WORKFLOW COMPANION

Digital Pathology Workflow Companion.

How connected digital review and structured reporting support clearer pathology communication.

This document outlines how BioVantra's Digital Pathology and Reporting Support workflow connects digital review, specimen context, structured reporting, and physician-facing communication into a more coherent pathology process.

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01 / WHY THIS WORKFLOW MATTERS

Digital review is most useful when it stays connected to the case, the specimen, and the final report.

In many pathology settings, digital review, specimen organization, and report construction are still handled as partially separate activities. Images may be reviewed in one environment, annotations may live elsewhere, and final reporting may be assembled through a different workflow altogether. Even when each step functions adequately on its own, the overall case experience can remain fragmented.

That fragmentation matters most in cases where orientation, specimen identity, laterality, sector context, or multi-part organization affect how findings are interpreted and communicated. When context has to be reconstructed repeatedly between review and sign-out, the reporting process becomes slower, less consistent, and more dependent on manual reconciliation.

A connected digital pathology workflow improves continuity by tying together case intake, review context, reporting logic, and physician-facing communication. Instead of moving between isolated tools or disconnected report elements, the case proceeds through a more structured pathway in which key contextual details remain attached to the case throughout review and final sign-out.

Where the workflow shows up

CONTINUITY AND EFFICIENCY

- **Case continuity.** Important specimen and case details remain connected from review through report generation.
- **Review efficiency.** Digital access is more useful when annotations, orientation, and case context are available together.

CONSISTENCY AND USABILITY

- **More consistent sign-out.** Structured output reduces unnecessary variation in how findings are documented and communicated.
- **Better clinical usability.** A physician-facing report becomes more useful when the final structure reflects the way the case was actually reviewed.

The value of the workflow is not digital access alone, but continuity between review, interpretation, and final communication.

02 / HOW THE WORKFLOW WORKS

A connected sequence from case intake through structured sign-out.

Digital Pathology and Reporting Support is intended to function as a linked workflow rather than a series of disconnected tasks. The goal is to preserve case context while supporting efficient review and a predictable final report structure.

01 **Case intake and accession context**

Case identity, specimen grouping, laterality, orientation, and other accession-level details are established at the beginning of the workflow so they can remain attached to the case throughout review and sign-out.

02 **Digital review and slide navigation**

The reviewing pathologist works within a digital environment where slides, levels, and related case materials can be accessed in a unified setting rather than through fragmented document handling.

03 **Annotation and retained specimen context**

Important review details, annotations, and specimen relationships remain tied to the case, helping preserve continuity between what is seen during review and what must be communicated in the final report.

04 **Structured sign-out logic**

Findings are translated into a structured reporting framework in which diagnostic fields, section hierarchy, and case organization follow a consistent logic rather than being assembled ad hoc.

05 **Physician-facing report output**

The final report is organized so that pathologists and treating physicians can identify the most important findings quickly, while still preserving supporting detail and interpretive context.

The workflow is intended to reduce context loss between review and reporting by keeping the case organized as one connected diagnostic process.

03 / HOW THE REPORT SUPPORTS COMMUNICATION

A report structure that helps pathology and treating physicians read the same case more clearly.

A report does not become clinically useful only by being complete. It must also be readable, internally organized, and consistent enough that different readers can locate and interpret key information quickly. Structured reporting support improves communication by making the final document easier to scan, compare, and discuss.

Predictable structure

When the same categories of information appear in the same general order from case to case, both pathologists and treating physicians can orient to the report more quickly.

Cleaner sign-out

A structured framework reduces formatting variability and helps the final report reflect the case logic established during review rather than a last-minute assembly of disconnected sections.

Easier comparison over time

Consistent field placement and section hierarchy make it easier to compare reports across serial cases, repeat procedures, second reviews, or longitudinal follow-up.

Better handling of complex cases

Multi-part cases, multiple specimens, and layered supporting details can be communicated more clearly when the report structure makes their relationships explicit.

Shared readability across teams

When pathology and clinical teams are reading the same report architecture, case discussion becomes more efficient and less dependent on reinterpreting report layout.

COMMUNICATION FRAMEWORK

- **Structured case details**
  Patient and specimen information appear in an organized, immediately recognizable location.
- **Diagnosis in clear hierarchy**
  The principal diagnostic conclusion is visually and structurally distinct from supporting detail.
- **Supporting detail where expected**
  Interpretive notes, methodology, and ancillary information appear in predictable downstream sections.
- **Report logic aligned with review logic**
  The final document reflects the actual structure of the case rather than obscuring it behind formatting variation.

04 / SAMPLE WORKFLOW / REPORT STRUCTURE

What a clearer pathology reporting framework looks like.

This companion does not present a patient-specific case. Instead, it illustrates the kind of report architecture supported by a connected digital pathology workflow.

SECTION 01 **Patient and case details**	A clearly defined opening section identifies the patient, accession, specimen date, ordering or treating physician, and other case-defining information needed for immediate orientation.
SECTION 02 **Specimen organization**	Specimens, cores, or component parts are grouped and labeled in a way that makes their relationships easy to follow within the case.
SECTION 03 **Primary diagnostic section**	The principal diagnostic content is presented prominently, with enough structural clarity that the core findings can be recognized quickly without searching through narrative text.
SECTION 04 **Supporting interpretive content**	Interpretive commentary, ancillary findings, methodological notes, or explanatory context are positioned where they support the diagnosis without obscuring it.
SECTION 05 **Structured sign-out framework**	The report ends as a coherent diagnostic document with stable section hierarchy, consistent formatting, and physician-facing readability.

> Digital Pathology and Reporting Support is intended to help pathology teams produce reports that are not only diagnostically sound, but also better organized, easier to review, and more clinically usable for the physicians who rely on them.

STANDALONE WORKFLOW COMPANION — NO SINGLE PATIENT CASE IS FEATURED IN THIS DOCUMENT.