Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D2031089	11/30/2020
Name of Provider or Supplier	**Street Address, City, State**	
Diagnostic Pathology Services, Inc	4801 Integris Parkway, Edmond, OK	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	The recertification survey was performed on 11/30/2020. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the histology supervisor at the conclusion of the survey.
D3043	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(7) The laboratory must retain cytology slide preparations for at least 5 years from the date of examination (see 493.1274(f) for proficiency testing exception). The laboratory must retain histopathology slides for at least 10 years from the date of examination. The laboratory must retain pathology specimen blocks for at least 2 years from the date of examination. The laboratory must preserve remnants of tissue for pathology examination until a diagnosis is made on the specimen. This STANDARD is not met as evidenced by: Based on a review of patient frozen section slides and interview with the histology supervisor, the laboratory failed to ensure that patient slides were available for review during the survey for 3 of 12 patients. Findings include: (1) On 11/30/2020 at 10:00 am, the histology supervisor stated the following to the surveyor: (a) The laboratory prepared frozen sections using the Leica CM1850 Cryostat. The slides were stained with H&E (Hematoxylin & Eosin), then reviewed microscopically by a pathologist. (2) The surveyor requested patient frozen section slides for 12 patients with microscopic interpretations performed in 2019 and 2020. Slides could not be retrieved for 3 of 12 patients. The specific dates of service were 04/30/2019, 05/06/2019, and 10/23/2019; (3) The histology supervisor stated to the surveyor on 11/30/2020 at 11:30 am, the slides for the 3 patients could not be located.
D5805	TEST REPORT CFR(s): 493.1291(c)

	The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability. This STANDARD is not met as evidenced by: Based on a review of records and interview with the histology supervisor, the laboratory failed to ensure patient test reports included the name and address of the laboratory location for 1 of 12 patient reports. Findings include: (1) On 11/30/2020 at 10:00 am, the histology supervisor stated the following to the surveyor: (a) The laboratory prepared frozen sections using the Leica CM1850 Cryostat. The slides were stained with H&E (Hematoxylin & Eosin), then reviewed microscopically by a pathologist. (2) The surveyor reviewed 12 patient test reports. The name and address of the laboratory location where the frozen section slide interpretation was performed was not included on the report for 1 frozen section report with a testing date of 10/05 /2020; (3) The surveyor reviewed the findings with the histology supervisor, who stated on 11/30/2020 at 11:45 the name and address of the laboratory was not included on the report.