ANNEX - A

ACCREDITATION CRITERIA FOR CYTOLOGY LABORATORIES FOR DIAGNOSTIC SERVICES(Revised 2015.

1. Status

a) Cytology laboratory should be either a division or part of the Department of Pathology, Gynaecology and Obstetrics, laboratories attached to Obst. and Gynae. Departments or family planning clinics doing only gynaec cytology or private laboratories specialized in the field.

OR

b) Independent Institute / Centre / Department involved in research, training and service aspects of cytology.

2. **Work load**

It should be actively involved in routine cytological work and training and the minimum number of cases examined should be 5000 per year. The number of cases and number of smears should not be considered as synonymous.

3. **Staff**

It should have atleast two cytopathologist / pathologist, with experience in cytology and adequate infra-structural laboratory staff.Two technical) for its efficient functional running. One receptionist for the receipt of the specimen and at least one data entry operator for typing the reports.

4. **Adequacy**

The laboratory in its report on every case should document the possible inadequacy of the specimens preparation (such as improper preparation or poor fixation) or inadequacies of clinical information. It is suggested that minimum information shall include anatomic site of preparation of every specimen : the age of patient, previous therapy (endocrine, surgical or radiation), if any, pregnancy status and last menstrual history.

5. **Rescreening of specimens and diagnostic verifications**

The pathologist , cytopathologist or gynaecologist shall rescreen for proper staining and correct diagnostic interpretation, at least 10 percent random samples of cytological specimens from the female reproductive tract, which has

been interpreted as benign by cytoscreener / resident doctors, cytotechnician or cytotechnologist, at least 15 percent of the cytologic preparation from anatomic sites other than the female genital tract interpreted as negative by the cytotechnicians or cytotechnologist, all suspicious and positive smears from the female reproductive tract, all non gynaecological cytology from asymptomatic cases. All to be reported upon by pathologists.

6. **Follow - up**

The Cytology Laboratory would make an earnest effort to maintain adequate follow-up information of all suspicious and positive smears.

7. **Progress Reports**

Progress reports shall be prepared by cytology laboratory preferably annually to include number of cases screened in each category, origin of smears, corroborating follow up data and discrepancies, if any, between clinical data, tissue sections and cytologic findings. In case an annual report is not possible, a progress report would be required for reassessment by the Indian Academy of Cytologist at the end of three year period.

8. **Filing of slides**

The cytology laboratory shall retain all cytological specimens for at least five years from the date of examination.

9. **Education**

Since continuing education is essential for quality control, the laboratory shall be required to provide regular scheduled educational sessions for the benefit of the staff at least two hour per week.

10. **Tenure of Accreditation and Recognition**

Certification would be valid for 3 years. Further continuation of accreditation and recognition would depend on revisitation or assessment of progress report by the Indian Academy of Cytologists. Certified laboratories will receive a plaque which may be displayed in the laboratory.

11. ₹10,000/- (Ten Thousands) as fee for accreditation.

12. ₹ 8000/- for revisitation.