

[Urine test ordering—good and going for better](#)

written by CAP TODAY
December 9, 2022

December 2022—Reflex urine culture algorithms have become common and have been shown to reduce urine culture utilization, but efforts to sharpen clinical decision support continue.



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[In fee schedule, an increase to pathology clinical labor rates](#)

written by CAP TODAY
December 9, 2022

December 2022—The Centers for Medicare and Medicaid Services published on Nov. 1 its final 2023 Medicare physician fee schedule with payment rates and new policies set to take effect next year.



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[Digital pathology now, and where to from here](#)

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December 9, 2022

Nearly 800 registrants were at the Digital Pathology Association's Pathology Visions meeting this fall, and 54 companies exhibited. "There was a great vibe at the meeting. People were mingling, collaborative. Digital pathology is picking up," says DPA president Esther Abels. Her term as president will end this month and Liron Pantanowitz, MD, PhD, MHA, of the University of Michigan, will step in as president on Jan. 1.



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[In toxicology, unraveling the unexpected positives](#)

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December 9, 2022

December 2022—In toxicology testing, cross-reactive compounds, incomplete medical records, immunoassay performance, calibrator drift, and human error all play into unexpected positives.



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[New for waived-only labs: a custom GEN checklist](#)

written by CAP TODAY
December 9, 2022

December 2022—Laboratories that provide only waived testing will now have a CAP accreditation

program laboratory general (GEN) checklist tailored to waived test procedures, beginning with the 2022 checklist edition released in October.



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[Artificial intelligence in pathology: the tools, the talk](#)

written by CAP TODAY
December 9, 2022

December 2022—In September, when CAP TODAY publisher Bob McGonnagle met with pathologists and representatives of companies to talk about laboratory information systems (“Lab information systems—where the needs are greatest,” https://bit.ly/LIS_112022), they talked also about artificial intelligence—innovations, clinical impact, how much interest there is. That part of their conversation follows.



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[First Japanese hospital lab earns CAP accreditation](#)

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December 2022—Atsushi Ohtsu, MD, PhD, director of Japan’s prestigious National Cancer Center

Hospital East, reached a groundbreaking decision with his management team in February 2020: They decided to pursue CAP accreditation. While the CAP has accredited more than 40 laboratories in Japan, this was to be a first for a Japanese hospital. And it was: In September 2022, the CAP advised the cancer center (NCCE) of its success in achieving accreditation and congratulated the team for the excellence of its laboratory services.



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I want to inquire about verification of target mean/ranges for hematology analytes. We run a control material 20 times and calculate statistics such as mean, standard deviation, and coefficient of variation.

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November 2022—We also calculate total analytical error based on a formula ($TAE = \text{bias} + 2 \text{SD}$) and compare the TAE with the allowable total error recommended by CLSI and other sources. For example, if TAE for platelets (based on reading control material 20 times) is less than 25 percent (a CLSI recommended value), we accept the target range; otherwise, we reject it. However, since low concentrations of analytes are prone to a higher degree of variation, the aforementioned target range verification process frequently fails. Is it necessary to accept or reject established target values based on total analytical error? Or is there an alternative way to do that?



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Should an accelerated APTT result be canceled for being clotted, even in the absence of a visible clot?

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December 9, 2022

November 2022—If an activated partial thromboplastin time is accelerated but a clot is not visible in the sample, the sample should be reinspected for the presence of a clot and a redraw for repeat testing should be considered.



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Is secretory change in endometrial hyperplasia acceptable in the absence of progestin therapy? What is the appropriate way to address an endometrial biopsy with secretory glandular changes and an increase in the gland-to-stroma ratio?

written by CAP TODAY
December 9, 2022

November 2022—Secretory change superimposed on endometrial hyperplasia is well recognized, as are the challenges of making this diagnosis. Although secretory change is most commonly seen in the setting of progestin therapy for previously diagnosed endometrial hyperplasia, it may also be seen de novo due to the effect of progesterone, resulting from ovulation or pregnancy, on preexisting hyperplasia.



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