

UWMC/HMC Dictation Instructions

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EVERYTHING MUST BE DICTATED. All transcriptionists are telecommuters who work from home and they do not have access to any paperwork.

Transcription services are available from 5:00 AM to 6:00 PM, Monday-Friday.

TELEPHONE DICTATION INSTRUCTIONS



UWMC Anatomical Pathology Department **Instructions for Dictation via Touch-tone Telephone**

TO DICTATE:

1. From inside the facility dial **186**; from outside the facility dial **(206) 598-0186**.
2. Enter your **5** digit Physician ID number.
3. Enter the **2** digit work type.

Autopsy PAD = 85

Autopsy FAD = 86

Surgical Diagnosis = 87

Letter = 89

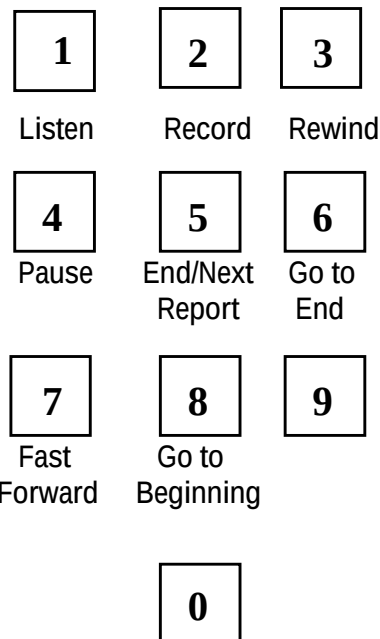
4. A triple beep, followed by a voice prompt indicates you may begin dictation.
5. Press 5 to end the current report and begin a new report. Repeat steps 3-5.
6. When you are finished dictating, press **9** to disconnect from the system.

TELEPHONE KEY PAD FUNCTIONS:

1.....Listen
2.....Dictate
3.....Short rewind
4.....Pause
5.....End report / Start new report
6.....Go to end of report
7.....Fast forward
8.....Go to Beginning of report
9.....System Disconnect
*.....Cancel current entry function
#6.....Insert

*****Questions/Concerns?**

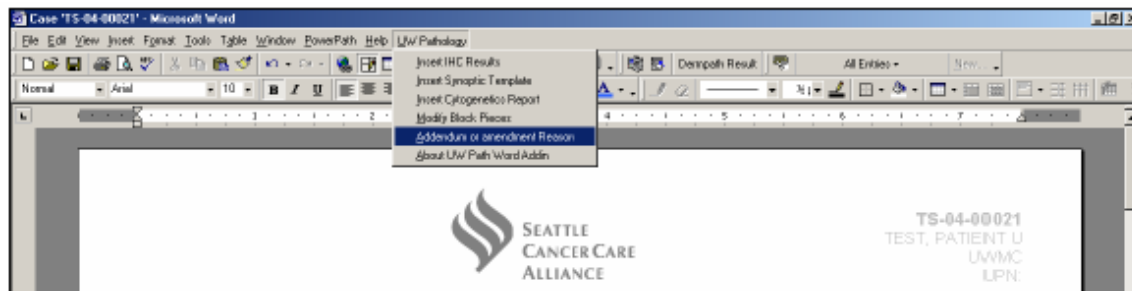
**Call Transcription Department at (206) 598-7706
or (206) 598-6418.**



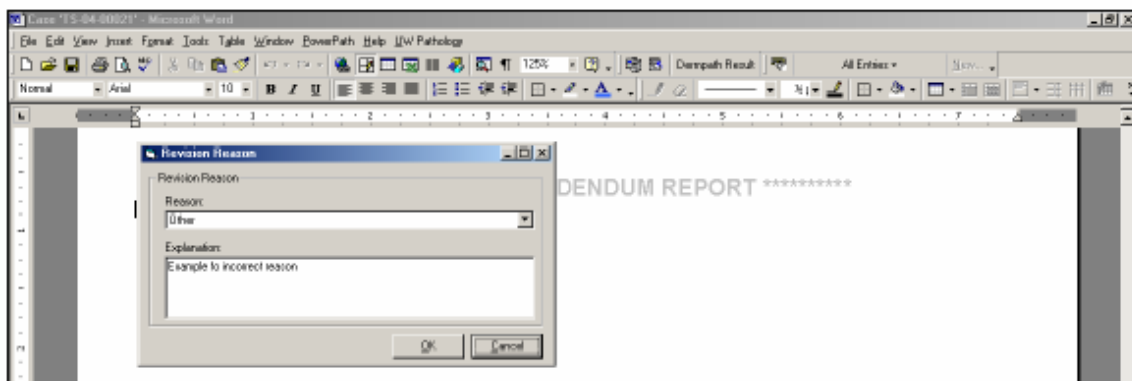
ADDENDUM OR AMENDMENT REASONS

We are implementing new functionality to permit transcriptionists or other users to change the Reason why the most current addendum or amendment is being prepared.

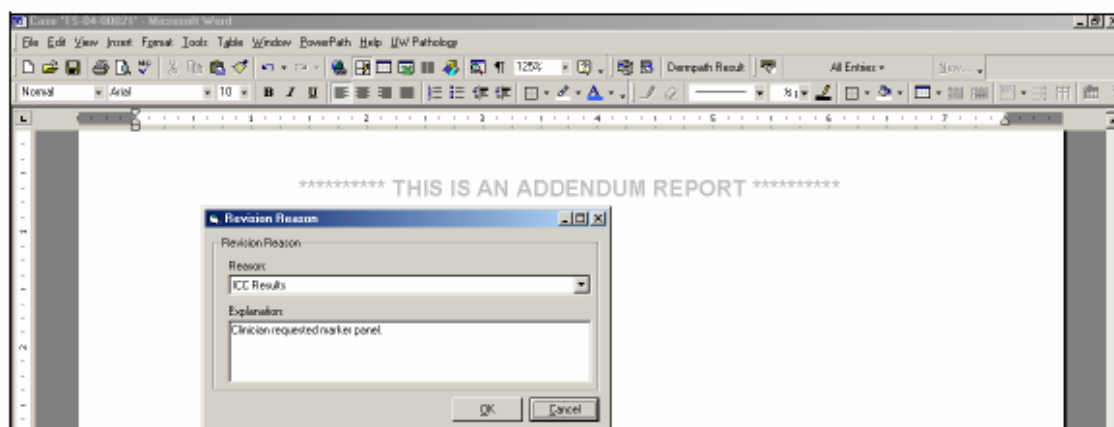
When you have a report open in Word, the UW Pathology menu choice now has a new option: Addendum or Amendment Reason.



