**Section 840.50 Quality Control**

a) Reporting facilities, including hospitals, ambulatory surgical treatment centers, independent radiation therapy centers, independent pathology laboratories, nursing homes, reference pathology laboratories, physician's offices and/or any other diagnostic or treatment center, shall be subject to review at least, but not limited to, once each year for the purpose of assessing the timeliness, quality and completeness of reporting by the facility. The review consists of the following components:

1) The Department auditing the reporting facilities to determine if all newly diagnosed cases have been identified (case-finding audits);

2) The Department performing death certificate clearance to identify cases that may not have been reported;

3) The Department performing patient follow-up to determine the survival information;

4) The Department conducting rapid case ascertainment to track cases;

5) The Department re-abstracting a sample of a reporting facility's medical records to determine the accuracy of information previously submitted to the Registry; and

6) The reporting facilities abstracting a sample of standard medical records to determine the uniformity of data collection.

b) A reporting facility shall, upon request of the Department, supply missing information if known, provide additional medical information when needed or clarify information previously submitted to the Department.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)