

**QUALITY ASSESSMENT PLAN**  
**NORTH WEST PRIMARY CARE**

Calendar for Review		Year			
Month	Item	Initials	Date	Notes	
August	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			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				
	Specimen Handling, Collection and Labeling – Through visual inspection of staff, documentation and policy and procedure. Monitor referred specimens for correct submission and storage.				
	Patients are identified by name and chart number, patient ID or medical record number by phlebotomist				
	Specimens are adequately labeled following established protocol				
	Patient identifier remains with sample throughout the testing process				
	Specimens are collected, handled, stored according to policy				
	Patients receive written information for testing with special requirements				
	A policy is in place for unacceptable specimens and possible recollection				
	Referred specimens labeled, stored and shipped according to protocol				
	All laboratory staff follow universal precautions at all times				
Patients are identified by name and chart number, patient ID or medical record number by phlebotomist					

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Lab Director

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Date