Selecting this brings up a dialog box that permits you to change the reason for the current Amendment or Addendum:



To change the reason, just pick a new Reason from the drop-down pick list and enter an optional Explanation.

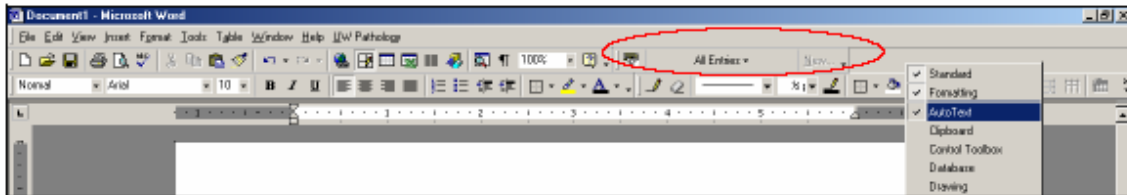


Click OK to save changes.

CREATE A KEYBOARD SHORTCUT FOR AN ADDENDUM REASON HEADING

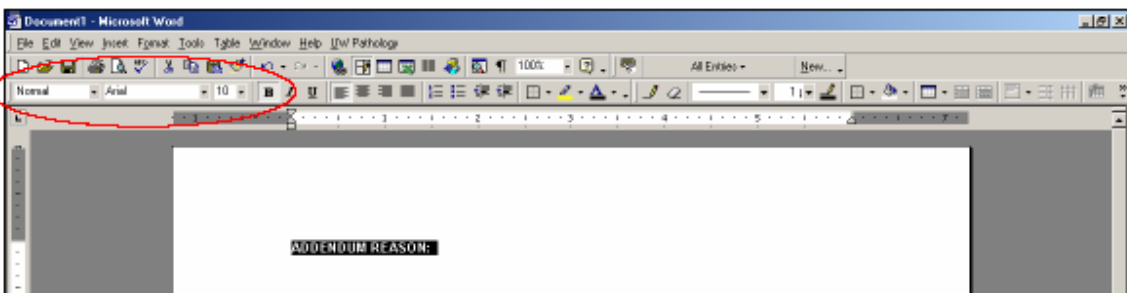
1) **Add the Autotext toolbar to your instance of Word.**

Put your mouse cursor over any blank region of the toolbar area (the rows of icons near the top of the Word screens). Click the right mouse button. Move the mouse over the AutoText entry in the popup menu and left-click to add the Autotext toolbar. (The Autotext toolbar is circled in red in the screenshot below).

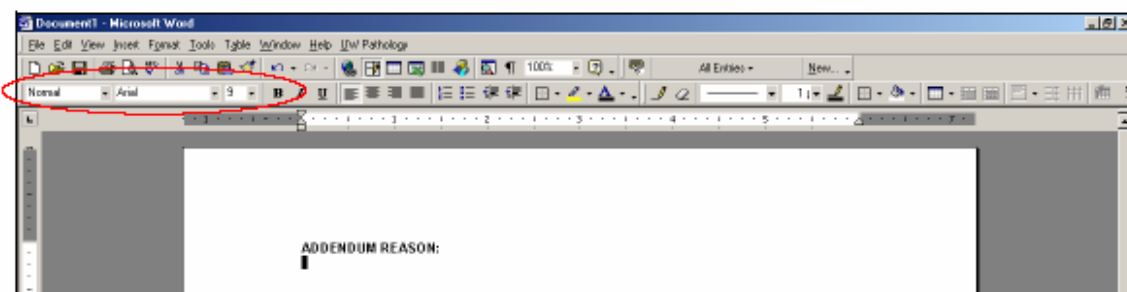


2) **Type in the Addendum Reason heading.**

Type ADDENDUM REASON in all caps, followed by a colon, and a carriage return. Highlight just the top line and make sure you are using Normal style, Arial font, and 10 point font size, and enable Bold (see red circled region below).

