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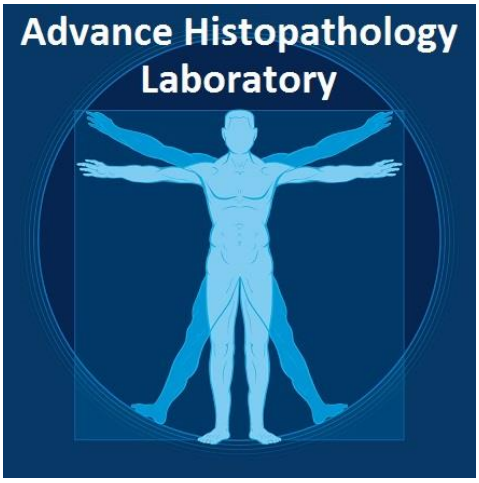
USER GUIDE

ADVANCE HISTOPATHOLOGY LABORATORY Ltd (AHLab)



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1 STATEMENT OF PURPOSE

Advance Histopathology Laboratory Ltd (AHLab) is a new independent laboratory situated in London's prestigious Harley Street medical district, providing both personalised cellular pathology diagnostics and advance research histopathology analysis. We are a UKAS accredited medical laboratory No. 9997.

Mission Statement

"To be a centre of excellence providing superior, rapid, accurate services in both clinical diagnostics and research that clinicians, service providers and employees are proud of, and investors seek for long-term returns"

2 AHLab OVERVIEW

We provide a high-quality histopathology diagnostic service utilising a range of cellular pathology techniques including microscopically sectioning formalin fixed paraffin embedded blocks and staining with a range of tinctorial and histochemistry stain. Cytology, Immunohistochemistry, Molecular Pathology, Electron Microscopy and other methods not performed in-house may be submitted elsewhere for techniques. AHLab services include access to a wide network of expert pathologists and scientists, experienced in diagnostic and research pathology and working in centres which are internationally recognised. Our success in these areas has enabled us to develop largely via professional endorsements.

There are several critically important differences ("USPs") which set AHLab apart from other providers. Amongst these are rapid sample turnaround, high levels of expertise for in-depth analysis, a personalised service delivered by a contactable and accountable team of specialists, and competitive pricing structures. The AHLab User Guide provides the background to our operation. The laboratory specialises in all clinical biopsy and surgical samples as well as providing a centre for coordinating any additional tests required for complex cases or 2nd opinions. Surgical resections from gynaecological, gastrointestinal, hepatobiliary and head and neck operations are dissected and reported by specialists. AHLab also provides a bespoke Cytology Management Service. AHLab does not arrange or provide the following diagnostic laboratory service: microbiology, virology, immunology or advice on control of infection.

AHLab is committed to the safe and secure handling, storage and disposal of confidential information and accurately reporting results of diagnostic investigations in a timely, confidential and clinically useful manner.

AHLab participates in United Kingdom National External Quality Assessment Service (UKNEQAS) appropriate to our repertoire, such as Cellular Pathology Technique (CPT) and Tissue Diagnostic (TD). The Laboratory / Quality Manager oversee the Quality Management System (QMS) and any issues relating to the operational aspects of the AHLab should be addressed to them in the first instance.

3 CONTACT US

The AHLab website www.ahlab.co.uk provides a wide range of key information, including pricing, specimen requirements, downloadable specimen request forms and User Guide, results of our Annual User Feedback Survey, service updates and new developments.

AHLab team-members welcome invitations to user-group meetings or similar to provide support and advice around pathology testing, where possible. The consultants can be contacted via mobile phone or email. Participation in relevant MDT meetings is included as part of the service.

For any questions or for further information about the services provided, please contact: referrals@ahlab.co.uk or one of the Key Contacts, below.

