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10A NCAC 14E .0311 is amended with changes as published in NCR 29:11, pp. 1290-1298 as follows:

3	10A NCAC 14E .0311	SURGICAL SERVICES	

(a) Facilities. [Clinics.] The operating procedure room shall be maintained exclusively for [surgical] [abortion]
 procedures and shall be so designed and maintained to provide an atmosphere free of contamination by pathogenic
 organisms. The facility clinic shall establish procedures for infection control and universal precautions.

7 (b) Tissue Examination:

- 8 (1) The physician performing the abortion is responsible for examination of all products of conception 9 (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or 10 absence of chorionic villi and [villi,] villi and fetal parts parts, or the amniotic sac. The results of 11 the examination shall be recorded in the patient's medical record.
- 12 (2) The facility shall have written procedures, supplies and equipment available for gross and 13 microscopic evaluation of abortion specimens. If placental or fetal tissue is not identified by gross 14 examination, a microscopic examination must be done on the P.O.C. In cases where the 15 microscopic evaluation is negative for chorionic villi and fetal parts, or the weight of the P.O.C. 16 falls substantially below the appropriate weight range for the fetal age, a microscopic examination 17 by a board certified or board eligible pathologist shall be done on the P.O.C.
- 18 (3) The results of this examination, the findings of further patient evaluation and any subsequent
  19 treatment must be recorded in the patient's medical record.
- (2) [Based on gestational age, if] If adequate tissue is not [obtained,] obtained based on the gestational
  age, ectopic pregnancy or an incomplete procedure shall be considered and evaluated by the
  physician performing the procedure.
- 23 (4) (3) The facility clinic shall establish procedures for obtaining, identifying, storing storing, and
  24 transporting specimens.
- 25 (5) The facility shall establish a method for follow up of patients on whom no villi are seen.

27	History Note:	Authority G.S. 14-45.1(a); <u>143B-10;</u>
28		Eff. February 1, 1976;
29		Readopted Eff. December 19, 1977;
30		Amended Eff. October 1, 2015; July 1, 1994; December 1, 1989; November 1, 1984; September 1,
31		1984.