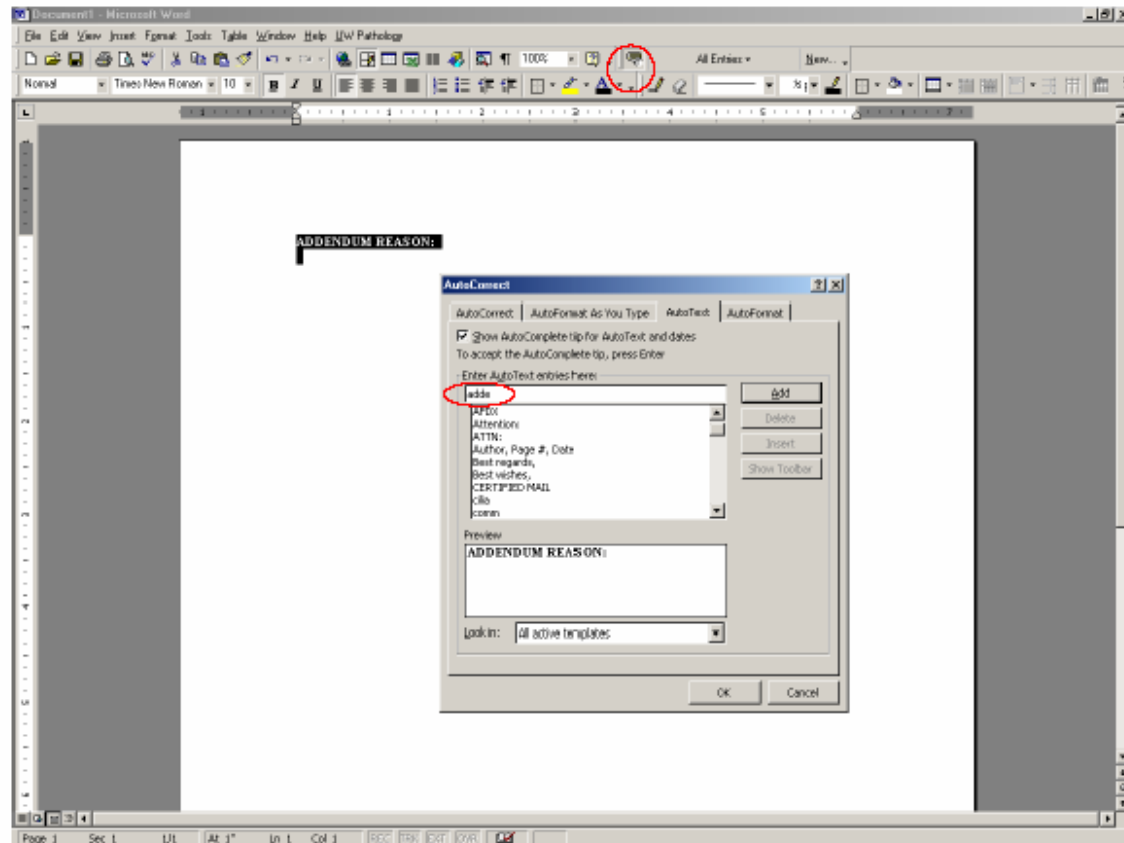


Highlight the second (blank) line and set the properties to Normal style, Arial font, 9 point font size, and no Bold (see example below).

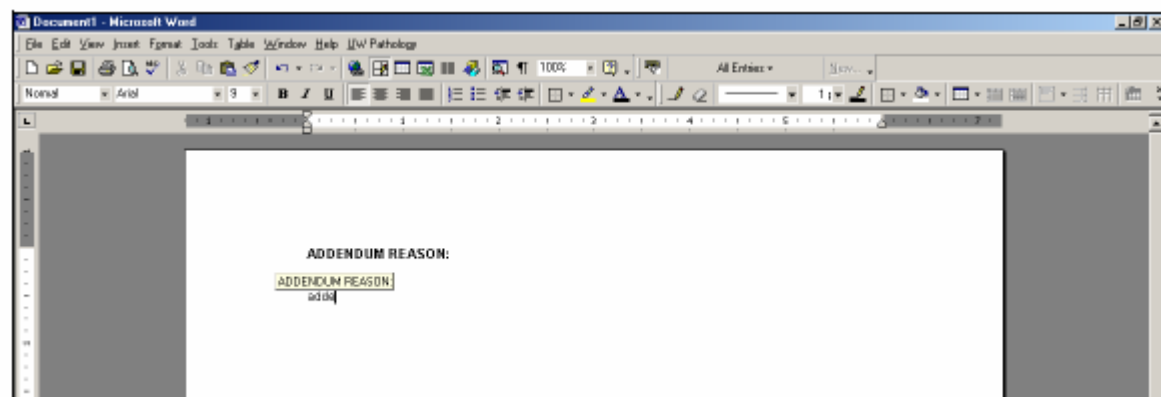


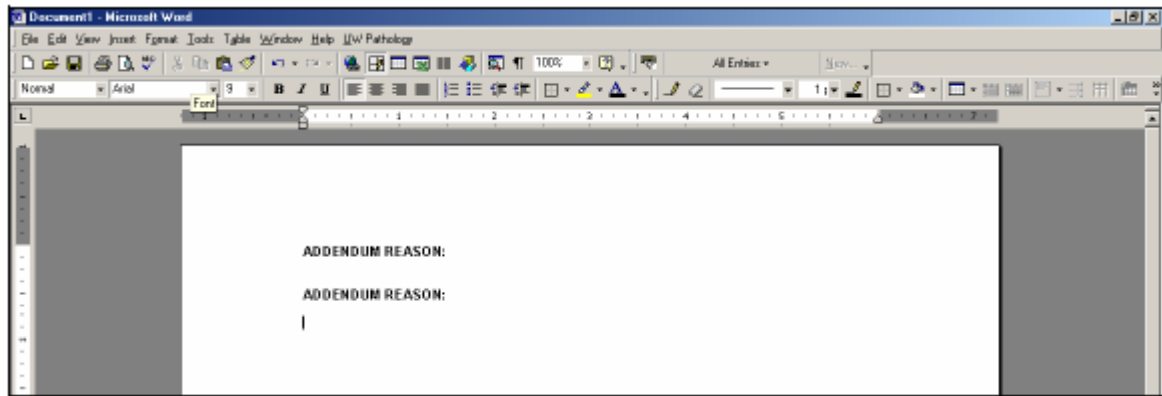
3) **Create the Autotext entry.**

Highlight both lines of the Addendum Reason heading, then left-click the keyboard icon on the Autotext toolbar (circled in red). The AutoCorrect dialog box shown below will open with the AutoText tab active. Type a short series of letters in the "Enter AutoText entries here" line ("adde" in the example below). Left-click the Add button.



- 4) **Test the Addendum Reason shortcut.**
 In a Word document, type “adde” (or the string of characters you defined for the autotext entry). A little yellow box should appear as shown below. Press Enter. The full heading should appear.





You should now be able to use this shortcut in any Word document or PowerPath report (other than GYN cytology reports).



UWMC Anatomic Pathology Department GROSS LAB

Instructions for Dictation via Digital Dictate Station

TO DICTATE:

7. Press the On/Off button on the dictate station. The dictation system will be dialed automatically.
8. Enter your **5** digit user ID.
9. Press the Gross work type button or enter the **2** digit number on the keypad.

