

Policy

Subject: Supplementary and Amended Reports – Anatomical Pathology
Approval Date: November 2010
Review Date: March 2014
Review By: Anatomical Pathology AC
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DEFINITIONS:

Supplementary Reports:

These include instances where further information or refinement of diagnosis or further ancillary test results are expected at the time of issuing of the original report and the fact that such information will be available in future is mentioned in the body of the original report on the case. Thus any person reading the original report knows to expect another report (“supplementary report”) to exist or expect it to be created in time.

Amended Reports:

These include instances where “significant” information in the original report is deemed to be incorrect (in error) and which is identified at a date later than issuing of the original report. Such incorrect information may relate to patient demographics, specimen details or significant alteration of diagnosis or important prognostic parameters.

The RCPA recommends that, in respect of Supplementary Reports:

1. The subsequent report issued be titled **supplementary report** and
2. be authorized as per the usual protocols.

The RCPA recommends that, in respect of Amended Reports:

1. The subsequent report be titled **amended report**
2. Such title be added to the template of the original report at the top of the 1st page of the report with any other relevant details such as date and time of addition and reason for the amendment or the addition as is deemed prudent;
3. The additional information be added in detail in an appropriate location of the report so as to ensure that all aspects of the additional information be readily apparent to the recipients (for example bolded or italicized)
4. The original report be altered in no way with the additional and/or altered information or assessment be an addition without altering the previous report;
5. Any known additional clinicians or locations involved in the management of the patient since the original report was transmitted be added to the distribution list of the amended report as is deemed prudent;
6. In addition the relevant amended information should be verbally transmitted to the clinician primarily involved in the current management of the patient or to multiple clinicians where a definite primary clinician cannot be identified to make the clinicians aware of the existence of the amended report.

Explanatory note:

When a report is issued in Anatomical Pathology the clinicians may access the information in one of three ways:

1. Electronically
2. Printed paper copy
3. Orally from the Pathologist

In case of a supplementary report further information is expected to be relayed at a later date and this would be taken in to consideration when management decisions are made for the patient.

In case of amended reports there is an unexpected correction of the error in the information contained in the original reports – this correction requires to be communicated by all of the three ways mentioned above. It is possible that in the meantime management decisions may have been made on the basis of “erroneous information contained in the original report” hence for medicolegal purposes the content of the original report should not be altered in any way except by way of addition that details the additional information or the error correction clearly.