

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

<b>Month Reviewed:</b> _____	<b>Date:</b> _____
<b>Reviewer:</b> _____	
<b>Method of Review:</b> _____	
<b>Other Participants:</b> _____	

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"> <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 testing</li> <li>Outliers reviewed and documented</li> <li>Corrective action taken when appropriate and logs completed as appropriate</li> </ul>		<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?	

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

ANALYTIC

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"> <li>• Any new documents added this month</li> <li>• Lab director signature on reviewed QA patient test audit forms</li> <li>• Lab director signature on yearly calendar items required in QA Plan</li> </ul>			
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: \_\_\_\_\_

QUALITY ASSESSMENT PLAN  
NORTHWEST PRIMARY CARE MONTHLY EVALUATION

Calendar for Review				
Calendar for Review			Year	
Month	Item	Initials	Date	Notes
September	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: \_\_\_\_\_