Notifications of samples for collection should be sent to: specimen@ahlab.co.uk

3.1 KEY CONTACTS

CLINICAL ENQUIRIES		
Professor Gordon Stamp **Clinical / Laboratory Director** **Email: g.stamp@ahlab.co.uk**		
Tel: +44(0)20 7636 9447	**Mob: +44(0) 7860 821252**	**Fax: +44(0)20 7636 9929**

GENERAL ENQUIRIES	
Miss Hodan Jama **Laboratory / Quality Manager** **Email: h.jama@ahlab.co.uk**	
Tel: +44(0)20 7636 9447	**Fax: +44(0)20 7636 9929**
Miss Patricia Hoynes **Office Manager** **Email: p.hoynes@ahlab.co.uk**	
Tel: +44(0)20 7636 9447	**Fax: +44(0)20 7636 9929**

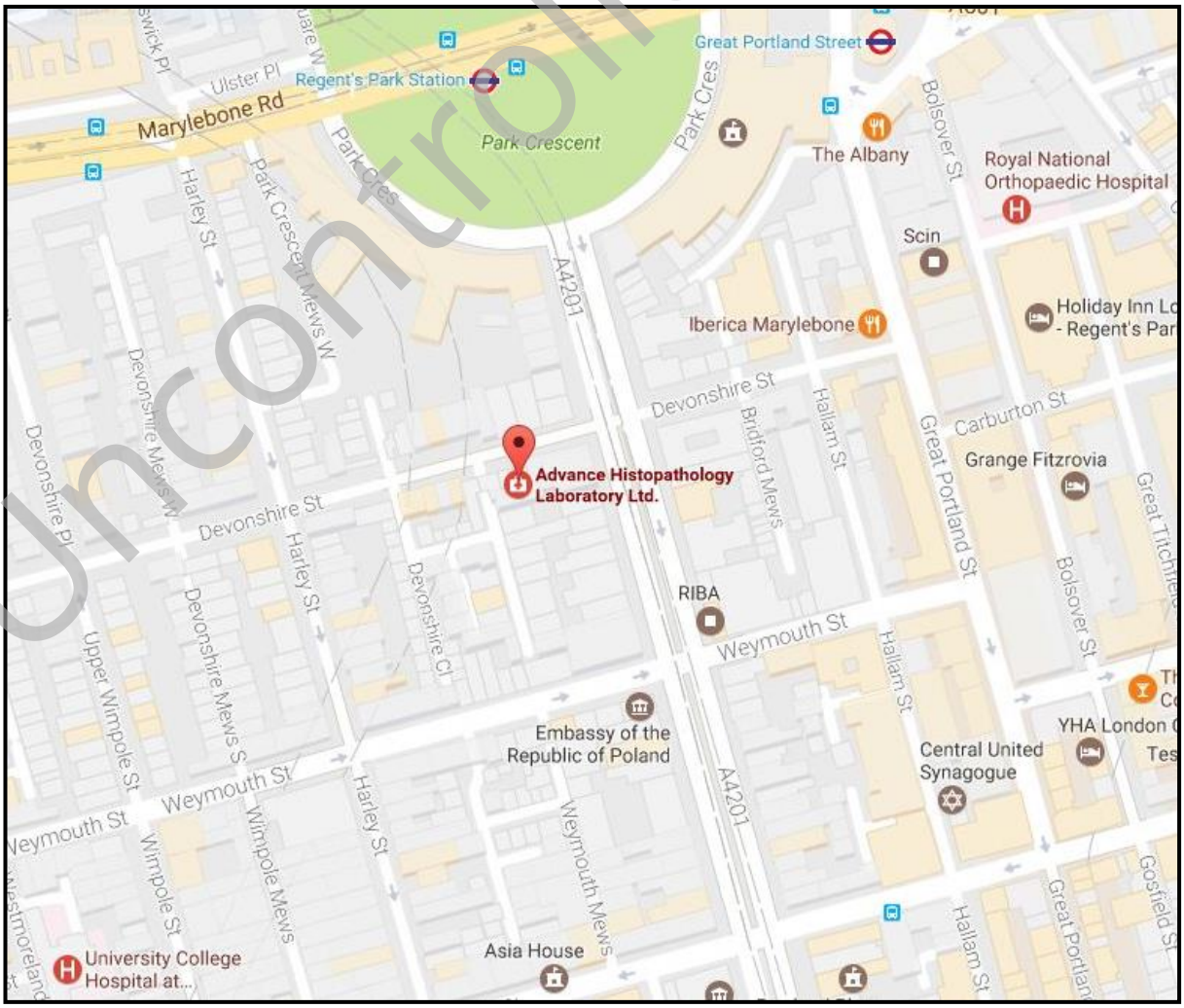
3.2 LABORATORY OPENING TIMES

- The core service is provided Monday to Friday 0900 to 2100 and Saturday 1000 to 1300.
- Out-of-hours work including weekend, on-call and emergency services can be provided - Please email specimen@ahlab.co.uk or call 07860821252.