Autopsy PAD = 85

Autopsy FAD = 86

Surgical Diagnosis = 87

10. A beep, followed by a voice prompt indicates that you may begin dictation.
11. Use the foot pedal to dictate, listen, or rewind. (In addition you can also use the keypad on the dictate station as outlined below).
12. When dictation is complete and you wish to dictate another report, press the End Report key and begin dictation.
13. When all dictation is complete, turn the station Off.

*Press the Refresh Display key at anytime during dictation to update the report details information.

DICTATE STATION KEY PAD FUNCTIONS:

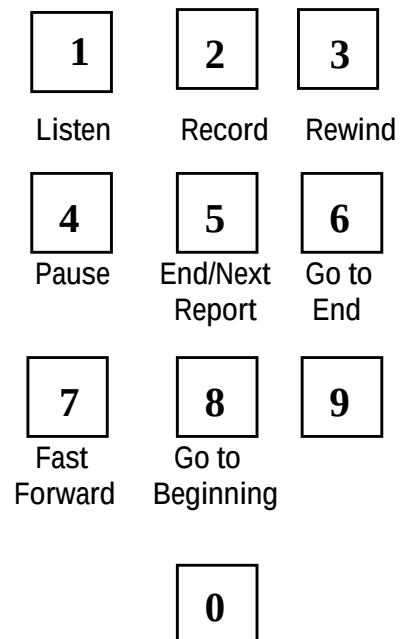
See the diagram to the right.

TO INSERT DICTATION:

1. Reverse or advance to the insertion point (**3** to reverse, **8** to Go to beginning or **7** to Fast Forward).
2. Press **4** to pause.
3. Press **# 6 (pound + 6)** to enter insert mode.
4. Dictate the insertion.
5. Press Go to End.
6. Press End Report or 9 on the keypad.

Questions/Concerns?

**Call Transcription Department at (206) 598-7706
or (206) 598-6418.**



DANGEROUS ABBREVIATIONS

The use of abbreviations when writing orders and making entries into the medical record of your patients can lead to misinterpretation and confusion between caregivers – ineffective communication can lead to medical errors.

The following unacceptable abbreviations or expressions must not be used when making entries into the medical record.

UNACCEPTABLE	ACCEPTABLE
U or u (mistaken for 0, or c.c.)	Always spell out “units”
IU (mistaken for IV or 10)	Write “units”
Q.D. or Q.O.D. (may be misread as QID)	Write “daily” and “every other day”
Trailing zero (X.0 mg) or Lack of leading zero (.X mg)	Never write a zero after a decimal point (X mg), always use a zero before a decimal point (0.X mg)
MS, MSO4, MgSO4	Write “morphine sulfate” or “magnesium sulfate”
MTX(for Methotrexate) may be confused for Mitoxantrone	Always spell out drug names
Epi (for Epidural or Epinephrine)	Always spell out drug names
µg (for micrograms)	Write “mcg”

UWMC Safe Medication Practices Committee

January 2004

POWERPATH CODES FOR SPECIAL STAINS

Bacteria/Microorganisms:

- **AFB** – demonstrates Acid East Bacilli (Tuberculosis, *Mycobacterium*)
*Power Path procedure code: **AFB**
- **B&B** (Brown & Brenn) – demonstrates gram-negative and gram-positive bacteria.
*Power Path procedure code: **BB**
- **Fite's AFB** – demonstrates lepra bacilli, although other acid-fast bacilli such as *Nocardia* are demonstrated. (Leprosy or Hansen disease)
*Power Path procedure code: **Fite Hansen** for *lepra bacilli*
*Power Path procedure code: **Fite Nocardia** for *Nocardia*
- **Giemsa** – (May-Grünwald Giemsa Stain) demonstrates *H. pylori*, Rickettsias, and other bacteria.
(Can also be used to demonstrate differentiation of cells present in hematopoietic tissue.)
*Power Path procedure code: **Giemsa bact**

- **GMS** (Grocott's Methenamine Silver) – demonstrates fungi and PCP
 *Power Path procedure code: **GMS fungi** for fungus
 *Power Path procedure code: **GMS pneumo** for PCP
- **Microsporidium** – demonstrates microsporidia: *Encephalocytozoon hellum*, *E. cuniculi*, *Enterocytozoon* (associated with severe infections in AIDS patients.) Modified trichrome stain.
 *Power Path procedure code: **Microsporidium**
- **PAS** (Periodic Acid-Schiff's) – demonstrates fungi.
 *Power Path procedure code: **PAS/LG** fungus
- **Steiner & Steiner** – demonstrates spirochetes, *Helicobacter pylori*, or other causative organisms of legionellosis. Also stains Donovan bodies and fungi.
 *Power Path procedure code: **Steiner legion** for *legionella*
 *Power Path procedure code: **Steiner spiro** for spirochetes
- **Warthin-Starry** – demonstrates spirochetes and other bacteria. Also stains Melanin, nuclei, and some pigments.
 *Power Path procedure code: **W-S melanin** for melanin
 *Power Path procedure code: **W-S spirochete** for spirochetes

Carbohydrates and Amyloid:

- **Alcian Blue 1.0 pH** – demonstrates sulfated mucosubstances.
 *Power Path procedure code: **Alcian bl 1.0**
- **Alcian Blue 2.5 pH** – demonstrates acid mucopolysaccharides.
 *Power Path procedure code: **Alcian bl 2.5**
- **Alcian Blue with Hyaluronidase** – to differentiate epithelial and connective tissue mucins.
 *Power Path procedure code: **Alcian bl hyal**
- **Alcian Blue – PAS Hematoxylin** – to differentiate between neutral and acidic mucosubstances.
 *Power Path procedure code: **Alcian bl/PAS**
- **Colloidal Iron** – demonstrates carboxylated and sulfated mucopolysaccharides and glycoproteins.
 *Power Path procedure code: **Coll iron**
- **Colloidal Iron with Hyaluronidase** – using hyaluronidase digestion, staining attributable to hyaluronic acid, chondroitin-4-sulfate, or chondroitin-6-sulfate is eliminated.
 *Power Path procedure code: **Coll iron hyal**
- **Mucicarmine** – demonstrates mucin derived from epithelial cells
 *Power Path procedure code: **Mucin**
- **Periodic Acid Schiff (PAS)** – demonstrates polysaccharides, neutral mucosubstances, and basement membranes.
 *Power Path procedure code: **PAS**
- **Periodic Acid Schiff with digestion (PAS-D)** – demonstrates glycogen in tissue sections.
 *Power Path procedure code: **PAS D**
- **Congo Red** – demonstrates amyloid in tissue sections.
 *Power Path procedure code: **CR**

