

QUALITY ASSESSMENT PLAN
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

Month Reviewed: _____	Date: _____
Reviewer: _____	
Method of Review: _____	
Other Participants: _____	

Lab Specific Documentation			
Items for Review	(√) if NO deficiency noted	Suggestions for Correction	Initial when done
L-J and data Tables printed and reviewed since previous evaluation		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Review of QC Records <ul style="list-style-type: none"> Monthly QC reports are present as required QC reports are acceptable QC is being properly performed for analyzers and POC testing Outliers reviewed and documented Corrective action taken when appropriate and logs completed as appropriate 		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Temperature/Humidity Logs printed and reviewed		<input type="checkbox"/> Temp <input type="checkbox"/> Humidity <input type="checkbox"/> Freezer <input type="checkbox"/> Refrig	
Review of all instrument maintenance and problem logs for completeness and correctness		<input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion	
Calibrations up to date?			
Calibration Verifications up to date?		Cal-Ver Results: <input type="checkbox"/> Axcel <input type="checkbox"/> ACCESS2 <input type="checkbox"/> XP300 <input type="checkbox"/> Afinion <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> NA Next Cal-Ver?	

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Items for Review	(v) if NO deficiency noted	Suggestions for Correction	Initial when done
Review of QA Plan for <ul style="list-style-type: none"> • Any new documents added this month • Lab director signature on reviewed QA patient test audit forms • Lab director signature on yearly calendar items required in QA Plan 			
Review POC Logs-QC		<input type="checkbox"/> INR <input type="checkbox"/> UA-120 <input type="checkbox"/> Flu <input type="checkbox"/> Strep <input type="checkbox"/> BVBLue	
Notifications to facility from license or proficiency testing agencies		<input type="checkbox"/> CLIA: <input type="checkbox"/> PT: <input type="checkbox"/> NA	
Perform monthly meeting, review communications, complaints, incident reviews, remedial actions			
Corrective action from prior review completed and documented?			
Other New/Relevant Items			

Attach additional sheets if more room for comments required

Staff Member: _____ Lab Director: _____ Date: _____

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Calendar for Review		Year		
Month	Item	Initials	Date	Notes
March	Complete items on Monthly Checklist to include compilation/review of QC reports, LJ graphs, QC Logs, and maintenance checklists (Responsible parties: Laboratory staff, laboratory Director and/or technical consultant)			
	Proficiency Testing, if applicable			<input type="checkbox"/> Separate Form
	Completion/review of corrective action for incidents or errors during the month			
	Call with consultant/meeting with lab director to review QC/QA			
	Other			

Lab Director: _____ Date: _____