3.3 POSTAL ADDRESS

For correspondence and for specimen deliveries:

Advance Histopathology Laboratory Ltd
47a Devonshire Street
Lower Ground Floor
London
W1G 7AW



4 HISTOPATHOLOGY INVESTIGATION

Histopathology is the science of examining cells and tissues from biopsies or surgical operations in order to establish a diagnosis and to find therapy options.

A list of the tests which currently form AHLab's diagnostic repertoire is in Appendix B – *(This information represents a selection of the most regularly performed procedures; please contact us to discuss your specific requirements).*

5 CYTOLOGY INVESTIGATION

Cytology is the investigation of small samples of dispersed or dissociated cells and other tissue components devoid of natural tissue architecture.

Cytological examinations may be performed on body fluids (examples are blood, urine, and cerebrospinal fluid) or on material that is aspirated (drawn out via suction into a syringe) from the body. Cytology also can involve examinations of preparations that are scraped or washed (irrigated with a sterile solution) from specific areas of the body. For example, a typical example is the evaluation of cervical screening (referred to as the Papanicolaou test or 'Pap' smear).

AHLab's Cytology Management Service for gynaecological and non-gynaecological samples includes specimens collected by us, prepared and initially screened at an accredited partner laboratory and where there is a clinical indication, reviewed by our in-house consultant pathologists.

6 MAKING A REQUEST

The responsibility for requesting a laboratory service or test lies with an authorised and trained practitioner (e.g. clinician). It is the responsibility of the requester to ensure that samples are correctly labelled and request forms are completed to agreed standards.

The requesting practitioner is responsible for the results and for any action taken as a result of the report.

Each request acceptable by the laboratory for examination(s) will be considered an agreement providing that it complies with specimen acceptance criteria (see section 7 – 10).

The AHLab is committed and accountable, through legally binding agreements, for the management of all patient information acquired or generated during laboratory operations. This management encompasses privacy and confidentiality. Prior to disclosing any information in the public domain, the laboratory will inform the user about its intentions. Unless the user and/or the patient voluntarily makes information publicly available or there's mutual agreement between the laboratory and the patient (e.g., for addressing complaints), all other data is deemed proprietary and must be treated as confidential.

Patient information originating from sources other than the patient (e.g., complainants, regulators) must be safeguarded confidentially by the laboratory. The identity of such sources must also be kept confidential by the laboratory and not shared with the patient unless consent is obtained from the source.

All personnel, including committee members, contractors, representatives of external organisations, or individuals with access to laboratory information acting on behalf of the laboratory, are obligated to maintain the confidentiality of all information acquired or generated during the course of laboratory activities.

7 SPECIMEN REQUIREMENTS

Correct preparation of the patient, specimen collection and handling are essential for the production of valid results by the laboratory.

Each type of sample requires expert handling especially where subsequent investigations, such as immunohistochemistry, molecular and electron microscopy diagnostics may be required. Such techniques offer potentially definitive diagnosis of numerous pathologies, and their efficacy is of significant clinical consequence to the patient.

Key factors known to affect performance of test or interpretation of results include (but are not limited to), poor fixation, delayed transport of fresh specimens to the laboratory and/or inadequate clinical information.

It is the responsibility of the referring clinical/surgical team to ensure that all specimens are submitted to the laboratory in a suitable manner. For all specimens submitted to the laboratory, a fully completed request form must accompany each case. All containers should be clearly labelled with patient identifiers as well as well as the origin/type of specimen. The minimum identifiers required are detailed below. The accompanying request form should be fully and legibly completed and make mention of all samples submitted for investigation. This form should then be placed in the external pocket of the “biohazard” specimen bag.