Pigment, Minerals, and Lipids:

- **Bile** – demonstrates the presence of bilirubin in tissue sections
 *Power Path procedure code: **Bile**
- **Calcium** – demonstrates the presence of calcium in tissue sections
 *Power Path procedure code: **Von Kossa**
- **Copper** – detects the presence of copper in tissue sections, especially in liver in Wilson's disease.
 *Power Path procedure code: **Cu**
- **Fontana-Masson argentaffin/melanin** – demonstrates argentaffin substances, such as melanin, argentaffin granules of carcinoid tumors, and some neurosecretory granules.
 *Power Path procedure code: **Fontana argent** for argentaffin
 *Power Path procedure code: **Fontana melanin** for melanin
- **Iron** – demonstrates ferric iron in tissue sections.
 *Power Path procedure code: **Fe**

- **Urate crystals** - demonstrates urates in tissue sections.
*Power Path procedure code: **Urate**
- **Oil Red O** – demonstrates neutral lipids in tissue sections
*Power Path procedure code: **Oil red O**
- **Sudan Black B** – demonstrates neutral lipids in tissue sections. It is also used in hematopathology.
*Power Path procedure code: **Sudan black B**

Connective Tissue:

- **Masson's Trichrome** - differentiate between collagen and smooth muscle in tumors. Also used to identify increases in collagenous tissue in diseases such as cirrhosis of the liver.
*Power Path procedure code: **MT**
- **Gomori's One-step Trichrome** – differentiate between collagen and smooth muscle in tumors. Also used to identify increases in collagenous tissue in diseases such as cirrhosis of the liver.
*Power Path procedure code: **GT Green, for cardiac cases.**
- **Reticulum fibers** – demonstrates reticular fibers in tissue sections.
*Power Path procedure code: **Retic**
- **Verhoeff-Van Gieson** – demonstrates pathologic changes in elastic fibers.
*Power Path procedure code: **VVG**
- **Movat stain** – demonstrates collagen, reticular fibers, elastic fibers, ground substances, and mucin in connective tissue.
*Power Path procedure code: **Movat**
- **PTAH** – demonstrates muscle cross-striations and fibrin. Cross-striations are a diagnostic feature of rhabdomyosarcomas or tumors arising from striated muscle.
*Power Path procedure code: **PTAH**
- **Toluidine Blue** – demonstrates mast cells.
*Power Path procedure code: **Toluidine blue**

HOW TO ORDER ADDITIONAL LEVELS, RECUTS, & REPROCESSED BLOCKS IN POWERPATH

- Enter the case number in PowerPath.
- Depress “control” button + the letter O. This will take you to the “order screen”.
- Type in “**recu**” for recuts and levels OR “**repro**” for reprocessed blocks, in the code window. **This step is essential. It will put the order on the correct work list (Histology Specials, Recut, ICC Work list)****
- A selection list will appear.
- Choose the appropriate order, i.e., “Recut on paraffin block, 2 levels with H&E”

** If you select “levels”, this will **only** show up on the Histology Slides work list. That puts your slides into limbo, delaying your case.

You can double check which work list the order went to by clicking on the “Specimens” tab, then scroll over to the right of the page and look under “Lab Dept Work list”

****All requests for specials must be received by 10:00 am for same day turn out.**

****All requests for levels, recuts, or reprocessed blocks must be received by 12:30 pm for same day turn out.**

INSIDE CASES:

(Dictation is completed in two dictation sessions.)

Gross:

1. Dictate your name so the transcriptionist knows who is dictating.
2. If you are dictating for someone else, that information must be dictated at the beginning of each case. This is for tracking purposes.
3. Dictate accession number and patient name for all gross descriptions. Dictation cannot be transcribed without this information.
4. Dictate clinical data, pre/post-op diagnosis, and gross description for each case.
5. Dictate the appropriate letter designation for each part of the case. It helps the flow of transcription to dictate multiple-part specimens in letter order.
6. Dictate all frozen sections separately from gross description and indicate faculty assisting.

Diagnoses:

1. Dictate diagnoses on the line marked "diagnosis/misc" and send after each case.
2. Dictate accession number, patient name, letter designation, specimen designation, and diagnosis for each case. Dictation cannot be transcribed without patient name and accession number.

GI CASES (INSIDE CLINICAL ONLY)

THE FOLLOWING IS THE GENERAL FORMAT FOR DICTATION; UTILIZING THE USUAL DICTATION SYSTEM, CODE 87# (USUAL MICROSCOPIC/FINAL DIAGNOSIS CODE).

1. SURGICAL PATHOLOGY ACCESSION NUMBER AND PATIENT NAME**2. CLINICAL HISTORY**

The clinical history should be dictated in paragraph form, i.e.,

"The patient is a 67-year-old man with a history of weight loss, nausea, vomiting, and anorexia. Endoscopy showed a small nodule in the greater curvature of the body of the stomach."

If there is anything illegible on the form, it is advisable to look the patient up in MINDscape and read the procedure report from the clinician.

3. GROSS DESCRIPTION

The measurements and number of pieces received are listed on the Surgical Pathology requisition. Utilize the canned phrase below.

"Received in Hollande's fixative designated "___" are ___# tissue fragments, ___ to ___ cm in greatest dimension."

4. MICROSCOPIC DESCRIPTION

Provide a microscopic description which supports the final diagnosis.
Include a sentence that documents the stains that were performed in the case.

