

DEPT. OF PATHOLOGY – UT-HOUSTON MEDICAL SCHOOL EXTRADEPARTMENTAL REVIEW QUALITY CONTROL FORM

This worksheet was prepared in furtherance of quality improvement and assurance. As such, this worksheet is privileged and confidential in accordance with section 160.007 of the Texas Occupations Code and section 161.032 of the Texas Health & Safety Code governing healthcare peer review and quality assurance activity.

Memorial Hermann Hospital Lyndon B. Johnson General Hospital
 UT Laboratory

Accession #		Patient name/ Hospital #	
Date of report		Original pathologist	

Original pathologist:				
Does the outside interpretation				
Agree with the original interpretation?		Yes		No*
Disagree without potential clinical significance?		Yes*		No
Disagree with potential clinical significance?		Yes*		No
Will a revised/amended report be issued?		Yes		No
Will a supplementary report/addendum be issued?		Yes		No

**Reviewed by Pathologist
Sign and date**

Below, please explain all answers marked with an *.

Second UT pathologist or QA Conference review:				
Does your interpretation				
Agree with the original interpretation?		Yes		No
Disagree without potential clinical significance?		Yes		No
Disagree with potential clinical significance?		Yes		No

Additional comments:

WHEN COMPLETE, PLEASE RETURN THIS FORM TO CHANTE´ BRADLEY