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## 1. PURPOSE

1.1. The purpose of this document is to define the calibration process of the equipments

## 2. SCOPE

2.1. The implementation of this procedure applies to the entire lab personnel

## 3. RESPONSIBILITIES

3.1. Laboratory Director

3.2. Laboratory Quality Manager

3.3. Technical staff

## 4. DEFINITIONS

4.1. Referral Laboratory: A laboratory to which the organization forwards the testing work when the organization does not perform the service or is unable to perform the diagnostic service

## 5. ABBREVIATIONS

5.1. SOP - Standard Operating Procedure

## 6. REFERENCES

6.1. NABL 112 Document

## 7. PROCEDURE

7.1. The laboratory shall maintain an updated list of approved referral laboratories

7.2. Referral laboratories are selected as per the criteria laid down by the laboratory and updated every year by the Laboratory Director after approval from the Managing Director of the Laboratory

7.3. The samples are forwarded to one of the Referral Laboratories with relevant submission forms and paperwork

7.4. Laboratory shall maintain records pertaining to lists of tests and the names & addresses of the referral laboratories from which services are obtained. The information is kept both in the 'referral' file and the patient file

7.5. The referral event will be documented in laboratory and a copy of the paperwork will be kept with the case file by the employee making such decision or the section leader's Designee


7.6. It is recommended to inform the patient in advance when tests are referred from Laboratory to an external referral laboratory

7.7. The details of the referral laboratory will be clearly mentioned in the report and the results will be reported as determined by the referral laboratory

7.8. Laboratory shall transcribe the referral report without alterations of clinical interpretation with additional remarks (if required) and specify the name of the referral laboratory, identify the tests performed and the results obtained by any such referral laboratory. Records pertaining to this shall also be made available.

7.9. Laboratory shall maintain the records of evaluation of the referral laboratories and a copy of the NABL certificate along with the scope of each of the referral laboratory. The relevant MOU is also maintained for reference

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## 8. RECORDS

8.1. The following records are maintained by the laboratory, in the format mentioned, for the retention period as defined below:

S. No	Record	Responsibility	Review Period	Retention Period
1	List of Approved Referral Laboratories	Quality Manager	1 Year	1 Year
2	List of Referral Tests	Quality Manager	1 Year	1 Year
3	Referral Tests File	Quality Manager	1 Year	1 Year
4	Referral Tests – Patient’s file	Quality Manager	1 Year	1 Year

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