5. FINAL DIAGNOSIS

Organ, location, type of procedure: Diagnosis

6. COMMENT (if any)

Include a comment to discuss the histologic differential diagnosis, document verbal notification of results to the clinician, or review of the case by another pathologist:

“The clinician is given verbal notification of these findings at 1700, 5/28/02.”

“Dr. Melissa Upton has reviewed this case and agrees with the above findings.”

IHC RESULT REPORTING USING THE UW PATHOLOGY IHC RESULTING WORD ADD-IN WITH THE POPULATIONS FUNCTIONALITY

This set of instructions is in three sections:

- I. Dictate antibody results.
- II. Enter new antibody results yourself.
- III. Edit results after they have been written into a Word report.

The design goal of the Word add-in is to store the results of each antibody as discrete elements in the database so that one can do retrospective searches by antibody result. We also want to keep partial antibody results from one data entry session to the next. Finally, we want to have antibody results reported in a relatively standard way so that the retrospective searches can be meaningful.

The solution is to use a data entry dialog box to collect and edit antibody results. When desired, the user then clicks a button and all the results are transferred to the PowerPath report (Word document). The important thing to remember is that results in the database can only be modified using the dialog box. THIS MEANS THAT WE SHOULD ALWAYS USE THE DIALOG BOX TO ENTER AND EDIT RESULTS, AND NOT MODIFY THE RESULTS IN THE WORD DOCUMENT. See below for ways to modify the report if the antibody results need to be edited after they have been written to the report.

Dictating antibody results

You need to know how the Word Add-in works even if you are only dictating results so that you can dictate in a style that makes sense to the transcriptionist as he/she uses the Add-in. When the transcriptionist runs the Word Add-In, it brings up the result entry dialog box that looks like the following:

Result Entry Form

Case # T 5-03-00003 acc_id: 1059595

Block	Label	Description	Result	Comment/Special Note	Report?
5	A1	CK7	Cytokeratin 7 [OV-TL 12/30]		☒
6	A1	36BH11	Cytokeratin, LMW [36BH11]		☒
7	A1	AER	Estrogen Receptor [1D5]		☒
8	A1	MELAN A	MelanA [A103]		☒
9	A1	MLH1	MLH1 [G168-723]		☒
10	A1	MSH2	MSH2 [FE11]		☒
11	A1	PR88	Progesterone Receptor [PR88]		☒
12	A1	S100	S-100 [polyclonal]		☒
13	A2	EBV PROBE	EBV PROBE IN-SITU HYBRIDIZATION		☒

Population Name: Optional values - Enter if certain:

Doctor 1:

Doctor 2:

Identify yourself and anyone else who is interpreting the results with you. This information will be entered in Doctor1 and Doctor2 and will be copied automatically to the pathology report.

Dictate the Population Name. Population name is required. One can add a second population (see below) but it is best to define one population and dictate all antibody results for it before adding/naming the next population and dictating the results for the additional population.

Dictate the antibody, then a Result from the drop-down list, then any Comments/Special Notes, and indicate if the result should not be reported (billable results will be reported unless you explicitly flag them not to be reported; non-billable results are not reported by default). **Keep the Comments/Special notes short and concise. Further commentary should be dictated in the IHC Interpretation.**

The list of Result choices is listed below. We can add additional choices as necessary.

(a single space to allow a previously entered result to be removed)

(No result)

(See comment)

Rare positive cells

Positive, 1+ (5 - 24% of cells)

Positive, 2+ (25 - 75% of cells)

Positive, 3+ (> 75% of cells)

Proportion of cells positive: (to use for things like Ki-67)

Positive, uniformly

Positive, variably

Positive, focally

Negative

Absent around tumor nests

High over-expression

Intermediate over-expression

No over-expression

No loss of expression
 Loss of expression
 Nonspecific deposition only
 1+
 2+
 3+
 4+
 Technically unsatisfactory study

If you know for certain the primary site and type of neoplasm, you may optionally dictate/enter this information. Doing so makes it easier to do future research on patterns of immunoreactivity of different tumor types. This information does not appear on the pathology report.

After the Transcriptionist enters Results, he/she clicks the "Save Update/Changes and Write to Report" button. This causes a table like the following to appear in the report:

IMMUNOHISTOCHEMISTRY REPORT:

(Interpreted by: Rodney A Schmidt MD, PhD)

Formalin-fixed, deparaffinized sections are incubated with the following panel of monoclonal and/or polyclonal antibodies. Localization is via an avidin biotin or streptavidin biotin immunoperoxidase method, with or without the use of heat induced epitope retrieval techniques. Results on the population(s) of interest are as indicated in the table(s) below.

Block (Original Label): A1

Population: Neoplastic cells

<u>Label</u>	<u>Marker For</u>	<u>Results</u>	<u>Special Pattern or Comments</u>
CK20	Cytokeratin 20 [Ks20.8]	Negative	
CK7	Cytokeratin 7 [OV-TL 12/30]	Positive, uniformly	
35BH11	Cytokeratin, LMW [35BH11]	Positive, uniformly	
AER	Estrogen Receptor [1D5]	Negative	
MELAN A	Melan-A [A103]	Negative	
MLH1	MLH1 [G168-728]	No loss of expression	
MSH2	MSH2 [FE11]	No loss of expression	
PR88	Progesterone Receptor [PR88]	Negative	
S100	S-100 [polyclonal]	Positive, variably	

Note: The performance characteristics of all immunohistochemical stains cited in this report were determined by the Immunohistochemistry Laboratory at the University of Washington Medical Center, Department of Pathology, as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Centers for Medicare and Medicaid Services (formerly HCFA) as a high complexity laboratory under CLIA '88. These tests need not be cleared or approved by the FDA prior to their use. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to this report.

This test was developed and its performance characteristics determined by the Immunohistochemistry Laboratory of the University of Washington Medical Center, Department of Pathology. It has not been cleared or approved by the U. S. Food and Drug Administration.

IHC INTERPRETATION:

At this point, you may dictate any special IHC Interpretation, Final Diagnosis, etc.

Enter new antibody results yourself.