MINIMUM IDENTIFIER REQUIREMENTS	
At least three of the following • Surname, forename and title of patient • Date of Birth & Age • Gender • Hospital/Clinic Number &/or Address • Name of referring consultant	**Additional Requirements** • Date and time of specimen collection • Type of Sample(s), If multiple samples are taken, label the specimen containers with the specimen description followed by the sequence numbers 1, 2, 3, etc. • Synopsis of clinical history (and any previous histological samples) • Destination of report • Preferred method of report transmission (email, fax or postal address to be provided on the form) • Payment Details

The sample and request form information must match. Otherwise, the form and/or specimen will be returned for amendment or completion to ensure patient safety and compliance with ISO 15189 standards. While this may be inconvenient, it is essential to take these precautions to prevent errors.

8 INTEGRITY OF SAMPLE AND PATIENT SAFETY

Problems with specimens occasionally occur that could have been avoided by some attention to detail and adherence to correct procedures. These include:

- Rejected samples due to incorrect or insufficient labelling
- Rejected samples due to leakage from container or breakage
- Rejected samples due to contamination of outside of container or request form
- Specimen received in inappropriate container or hazardous (e.g. syringe with needle)

To avoid these problems please ensure the following:

- Both the specimen containers and accompanying request form must meet minimum identifier requirements, as detailed above.
- The integrity of the specimen container should be checked before use. Once filled the container should be closed to avoid leakage. Check that the lid is pressed home tightly or in the case of a screw cap, hand tightened securely without cross threading.
- The outside of the specimen container should be clean and free from contamination
- The specimen container should be placed in the sealed biohazard specimen bag with a separate compartment for the request form. The compartment containing the specimen should also contain some absorbent material to mitigate the event of a leaking or accidentally damaged container

9 COMPLETION OF THE REQUEST FORM

A request giving the following information must accompany the specimen, a minimum of three identifiers are required:

- Patient ID: Surname or family name, Forename or personal name
- Date of birth
- Sex (some reference ranges are sex related)
- Patients reference i.e. hospital number, laboratory, NHS number
- Specimen: type, date and time of collection
- Sample(s) Description: type of specimen and anatomical site of origin. If multiple samples are taken, label the specimen containers with the specimen description followed by the sequence numbers 1, 2, 3, etc.
- Clinical details: as full as possible including medication/treatment
- Sender: name of sender, address for report and invoice. Urgent contact, name, phone number (if different from sender)
- Duty of Care to Colleagues - An awareness of any health and safety issues with a given specimen.

See Appendix A for copy of Advance Histopathology Laboratory Ltd (AHLab) request form.

10 SAMPLE LABELLING

Specimens should be legibly labelled with a minimum of three patient identifiers (see above) along with the date and time of collection, type of specimen and specimen reference. To avoid results being wrongly attributed to patients, unlabelled samples or samples that do not match the name on request form cannot be processed by the laboratory.

ALL histology specimens should be submitted in an appropriately sized leak-proof container containing 10% neutral buffered formalin (*which can be supplied on demand*), at least ten times the volume of the sample itself. The container should be specifically designed for histopathology samples with a secure lid and hazard labelling.

Stocks of pre-filled (10% neutral buffered formalin) 60ml, 90ml and 120 ml containers, empty specimen containers, biohazard specimen bags and specimen request forms (See Appendix A) are provided by AHLab as part of the service, and can be supplied on request (specimen@ahlab.co.uk).

Larger volume pre-filled specimen containers can be supplied by arrangement – please contact us to discuss your requirements.

All information fields should then be completed.

The small containers (<100ml) should then be secured in a sealable external clear "biohazard" specimen bag. Larger containers appropriately secured can be placed in an opaque robust and sealed large plastic bag to obscure patient details and then collected and transported safely by the laboratory courier in a UN 3373 compliant transport box.

Specimens from multiple patients **must not** be included in the same specimen bag.

11 'HIGH RISK/DANGER OF INFECTION' SPECIMENS

It is the responsibility of the requesting clinician to indicate on both the request form and specimen container if the patient is known or suspected to be within a "High Risk/Danger of Infection" category (e.g. HIV, Tuberculosis, Viral Hepatitis etc.), to facilitate appropriate safe laboratory procedures.

