

**QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE**

MONTHLY CHECKLIST  
ANALYTIC

Month Reviewed: _____
Reviewer: _____ Title: _____ Date: _____
Method of Review: _____
Other Staff Participation: _____

<b>Lab Specific Documentation</b>
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Items for Review	(v) if NO deficiency noted	Suggestions for correction	Initial when completed
LJ and data tables printed and reviewed since previous evaluation		<input type="checkbox"/> ACE Axcel <input type="checkbox"/> ACCESS 2 <input type="checkbox"/> SYSMEX XP 300 <input type="checkbox"/> ALERE Affinion	
Review of QC Records <ul style="list-style-type: none"> <li>• Monthly QC reports are present as required</li> <li>• QC reports are acceptable</li> <li>• QC is being properly performed for analyzers and POC tests</li> <li>• Outliers reviewed and documented</li> <li>• Corrective action taken when appropriate and logs completed as appropriate</li> </ul>		<input type="checkbox"/> Chemistry (Axcel) <input type="checkbox"/> Immunoassays (Access 2) <input type="checkbox"/> Hematology (Sysmex) <input type="checkbox"/> ACR (Afinion) <input type="checkbox"/> HgbA1c (Afinion) <input type="checkbox"/> Coag-Sense <input type="checkbox"/> Flu A & B (Binax) <input type="checkbox"/> Strep B (McKesson) <input type="checkbox"/> Urinalysis (McKesson) <input type="checkbox"/> BV Blue (Binax)	
Temperature/Humidity Logs printed and reviewed. <ul style="list-style-type: none"> <li>• Refrigerator___</li> <li>• Freezer___</li> <li>• Room___</li> <li>• Humidity___</li> </ul>			
Review of all instrument <ul style="list-style-type: none"> <li>• Maintenance logs</li> <li>• Problem-Action Log</li> </ul> for completeness and correctness		<input type="checkbox"/> ACE Axcel (Alfa Wasserman) <input type="checkbox"/> ACCESS (Beckman) <input type="checkbox"/> SYSMEX XP 300 (Sysmex) <input type="checkbox"/> AFINION (Alere) <input type="checkbox"/> COAG-SENSE <input type="checkbox"/> MCKESSON 120 <input type="checkbox"/> BV BLUE <input type="checkbox"/> Problem-Corrective Action Log	

Items for Review	(v) if NO deficiency noted	Suggestions for correction	Initial when completed
Calibrations present and up to date?		Due date for next calibration(s):	
Calibration Verifications up to date?		Due date for next Cal Ver(s): Analyzer/Analytes Cal Ver Reviewed: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> NA	
Review of QA Plan for: <ul style="list-style-type: none"> <li>• Any documents added for the month</li> <li>• Obtain Lab Director signature on reviewed QA patient test audit forms</li> <li>• Review and sign off on yearly calendar items required (for current month) in section 4 of QA book.</li> </ul>			
Review all POC Logs/QC			
Notifications to the facility from licensure/proficiency testing		CLIA: <input type="checkbox"/> NA PT: <input type="checkbox"/> NA	
Perform Monthly Meeting/ Communications/ Complaints/ Incident reviews/ Remedial Actions			
Corrective action from prior review completed and documented?			
Additional New/Relevant Items			

Please attach additional sheet(s) if more room for comments required

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Technical Consultant

\_\_\_\_\_  
Lab Director

\_\_\_\_\_  
Date of Review