

FOI.16126 - Attachment 1

Histopathology and Diagnostic Cytology

Notes	
Laboratory Name Location (this should be the name/location of the laboratory completing most of your histology workloads. If your histology work is completed by a different hospital please indicate this).	Glangwili General Hospital
Pathology Network Name	
District Please indicate the unitary authority, county, metropolitan district, non-metropolitan district, integrated care board, or other authority that commissions NHS services from your hospital	Hywel Dda UHB

Histopathology Workloads							
YEAR	TOTAL CASES	H & E slide numbers	Immunohistochemistry numbers	Digital Whole Slide imaging numbers	Diagnostic Cytology (LBC) Numbers	Diagnostic Cytology Manual numbers	FREE TEXT COMMENTS
April 2023-March 2024	20,958	Not held - contact SBUHB			0	1,636	
April 2022- March 2023	19,208				0	1,774	
April 2021-March 2022	17,688				0	1,823	

Anatomical Pathology	
Please provide details of you anatomical pathology instrumentation provider	
Please indicate if your labortary had digital histopathology capability	Yes
If Yes please indicate the following:	
Digital Scanner provider	Leica
Number of scanners	1
Middleware provider	IBEX
LIS provider	Intersystems (TrakCare Lab)
Length of contract term	3 years
Contract renewal date	May-25
Details of Image analysis applications (e.g. breast analysis, etc)	Prostate
Managed service contract	Yes

Diagnostic Cytology	
Liquid based Cytology provider	N/A