In addition to the above, immerse specimen in an adequate volume of fixative (at least 10 times the volume of tissue) using a leak-proof container. Contact the laboratory before sending to discuss fresh (unfixed) tissue requirements for high risk specimens.

12 URGENT SPECIMENS

It should be indicated on the request form if the specimen requires urgent attention. The reason for the apparent urgency should be clearly explained.

It is recommended that specimens deemed to be urgent are received by the laboratory as early in the day as practicable, no later than 1500h.

A member of the laboratory staff should be informed prior to the dispatch of the specimen.

If the report is required by a particular date, this should be indicated on the request form. An attempt will be made to accommodate these requests, but a final report by said date cannot be guaranteed. Depending on the nature of the specimen, a provisional report may be issued initially as the case may require additional investigations, such as histochemical stains or immunohistochemistry.

Delivering an 'urgent' specimen personally to the laboratory will ensure timely receipt and avoid transport delays, as well as provide an opportunity to discuss the case directly with the pathologist.

13 UNFIXED SPECIMENS

Unfixed (Fresh) material may facilitate investigation of neoplasia by molecular diagnostic methods. Such procedures must be arranged with AHLab by the referring clinician. If onward dispatch is needed, the logistics must be in place prior to receipt of patient material at AHLab.

Health and safety is critical with fresh specimens:

- There must be no sharps included with the specimen e.g. needles.
- Specimen containers must be leak-proof and securely closed to avoid specimen leakage.
- Place the specimen in a self-seal specimen bag with absorbent material, sufficient to absorb any leakage.
- Ensure there is appropriate sealing and packaging of the specimen to avoid breakage and to protect yourself, couriers and laboratory staff. Ensure the request form accompanies the specimen.

14 INTRA-OPERATIVE (FROZEN SECTION) SERVICE

In cases where a lesion is being excised, and subsequent reconstruction depends on knowledge of whether the margins are tumour free, use of intra-operative frozen sections may be considered. This service is technically demanding and must be booked as far in advance as practicable to ensure availability of both Biomedical Scientist and Consultant Pathologist on the required days.

The specimen must be transported to the laboratory fresh and unfixed immediately and directly to the laboratory, in a sterile container.

If a booked frozen section is no longer required, then the laboratory should be informed.

15 SPECIMEN TRANSPORTATION TO THE LABORATORY

Samples should be sent to us as soon as possible after collection. However, if storage is unavoidable, unless otherwise specified fix the sample in 10% formalin. Contact us if you require more information.

When sending specimens by post, the packaging must comply with UN3733 packaging regulations and postal regulations (see links for more information). The package must be labelled 'Pathological specimen'. For any other requirements please contact the laboratory on 0207 636 9447 or specimen@ahlab.co.uk to seek advice on designated preservatives and manner that ensures the integrity of the sample and the safety of the carrier, the general public and the receiving laboratory.

Specimens must be enclosed in individual, sealed specimen bags. Specimen bags must then be placed in outer transport bags that are able to be sealed with a leak-proof enclosure.

Local courier or express collection delivery is provided by AHLab, but must be arranged prior to sending the sample(s), as this is specimen dependent. **Please contact us to discuss your transportation requirements.**

Regulations	http://www.un3373.com/info/regulations/
Packing Instructions	http://www.un3373.com/un3373-packaging/p650-packaging-instruction/

AHLab strongly recommend the use of specimen dispatch/receipt or 'fax back' forms to ensure an appropriate custody trail.

16 REPORTS

A pathological report is a consultant opinion and dependent on the clinical information supplied to the reporting pathologist. Complicated cases should be discussed with the pathologist in advance of any clinical procedure, so that the tissue can be optimally handled.

AHLab aims to provide a high-quality and timely service without compromising diagnostic accuracy or patient safety. All diagnostic biopsies will be reported as soon as possible so efficient delivery to the laboratory minimises any delay in the processing and reporting by the pathologist.
Turnaround times (TATs) given is the anticipated time taken between sample receipt and report under normal operating conditions. TATs are closely monitored by the laboratory management on a regular basis. Target turnaround times (from specimen receipt to availability of an authorised report) are within 7 – 10 calendar days. AHLab current average turnaround times are as follows:

Small specimens: currently 24 -36 hrs
Large specimens: currently 48 -96 hrs
Complex specimens: currently up to 10 days.

