

This checklist requirement does not apply to external controls run only to verify new lots/shipments of test materials. However, the laboratory should have defined acceptable limits for such controls (either from the manufacturer, or developed by the laboratory).

Evidence of Compliance:

- ✓ QC records showing monthly monitoring for imprecision

REFERENCES

- 1) Rifai N, Horvath AR, Wittwer CT, eds. *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics*. 6th ed. St. Louis, MO: Elsevier; 2018.
- 2) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2003(Jan 24):7146 [42CFR493.1256(d)(10)(i)]
- 3) Clinical and Laboratory Standards Institute (CLSI). *Statistical Quality Control for Quantitative Measurement Procedures: Principles and Definitions*. 4th ed. CLSI guideline C24. Clinical and Laboratory Standards Institute, Wayne, PA, 2016.
- 4) Brooks ZC, et al. Critical systematic error supports use of varied QC rules in routine chemistry. *Clin Chem*. 2000;46:A70

CBG.13500 QC Corrective Action

Phase II

The laboratory performs and records corrective action when control results exceed defined acceptability limits.

NOTE: In the case of complex metabolic profiles as seen in clinical biochemical genetics laboratories, controls of analytes of clinical significance should meet the laboratory's overall criteria for acceptability.

The actions taken must be consistent with the laboratory's quality control program (GEN.30000). Patient/client test results obtained in an analytically unacceptable test run or since the last acceptable test run must be re-evaluated to determine if there is a significant clinical difference in patient/client results. Re-evaluation may or may not include re-testing patient samples, depending on the circumstances.

Even if patient samples are no longer available, test results can be re-evaluated to search for evidence of an out-of-control condition that might have affected patient results. For example, evaluation could include comparison of patient means for the run in question to historical patient means, and/or review of selected patient results against previous results to see if there are consistent biases (all results higher or lower currently than previously) for the test(s) in question.

Evidence of Compliance:

- ✓ Records of corrective action for unacceptable control results

REFERENCES

- 1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2003(Oct 1):1046[42CFR493.1282(b)(2)]

CBG.13600 QC Handling

Phase II



The laboratory tests control specimens in the same manner and by the same personnel as patient/client samples.

NOTE: Personnel who routinely perform patient testing must analyze QC specimens; however, this does not imply that each operator must perform QC daily. Personnel must participate in QC on a regular basis. To the extent possible, all steps of the testing process must be controlled.

For newborn screening testing, good laboratory practice is to punch controls and patient blood specimens with the same equipment.

Evidence of Compliance:

- ✓ Records reflecting that QC is run by the same personnel performing patient testing

REFERENCES

- 1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register*. 2003(Jan 24):7166 [42CFR493.1256(d)(8)]
- 2) ibid, 2003(Jan 24):3708[42CFR493.1256(d)(7-8)]