

**QUALITY ASSESSMENT PLAN  
NORTH WEST PRIMARY CARE**

Calendar for Review		Year			
Month	Item	Initials	Date	Notes	
October	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				
	Test Tracking – Randomly view 10 requisitions to verify all pertinent information is present. Attach supportive documentation.				
	Name and address of healthcare provider ordering tests present	Separate Form			
	Patient name and second identifier				
	Date and time of specimen collection, phlebotomist				
	Pertinent patient information, including sex, DOB, diagnosis				
	Referred testing checked by random selection of 10 send-out records: check for complete, accurate input				
	Result Reporting – Randomly review lab reports against patient chart. Include review of rejection logs and corrected reports				
	Reports contain test name, results, units, normal ranges, patient name, lab name and address, testing personnel	Separate Form			
	Lab records and patient chart results contain same results				
	Unacceptable specimens are documented as rejected				
Policy for correction is followed, physician is notified, original and corrected report are retained for two yrs					
All lab records are maintained for two yrs, pathology for ten years					

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Lab Director

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Date