Wherever possible we aim to provide a "next-day" service (Time taken for sample transport and posting the report should be added to this).

Specimens containing bone, or those that are heavily calcified, will require de-calcification and hence necessarily take longer to process before they become available to the pathologist for reporting. Please allow for the fact that large resection specimens and fixation - dependent samples (e.g. lymph nodes) may require additional fixation time and rushing the processing may compromise further immunohistochemical or molecular analysis.

If a report is required by a particular date, this should be indicated on the request form. An attempt will be made to accommodate these requests, but a final report by a particular date cannot be guaranteed. In cases where results are required more urgently, please contact the laboratory to discuss your requirements (prior to sending specimens) so that samples can be fast tracked.

Uncertainty of Measurement and outcome are part of our accreditation requirements. AHLab stresses that both macroscopic and microscopic measurements are an approximation and should be viewed within clinical context. The routine processes of fixation, processing, orientation and subsequent staining have an effect on the size and shape of tissues which can invalidate stated measurement. Further information is available on Validation, Calibration and Uncertainty of Measurement (AHL – lab 153 – P), which looks in depth at the factors which can affect the outcome of the histology process. Issues with measurements that do not meet clinical requirements should be reported back to AHLab, please see User Satisfaction and Complaint section.

17 REPORT AVAILABILITY

Where results are unexpected, require explanation or may require urgent intervention we will endeavour to contact the requesting clinician by telephone or email.

Reports can be delivered electronically, by fax to a known secure destination, recorded delivery or hand-delivered as sealed reports. Authorised reports are sent via encrypted email using Egress Switch.

All personal information within AHLab is kept confidentially, only available where necessary to appropriate individuals. Vitruvius and this all Patient Identifiable Data (PID) is stored on AHLab computer system, behind the highest-level protection, which in line with Information Security Management.
All email sent to external recipients containing Patient Identifiable Information is encrypted using Egress Switch - https://www.egress.com/what-we-offer/email-and-file-encryption

AHLab can provide the information and links to enable receipt of encrypted reports (see Appendix D).

If results are requested by telephone to the laboratory, please be prepared to supply the full name, DOB and clinician of the patient. Results must be read back to the laboratory handler to minimise risk of errors of transcription.

Please note that verbal pathology reports cannot be provided by laboratory staff – contact the pathologist where necessary.

18 CLINICAL ADVICE AND INTERPRETATION

Advice to clinicians is readily available at all stages of the diagnostic process, from deciding what material to submit for examination to guidance on interpretation of the final report. All initial enquiries should be made to the Laboratory Manager or Clinical Director (contact information is provided within this user guide).

Please feel free to contact the reporting pathologist for discussion of individual cases. If discussing a report quote the Laboratory Number which appears on the report and uniquely identifies the patient and specimen.

19 REQUESTING ADDITIONAL TESTS

Paraffin wax blocks and stained slides are retained for minimum of 30 years, should additional examinations be required. Under certain circumstances, it is possible to add tests onto samples that are already in the laboratory, but this will depend on if the sample is still available and sufficient in volume and is viable. Requesters should contact AHLab to arrange email or fax of a request form or use Portal Login (www.ahlab.co.uk). Additional requests will not be accepted over the telephone. On occasion, the requestor may be asked to send a further request form with details of the test required.

As much information as possible should be provided, i.e. to which sample should the tests be added. This will minimise the risk of tests being added to the wrong sample, resulting in unnecessary delays to patient management.

Please note the sample retention period will differ according to the nature of the original request. The laboratory will be able to advise if a sample is still in storage and appropriate to the test required to be added retrospectively. Where the laboratory receives a request for additional request that cannot be fulfilled the user will be advised the standard laboratory report.

Samples are retained in accordance to the Guidelines published by the Royal College of Pathologist and the Institute of Biomedical Science. The retention and storage of pathology records and specimens (5th edition, 2015). All samples are stored for a minimum of three months after report has been issued; sensitive material is stored disposed of in a sensitive manner. Please contact us for further advice.

