REFERRAL/BACK UP EVALUATION FORM

Laboratory’s Name: ..................................................................................

Contact Person and Details: ......................................................................

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Reason for Evaluation: Routine Testing

Back-up System

Special Circumstance  (Explain):

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Evaluated for the following tests:

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| Analyte / Test |
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Evaluation done by: ...........................................................................................

Date: ...............................................

**PLEASE ATTACH SUPPORTING DOCUMENTS AS AND WHEN NECESSARY**

**A. Laboratory’s Capabilities (maximum 25 points)**

1. Background (1-5 points): --

1. Does the laboratory have a reputation for high quality and integrity? ……..
2. How long has the lab been in business (e.g. 5 years, 10, more)? ……..
3. What are clients' general observations regarding the lab's services? ……..

2. Experience and references (1-5 points): --

1. Has the laboratory provided a list of References? …….
2. How long have clients been served by the lab? ………..

3. Quality Management (1-5 points): --

1. Does the lab have a QMS? …………………
2. Does the Lab have a Quality Assurance Plan? …………….
3. Is the Laboratory accredited? Is the documentation available? ……..

4. Equipment (lab and data handling) (1-5 points): --

1. Is the testing equipment adequate for the scope and volume of services offered? ………..
2. Is there adequate backup in the event of equipment failure? ……….
3. Does the automated data processing equipment capability appear to be adequate for the scope of the work contract (e.g., direct transmissions, online result reporting)? ……………

5. Accreditation and certifications (1-5 points): --

1. KENAS? ……………
2. Other? ………………..

Total points for section A: …………………….

Document where the lab was lacking : ................................................................................. ………………………………………………………………………………………………

**B. Quality assurance (maximum 25 points; assign 1-5 points for each question)**

1. Is a written, organized, comprehensive quality control (QC) program in place? --
2. Is there a process for remedial action when QC tolerance limits are exceeded? --
3. Is an ongoing monitoring program in place to review, detect, and correct system errors? --
4. Is a copy of proficiency testing (PT) results available for at least the previous 24 months, and for deficiencies noted, were appropriate and timely corrective actions documented? Attach copies --
5. Does the laboratory have a written, clearly defined protocol for notifying clients of critical values? --

Total points for section B: --

Document where the lab was lacking : …………………………………………………………

**C. Efficiency of referral services (maximum 25 points; assign 1-5 points for each question)**

1. Does the lab offer a sufficient range of services to satisfy our needs? --
2. Does the lab provide a written TAT for each test performed, and does the TAT meet our needs? --
3. Are data elements for each test complete? --
4. Operational systems: (1-5 points for each item below) --
   1. General management/overall assessment of policies/procedures --
   2. Methods used for testing/reporting results --
   3. Specimen handling policies/procedures. Includes clearly defined, comprehensive instructions for preparing specimens as well as criteria for rejecting unsatisfactory specimens --
   4. Equipment maintenance policies --
   5. Information and data handling policies/procedures --
   6. Does the lab have a written protocol for reviewing test reports for possible errors? --
   7. Is the test report format clear and can it be read easily? --
   8. Does the lab provide client consultation services on a daily basis, including client services, technical advice, and medical consultation concerning appropriate test ordering and interpretation of results? --

Points for d) should be awarded subjectively, based on past experience, if possible. If not, call references for information.

Total points for section C: --

Document where the lab was lacking: .......................................................................... .......................................................................................................................................

**D. Personnel (maximum 30 points; assign 0-5 points for each question)**

1. Percentage of technologists to technicians: [is greater than] 75% (5 points); 50% (3 points); [is less than] 25% (0 points) --
2. Does the lab employ a qualified supervisor during all hours of operation? Yes (5 points); No (0 points) --
3. Are specific staff members assigned to assist us at all times? Yes (5 points); No (0 points) --
4. Are doctoral-level scientists or pathologists available for consultation? Yes (5 points); No (0 points) --
5. Does the technical staff have expertise in all areas required? Yes (5 points); No (0 points) --
6. Does the technical staff receive continuing education on an ongoing basis and is this education documented? Yes (5 points); No (0 points) --

Total points for section D: --

Document where the lab was lacking: .................................................................................. ......

**E**. **Results for method and instrument comparison studies:** Acceptable/Unacceptable.

Explain:

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Evaluator’s comments: ....................................................................................................................... .........................................................................................................................................................................................................................................................................................................................

Lab in charge:

Comments: ............................................................................................................................ ...............................................................................................................................................

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Lab Approved/Not Approved

Signature: .................................................. Date: ...........................