

**CHM.13840 QC - Waived Tests****Phase II**

**The laboratory follows manufacturer's instructions for quality control, reviews results, and records acceptability prior to reporting patient results.**

*NOTE: Quality control must be performed according to manufacturer's instructions. To detect problems and evaluate trends, testing personnel or supervisory staff must review quality control data on days when controls are run prior to the reporting of results. The laboratory director or designee must review QC data at least monthly or more frequently if specified in the laboratory QC policy.*

*With respect to internal controls, acceptable control results must be recorded, at a minimum, once per day of patient testing for each device.\**

*\*Acceptable internal control results need not be recorded, if (and only if) an unacceptable instrument control automatically locks the instrument and prevents release of patient results.*

**Evidence of Compliance:**

- ✓ Records showing confirmation of acceptable QC results

**CHM.13860 QC Corrective Action - Waived Tests****Phase II**

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

## CONTROLS – NONWAIVED TESTS

### Inspector Instructions:

 <b>READ</b>	<ul style="list-style-type: none"> <li>• Sampling of quality control policies and procedures</li> <li>• Sampling of QC records, including external and internal quality control processes</li> </ul>
 <b>ASK</b>	<ul style="list-style-type: none"> <li>• How do you determine when quality control is unacceptable and when corrective actions are needed?</li> <li>• How does your laboratory verify or establish acceptable quality control ranges?</li> <li>• What is your course of action when monthly precision data changes significantly from the previous month's data?</li> <li>• What is your course of action when you perform test procedures that do not have commercially available calibration or control materials?</li> </ul>
 <b>DISCOVER</b>	<ul style="list-style-type: none"> <li>• Review a sampling of QC data over the previous two-year period. Select several occurrences in which QC is out of range and follow records to determine if the steps taken follow the laboratory procedure for corrective action</li> <li>• Use QC data to identify tests that utilize internal quality control processes to confirm that any individualized quality control plan (IQCP) is used as approved by the laboratory director</li> </ul>

**CHM.13900 Daily QC - Nonwaived Tests****Phase II**

**The laboratory performs controls for quantitative and qualitative tests each day of testing, or more frequently if specified in manufacturer's instructions, laboratory procedure, or the CAP Checklist, and when changes occur that may impact patient results.**

*NOTE: The laboratory must define the number and type of quality control used and the frequency of testing in its quality control procedures. Control testing is not required on days when patient testing is not performed.*

*Controls must be run prior to resuming patient testing when changes occur that may impact patient results, including after a change of analytically critical reagents, major preventive maintenance, change of a critical instrument component, or with software changes, as appropriate. Daily quality control must be run as follows:*

1. Quantitative tests - two controls at different concentrations at least daily
2. Qualitative tests - a negative control and a positive control (when applicable) at least daily
3. Tests producing a graded or tiered result - a negative control and a control material with graded or tiered reactivity, as applicable, at least daily (serially diluted positive controls are not required)

*Controls should verify assay performance at relevant decision points. The selection of these points may be based on clinical or analytical criteria.*

*If an internal quality control process (eg, electronic/procedural/built-in) is used instead of an external control material to meet daily quality control requirements, the laboratory must have an individualized quality control plan (IQCP) approved by the laboratory director defining the control process, including the frequency and use of external and internal controls. At a minimum, external control materials must be analyzed with new lots and shipments of reagents or more frequently if indicated in the manufacturer's instructions. Please refer to the IQCP section of the All Common Checklist for the eligibility of tests for IQCP and requirements for implementation and ongoing monitoring of an IQCP.*

#### **Evidence of Compliance:**

- ✓ Records of QC results including external and internal control processes **AND**
- ✓ Manufacturer product insert or manual

#### **REFERENCES**

- 1) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Medicare, Medicaid and CLIA programs; CLIA fee collection; correction and final rule. *Fed Register*. 2003(Jan 24):5232 [42CFR493.1256(d)(3)], [42CFR493.1256(d)(6)].
- 2) Steindel SJ, Tetrault G. Quality control practices for calcium, cholesterol, digoxin, and hemoglobin. A College of American Pathologists Q-Probes study in 505 hospital laboratories. *Arch Pathol Lab Med*. 1998;122:401-408
- 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) Ye JJ, et al. Performance evaluation and planning for patient/client-based quality control procedures. *Am J Clin Pathol*. 2000;113:240-248
- 5) Clinical and Laboratory Standards Institute (CLSI). *Evaluation of Qualitative, Binary Output Examination Performance*; 3rd ed. CLSI document EP12. Clinical and Laboratory Standards Institute, Wayne, PA; 2023.
- 6) Clinical and Laboratory Standards Institute. *Laboratory Quality Control Based on Risk Management; Approved Guideline*. CLSI document EP23-A. Clinical and Laboratory Standards Institute, Wayne, PA, 2011.
- 7) Department of Health and Human Services, Centers for Medicare and Medicaid Services, Brochure #11. CLIA Individualized Quality Control Plan Introduction. July 2013. <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/CLIAbrochure11.pdf>
- 8) Centers for Medicare and Medicaid Services (CMS), Individual Quality Control Plan (IQCP) for Clinical Laboratory Improvement Amendments (CLIA) laboratory nonwaived testing. <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/IQCP-announcement-letter-for-CLIA-CoC-and-PPM-labs.pdf> (Accessed June 2014).
- 9) Department of Health and Human Services, Centers for Medicare and Medicaid Services. S & C: 16-20-CLIA: Policy Clarification on Acceptable Control Materials Used when Quality Control (QC) is Performed in Laboratories. April 8, 2016.

## **CHM.13950 Fluorescent Antibody Stain QC**

**Phase II**

**Positive and negative controls are included with each patient run for all fluorescent antibody stains (eg, ANA IFA).**

#### **Evidence of Compliance:**

- ✓ Records of fluorescent antibody stain QC at defined frequency

#### **REFERENCES**

- 1) Clinical and Laboratory Standards Institute. *Assessing the Quality of Immunoassay Systems: Radioimmunoassays and Enzyme, Fluorescence, and Luminescence Immunoassays; Approved Guideline*. CLSI Document I/LA23-A. Clinical and Laboratory Standards Institute, Wayne, PA; 2004.

## **CHM.14000 Control Range Establishment or Verification**

**Phase II**