20 HISTOLOGICAL REVIEW

Cases which have been processed elsewhere about which a pathologist colleagues wishes to receive a second opinion or have a case reviewed may be submitted to AHLab. In these instances, we ask for the original slides, a copy of the report and all blocks for the case to be submitted together. Original material will be returned when all investigations have been completed.

It is important that blocks are sent at the same time as slides to allow us to provide a timely service, rather than have to request blocks and await their arrival for any additional investigations.

Blocks and slides should be submitted with a cover letter on headed paper or a completed request form so that we are aware of where to send the report when authorised. The inclusion of a fax back or similar to confirm receipt of the samples is also encouraged.

21 OTHER SERVICES

AHLab provides a range of services and information to healthcare providers. If you have need to discuss any service developments or require information relating to AHLab's services, then please contact the Laboratory Manager or Clinical Director (contact information is provided within this user guide).

Advance Histopathology Laboratory Ltd (AHLab) location in the most renowned medical district of London ensures a personalised service, delivered by a contactable and accountable team of specialists whilst providing a competitive pricing structure.

Advance Histopathology Laboratory Ltd (AHLab) is an ideal position to provide service to support researchers. Research services can range from technical preparation of small numbers of slides to collaborative work with input from one or more consultant pathologists.

Please contact us if you wish to discuss a project.

22 CHANGES TO METHOD INCLUDING REFERENCE INTERVALS

The choice of methodology and appropriateness of the investigation are at the discretion of the consultant pathologist who is guided by details on the clinical request form and knowledge of laboratory methods and current 'best practice'. Clinicians are free to discuss the methods employed for any given specimen, but the final decision remains a remit of the clinical pathologist.

The performance of our methods is under constant review to ensure that we continue to provide a high quality service. Occasionally we change methods or reference intervals, details of the change will be made on the patient reports. Also, our users may be notified via email, multi-disciplinary team meeting or in a letter depending on the change.

23 USER SATISFACTION AND COMPLAINTS

Advance Histopathology Laboratory Ltd (AHLab) makes every effort to maintain a high standard of service at all times. However, mistakes do occur and we are happy to receive any comments and to try to resolve any complaints quickly.

Please contact the Clinical/Laboratory Director, Professor Gordon Stamp (g.stamp@ahlab.co.uk) or email feedback@ahlab.co.uk with any comments, commendations, complaints or concerns. Any and all feedback are reviewed during the monthly Service Meeting.

AHLab value observations or suggestions which will improve the quality of services provided, and we distribute a User Feedback Survey annually (last quarter of the year). The result for this will be available on our website and email to the service users by the Laboratory/Quality manager.

AHLab welcomes direct communication, regardless of the size or severity of your comment, concern or praise. Our website also has a feedback module for feedbacks and our Service Satisfaction and Complaint Resolution, as well as privacy policy is also available (www.ahlab.co.uk).

24 TRAINING

Histopathologists are welcome to spend time in the organisation if they wish to learn about pathology, either in preparation for examinations or to develop a subspecialist interest. Please contact one of the consultant pathologists if you wish to arrange a training placement.

AHLab is IBMS accredited for the Certificate of Competence but does not currently form part of any rotational training scheme, which allows training placements to be tailored to an individual in a flexible manner.

APPENDIX A. AHLab Specimen Request Form

Advance Histopathology Laboratory Ltd
47a Devonshire Street, W1G 7AW
specimen@ahlab.co.uk
020 7636 9447 020 7636 9929 07860821252 www.ahlab.co.uk

UKAS MEDICAL 9997

TITLE	MR ☐ MRS ☐ MS ☐ MISS ☐ DR ☐ OTHER ☐
FORENAME	
FAMILY NAME	
DOB	SEX M ☐ F ☐
PATIENT ADDRESS	
HOSPITAL NO. / REFERENCE	
CLINICAL DETAILS	Risk of Infection: No ☐ Yes ☐
SAMPLE TYPE	
Requesting Physician/Surgeon (print name):	

Date & time of sample:
Hospital:
Contact:
Report email ☐
Report Fax ☐
Report paper copy ☐

Invoice
Hospital ☐ Doctor ☐ Other ☐
Patient ☐ (contact details mandatory)
Contact:
Insurance ☐ (Patient address mandatory)
Policy No:
Authorisation code:

Lab Use only.