1. Bring up a case in PowerPath and open the report in Word as you usually do.
2. Place the cursor at the point where you want the antibody results inserted (e.g., right in front of the F in FINAL DIAGNOSIS:).
3. Click 'UW Pathology' in the Word menu bar; click Insert IHC Results in the drop-down menu (the result entry dialog box will open up if any antibodies have been ordered).
4. When you first open the Data Entry Form (using the drop-down menu under UW Pathology), you will see one tab with one set of antibody results.

Result Entry Form

IP: A - Large cells | IP: A - Small cells

☒ Report this group?

Block A

Label	Description	Numerical Result	Result	Controls/Comment/Note	Report?
1 SMHC	Smooth Muscle Myosin Heavy Chain [S		Positive, 2+ (25 - 75% of		☐
2 ER	Estrogen Receptor [1D5]		Positive, variably		☒
3 PR88	Progesterone Receptor [PR88]		Positive, 1+ (5 - 24% of c		☐
4 C-erbB-2 m	C-erbB-2, microwaved [polyclonal]		Positive, 3+ (> 75% of c		☒
5 C-erbB-2	C-erbB-2 non-micro [polyclonal]		2+		☐
6 P53/D07	p53 [D0-7]		Positive, 3+ (> 75% of c		☐
7 Ki-67	Ki-67 [MIB-1]		Intermediate over-expres		☒
					☐
					☐

Population Name: Optional values - Enter if certain:
Primary Tumor Site:
Methodology: IP Histologic Type:

Doctor 1:
Doctor 2:

5. The first thing to do is name the population using the Population Name drop-down list toward the bottom left of the form. You may either select one of the choices in the drop-down list or type a free-text name. In this example, the population name of "Large cells" was selected. A POPULATION NAME IS REQUIRED. We can add common names to the choices list – just send in a tech request with your favorite.
6. Your name should default in as Doctor1 if you are a Pathologist or Resident/Fellow. Be sure there is at least a Doctor1 named. Optionally, you may choose another person from the Doctor2 list who is interpreting the results with you. These names will be copied over o the Pathology report.
7. If you know for certain the primary site and type of neoplasm, you may optionally enter this information. Doing so makes it easier to do future research on patterns of immunoreactivity of different tumor types. This information does not appear on the pathology report.
8. For each antibody, click the down arrow in the Results column and select one of the choices from the list. Note, you can also type the first letter of the desired result to more quickly navigate to the desired choice. Type in the Comments field if desired. If you do not wish to publish an antibody result in the PowerPath report, clear the check box in the 'Report?' column.

If you want to enter results for two different populations, click the "Add a new population" button toward the lower right of the form. This adds a new population tab with a blank name as shown below.

Result Entry Form

Case # TS-03-00003 acc_id: 1059595

Neoplastic cells

Block	Label	Description	Result	Comment/Special Note	Report?
1	A1	RSH Her2Neu	Her2Neu BY RSH		☒
2	A1	CD30	CD30/Ki-1 [Ber-H2]		☒
3	A1	CD45	CD45 [2B11 + PD7/26/16]		☒
4	A1	CK20	Cytokeratin 20 [Ks20.8]		☒
5	A1	CK7	Cytokeratin 7 [OV-TL 12/30]		☒
6	A1	35BH11	Cytokeratin, LMW [35BH11]		☒
7	A1	AER	Estrogen Receptor [1D5]		☒
8	A1	MELAN A	MelanA [A103]		☒
9	A1	MLH1	MLH1 [G169-729]		☒

Population Name: Optional values - Enter if certain:

Primary Tumor Site: Histologic Type:

Doctor 1:

Doctor 2:

Name the population using the Population Name drop-down list as you did for the first population. In the example below, the population was named "Stromal cells".

Fill out the Primary Tumor Site and Histologic Type fields if you are certain of the origin of the tumor.

Result Entry Form

Case # TS-03-00003 acc_id: 1059595

Neoplastic cells Stromal cells

Block	Label	Description	Result	Comment/Special Note	Report?
1	A1	RSH Her2Neu	Her2Neu BY RSH		☒
2	A1	CD30	CD30/Ki-1 [Ber-H2]		☒
3	A1	CD45	CD45 [2B11 + PD7/26/16]		☒
4	A1	CK20	Cytokeratin 20 [Ks20.8]		☒
5	A1	CK7	Cytokeratin 7 [OV-TL 12/30]		☒
6	A1	35BH11	Cytokeratin, LMW [35BH11]		☒
7	A1	AER	Estrogen Receptor [1D5]		☒
8	A1	MELAN A	MelanA [A103]		☒
9	A1	MLH1	MLH1 [G169-729]		☒

Population Name: Optional values - Enter if certain:

Primary Tumor Site: Histologic Type:

Doctor 1:

Doctor 2:

- After results are entered, click either the "Save Updates..." or "Don't Report..." buttons. If you click "Save Updates...", the results will be written to the Word report with a separate table for each population:

IMMUNOHISTOCHEMISTRY REPORT:

(Interpreted by: Rodney A. Schmidt MD, PhD)

Formalin-fixed, deparaffinized sections are incubated with the following panel of monoclonal and/or polyclonal antibodies. Localization is via an avidin biotin or streptavidin biotin immunoperoxidase method, with or without the use of heat induced epitope retrieval techniques. Results on the population(s) of interest are as indicated in the table(s) below.

