
3. Technologists		
4. Assistants		
5. Administrative Staff		
6. Other please specify _____		

Hours of Operation: _____

Number of Tests: _____

Variety of Tests (e.g., bacteriology, biochemistry, haematology, blood bank, etc.; may be reported as DBS units) available:

B. EQUIPMENT

1. Microscope
 - a. Make/Model/Year: _____
 - b. Does the range of objectives suit the practice?

- Yes
 No

- c. **IF NOT**, what are the deficiencies?

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| d. Does it function properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is it adjustable for Kohler illumination? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is it cleaned, adjusted and maintained at least annually by a microscope technician? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Miscellaneous

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| a. Is there a bone saw and a containment system for surgical pathology specimens? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there an adequately ventilated and lighted surgical gross dissection bench? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the cryostat in reliably functional order and regularly maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is the dictation system for Gross, Frozen Section Gross and Microscopic descriptions reliable and convenient? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Level of Automation

- a. Which procedures are manual?

- b. Which procedures use automatic staining?

- c. Which procedures use an immunostainer?

C. PROCESSING

Please indicate the average processing times (i.e., the time between receipt of the specimen in the laboratory and availability of slides to the pathologists) of the following:

Case	Average Processing Time
Tissue	
Cytology	
Haematology	
Bone Marrow	
Special stain requests, including immunostains	
Gross descriptions typing time	
Microscopic and final report typing time	
Retrieval of stored reports, slides and blocks, when required for current case reporting	