LAB NO: **NO. OF SAMPLES:**

SAMPLE DESCRIPTION:

V3 Aug 2022

TRIAGE:
H+E / 3 levels / CFV / ABPAS / PAS
DISSECTION:
NO. BLOCKS:
ALL TAKEN: YES / NO
RESERVE: 1 / 2 / AFOS / KEEP
DECAL
DATE IN:
DATE OUT:
EMBEDDED:
MICROTOMY:
H&E QC:
EXTRA REQUEST:
EXTRA MICROTOMY:
EXTRA QC:

APPENDIX B. Tests Performed at AHLab

AHLab's repertoire is constantly evolving, tests are validated and revalidated regularly. AHLab participates in the National External Quality Assurance Scheme (NEQAS) for Cellular Pathology Technique. Pathologists involved in the service participate in local and national EQA schemes including breast, gastrointestinal, dermatopathology, gynaecological and North Thames Regional surgical pathology schemes. The following list is the commonly requested investigations – ***please contact us for any specific individual requirements not listed.***

HISTOCHEMICAL STAIN	
Alcian Blue/ Alcian PAS	Martius Scarlet Blue (MSB)
Cresyl Fast Violet (CFV)	Orcein
Congo Red	Perl's Prussian Blue
Elastic Van Gieson (EVG)	Periodic Acid Schiff (PAS)
Giemsa	Periodic Acid Schiff Diastase (DPAS)
Gram	Gordon and Sweet's Reticulin
Grocott	Toluidine Blue
Masson Fontana (Melanin)	Von Kossa
Melanin Bleach	Ziehl Neelsen (ZN)

Histochemical stains are all carried out in-house. Our repertoire is constantly evolving, we validate all our tests and verify it regularly. We are enrolled in External Quality Assurance (NEQAS) for both our Cellular Pathology Technique and Tissue Diagnostic. We regularly review in-house stains which are not within an EQA scheme for suitability. Immunohistochemistry, Molecular and Non-Gynae test are referred out to ISO 15189:2012 and 2022 accredited laboratory and not carried out in-house. All the referral centres we regularly refer cases (or work to) are enrolled in appropriate Accreditation schemes. We monitor these at review of this document to ensure that no episodes of poor performance have been reported and that the output of these departments is clinically and technically relevant.

APPENDIX C. List of Referral Centres

All of the referral centres AHLab regularly refer cases (or work to) are enrolled in appropriate Accreditation schemes. These are monitored periodically to ensure the expected high standard is maintained and are accredited to the appropriate accreditation.

Molecular Test Sarah Cannon Molecular Diagnostics Ground Floor, Shropshire House, 1 Capper Street, London, WC1E 6JA.	**IHC and Molecular Test** Health Services Laboratories (HSL) HSL-AD, Ground Floor, 60 Whitfield Street, London, W1T 4EU.

IHC and Non-Gynae Test The Royal Marsden Hospital (Chelsea) Department of Histopathology and Cytology Fulham Road, London SW3 6JJ	**IHC and Molecular Test** The Royal Marsden Hospital (Sutton) Centre for Molecular Pathology 15 Cotswold Road, Sutton, Surrey, SM2 5NG

The institutes and accredited test/techniques can be found on the UKAS website.

APPENDIX D. Egress Template Email

Dear ……..,

In line with the Information Commissioner's Office guidelines, new data security standards and good clinical practice, we will be encrypting all emails containing patient identifiable information using Egress Switch.

In order to decrypt these emails, if you already have an Egress account, you can simply sign in with your existing credentials. If you don't have an account, you can sign up for free here. The process only takes a minute.

If you are using Outlook on a PC, you can download and install the Switch Client software which will automatically decrypt the emails for you without the need to sign in each time.

For mobile devices (Apple iOS, Android, Windows Phone & Blackberry) you can download and install the app using the links here.

If you have any issues signing up for Egress accounts or resetting your Egress password, you can contact their support desk on UK +44 (0)844 8000172.