

Login to PathDx QuickPick = Pool, Shasta

The screenshot shows the PathDx Home page with a search form and a results table. The search form has the following fields: Quick Pick (Pool, Shasta), Accession Number, Control Number, Patient Last Name, and Case Status & Tissue (New). A search button is located below the form. The results table shows one case found.

Case Number	Control Number	Patient Name	SC	Received	Status	Pathologist	Physician
TP15-000094		Corless, Carrie	1	11/24/2015	Preliminary	Pool, S.	Cline, H.

Select Patient from list Click "Edit" on the Referring Information line

The screenshot shows the PathDx Edit Case page for Rachel TestAdult (TP15-000005). The page displays patient information, referring information, and a list of attachments. The referring information section is highlighted.

Patient Edit
Date of Birth: 2/28/1971 | Age: 44 | Gender: Female

Referring Information Edit
Physician: Pending Physician Entry
Facility: TP15-000005
Test Acct.: Test Acct.
Copies: 950 Riverside Parkway, Suite 90, West Sacramento, CA 95605

Select Assigned Pathologist from the drop down list

The screenshot shows the PathDx Edit Demographic page for Rachel TestAdult (TP15-000005). The page displays the assigned pathologist and other demographic information.

Edit Referring Information Save Close

Assigned Pathologist: Bowman, Forest
Sample Count: 1
Collected Date: 10/2/2015
Received Date: 10/4/2015
Referred MRN / Patient ID: TP15-000005
Referred Case ID / Alt Patient ID: TP15-000005
Control No: [Empty]
Alt Control No: [Empty]

Click Save. This will return you to the working screen.

On Working screen, Click on diagnosis, even if you agree with the diagnosis. This will open the edit diagnosis screen.

The screenshot shows the Path Logic 'Edit Case' interface. At the top, there's a navigation bar with 'Home', 'New Case', 'Search', 'Tools', 'Session', and 'Logout'. The patient name is 'TestAdult, Rachel -- TP15-000005'. Below this, there are tabs for 'Attachments', 'Billing', 'History', 'Interfaces', 'QA', 'Barcode Label', and 'Comment'. The patient information section includes 'Date of Birth: 2/28/1971', 'Age: 44', and 'Gender: Female'. The 'Referring Information' section lists 'Physician: Pending Physician Entry', 'Facility: TP15-000005 Test Acct.', and 'Copies: 999-999-9999 voice'. The 'Preliminary' section shows 'Received 10/4/2015' and 'Collected 10/2/2015'. The 'Diagnosis' section is highlighted with a blue box and contains the following text: 'Cytology A. Vaginal Thin Prep General Categorization: Epithelial Cell Abnormality Interpretation: High Grade Squamous Intraepithelial Lesion (HSIL) With Features Suspicious for Invasion - Preliminary'. Below this, there's a 'Molecular' section with 'HPV High Risk Result: POSITIVE' and 'HPV High Risk Subtype 18/45 Result: POSITIVE - Finalized'. The 'Cytology' section has a 'Microscopic Description/Comments' field with a note about cervical cytology and CPT/ICD10 codes. The 'Clinical Information' section is partially visible at the bottom.

If you agree with the tech's diagnosis, skip to the next step.

If you need to change the tech's diagnosis, delete the existing diagnosis from the diagnosis text box, and uncheck any inappropriate General categorization and interpretations from the Diagnosis selection check list. Select corrected General categorization and interpretations from the Diagnosis selection check list, and then click Insert Diagnosis. The corrected diagnosis will appear in the Diagnosis text box.

The screenshot shows the 'Edit Test' interface. The 'Diagnosis Selection' section has a list of checkboxes: 'Interpretation: Endometrial Adenocarcinoma', 'Interpretation: Extrauterine Adenocarcinoma', 'Interpretation: High Grade Squamous Intraepithelial Lesion (HSIL) With Features Suspicious for Invasion' (checked), 'Interpretation: High Grade Squamous Intraepithelial Lesion (HSIL)', and 'Interpretation: Low Grade Squamous Intraepithelial Lesion (LSIL)'. Below the list is an 'Insert Diagnosis' button. The 'Diagnosis' text box contains the selected interpretation: 'General Categorization: Epithelial Cell Abnormality Interpretation: High Grade Squamous Intraepithelial Lesion (HSIL) With Features Suspicious for Invasion'. At the bottom, there's a 'Micro Comment Template' section with 'None Selected' and an 'Insert Micro' button.

Scroll to the very bottom of the edit diagnosis screen, and click Finalize.

Features Suspicious for Invasion: Encounter for screening for malignant neoplasm of cervix

General Categorization: Epithelial Cell Abnormality

Test Status: Preliminary
Finalized Date:
Transcriptionist:

Send Out: [Dropdown] Global TC

Addendum:

Test Author Name: Bowman, Forest
Location of Diagnosis: West Sacramento Lab, 950 Riverside Parkway, West Sacramento, CA

Save Finalize Delete Close

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Click OK in the popup box asking if you are sure that you want to finalize this test. This will return you to the working screen.

If “HPV on ASCUS” is noted in red on the requisition, and the diagnosis is “ASCUS”, do not sign out the report; either notify transcription to send an e-mail, or send an e-mail directly to molecular@pathlogic.com with a copy to cytology@pathlogic.com. Notify them that an HPV is required on the TP case number. The case will be signed out when the HPV is completed.

If HPV is not required, click the ‘Sign Out’ button at the bottom of the page. Click OK on the pop up box asking if you are sure about signing out the case.

Return the slides to histology. Send the requisition copies to transcription.

Notes:

1. Check that all molecular tests are finalized before signing out case.
2. HSV, Actinomyces, reactive changes, and endometrial cells in pt > 45 years old are all referred for pathologist review.
3. History shows all prior cases.
4. Reqs are viewable under attachments.