Block (Original Label): A1**Population: Neoplastic cells**

Label	Marker For	Results	Special Pattern or Comments
CK20	Cytokeratin 20 [Ks20.8]	Negative	
CK7	Cytokeratin 7 [OV-TL 12/30]	Positive, uniformly	
35BH11	Cytokeratin, LHMV [35BH11]	Positive, uniformly	
AER	Estrogen Receptor [1D5]	Negative	
MELAN-A	Melan-A [A103]	Negative	
MLH1	MLH1 [G168-728]	No loss of expression	
MSH2	MSH2 [FE11]	No loss of expression	
PR88	Progesterone Receptor [PR88]	Negative	
S100	S-100 [polyclonal]	Positive, variably	

Population: Stromal cells

Label	Marker For	Results	Special Pattern or Comments
CK20	Cytokeratin 20 [Ks20.8]	Negative	
CK7	Cytokeratin 7 [OV-TL 12/30]	Negative	
35BH11	Cytokeratin, LHMV [35BH11]	Negative	
AER	Estrogen Receptor [1D5]	Negative	
MELAN-A	Melan-A [A103]	Negative	
MLH1	MLH1 [G168-728]	Negative	
MSH2	MSH2 [FE11]	Negative	
PR88	Progesterone Receptor [PR88]	Negative	
S100	S-100 [polyclonal]	Negative	

Note: The performance characteristics of all immunohistochemical stains cited in this report were determined by the Immunohistochemistry Laboratory at the University of Washington Medical Center, Department of Pathology, as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Amendments of 1988 (CLIA'88). Some of these tests rely on the use of "analyze specific reagents" and are subject to specific labeling requirements by the U.S. Food and Drug Administration. Such diagnostic tests may only be performed in a facility that is certified by the Centers for Medicare and Medicaid Services (formerly HCFA) as a high complexity laboratory under CLIA'88. These tests need not be cleared or approved by the FDA prior to their use. Nevertheless, federal rules concerning the medical use of analyze specific reagents require that the following disclaimer be attached to this report.

NOT: Expressly intended means performance characteristics determined by the Immunohistochemistry Laboratory of the University of Washington Medical Center, Department of Pathology. It does not describe any approval by the U.S. Food and Drug Administration.

IHC INTERPRETATION:

10. Press F10 when you are ready to save the report and leave Word.

Edit antibody results yourself after they've been transferred to Word.

1. Open the report in Word as usual.
2. Select all the table(s) of antibody result(s). DELETE THE OLD TABLE(S) OF RESULT(S).
3. Open the result entry dialog box as above ("Insert IHC Results" from the UW Pathology menu). The dialog box will open with all of the old results already entered.
4. Edit results as desired.
5. When finished editing, click either the "Save Updates/Changes and Write to Report" or "Don't Report, but Save Changes" buttons.
6. Press F10 when you are ready to save the report and leave Word.

CONSULTATION/OUTSIDE CASES**Diagnoses:**

1. Dictate your name so the transcriptionist knows who is dictating.
2. Dictate accession number and patient name. Dictation cannot be transcribed without this information.
3. Under the heading "final diagnosis", dictate referring institution, city, state, outside institution's accession number, date of surgery, and your diagnosis.

Dictate diagnoses as soon as possible as transcription turnaround is based on a first in, first out basis. Dictation received after 3:00 PM may not be transcribed until the next morning, depending on the volume received.

DICTATION ETIQUETTE

The transcriptionists transcribe for approximately 50 residents and faculty at UWMC and HMC. The following will help expedite turnaround time.

1. Speak clearly, loudly, and slowly. This will lead to fewer blanks in the report that have to be filled in by YOU later, which wastes your time and likely the transcriptionists because they had to keep backing up to try to figure out what you said.
2. Dictate all punctuation--pauses in speech imply such things, but this is not always obvious to the transcriptionist.
3. Back the dictation up instead of saying 'can you just go back and change....' and 'oh sorry, I meant to say.....' Think about what you will say before you say it so you won't make errors in the first place. If you make an error and wish to rephrase it, back the tape up and change it so what the transcriptionist hears is one fluid sentence in a continuous fluid paragraph. This is FAR easier for them to type; they do not have to back up the tape or try to find certain words and rearrange or delete and correct text. The more you practice, the better you will become at saying it right the first time without backing up. If you get to the end of a dictation and realize you forgot a sentence at the very beginning--wait until just before your cassette summary then ask them to insert the sentence at the beginning (or wherever you want it).
4. Dictate each section in order, if possible. If you are grossing something on your frozen day and do not yet have all the parts but want to get a jump on it, please make it clear to the transcriptionist that you are dictating "parts C and D, the remainder of the case will be dictated later", then be sure to make that clear later when resuming "this is a continuation of the dictation on SU-03-55555, parts C and D already dictated".
5. Do not eat or chew gum while dictating; it is just plain rude.
6. Use as few parenthesis and symbols as possible outside of the main letter keys; these are harder to type and slow them down.
7. Spell out any strange or unusual words--most transcriptionists are pretty good with medical terms, but some words are difficult (saves you from fixing it later!).
8. Enunciate words that sound alike, such as "inter-" and "intra-", "macro-" and "micro-", "hyper-" and "hypo-" --the best way is to say it like this "hypercellular, that's h-y-p-e-r-cellular" this leads to fewer errors in final reports as you may not notice it even when you proofread.
9. Cut down on repetitive terms such as "the specimen", "measuring", and circuitous descriptions. Phrases such as "roughly up to", "approximately", and "up to" can largely be omitted. One report I read said, "...measuring roughly up to 10 cm". Measurements can be used as adjectives, for example, "a 5 cm greatest dimension nodule". If using this approach, do not measure three dimensions. Do not say this "6 x 5 x 3 cm in greatest dimension". It is also redundant to say "measuring up to 10.6 cm in greatest dimension". Either leave off the first three words or the last three but do not use both! Good examples: "Received in formalin designated "left mid lower back" is an unoriented 2.1 x 1.3 x 0.5 cm skin ellipse with a 0.4 x 0.4 cm, irregularly shaped, darkly and irregularly pigmented macule that comes to within 0.2 cm of the resection margin. The margins are inked blue, it is serially sectioned, and submitted entirely as follows: A1 – tips' A2-A4 – body." Another: "Received fresh is a 6.5 x 3.0 x 2.0 cm green gallbladder with a shiny serosal surface and a single cystic duct lymph node. It is opened to reveal smooth, brown mucosa, numerous multifaceted yellow gallstones, and a wall thickness of 0.6 cm. Cassette summary: A1 – representative sections." No one cares if it is greenish-brownish tan and everyone knows that there is a roughened area where it was detached from the liver."