
	Detecting Expired Supplies and Reagents BB.PROTOCOL.1058	Dept:	324311
		Dept Name	Blood Bank
		Effective Date:	
		Revised Date:	
Name & Title: CLIA Laboratory Medical Director		Contact:	J. H. Simmons
Signature: 		Date:	1/6/2020

1. **General Procedure Statement:** Blood Bank keeps an inventory of supplies and reagents. All reagents and supplies should be in-date. An audit will be performed monthly to ensure that supplies and reagents are not expired or expiring within the next month. Reagents expiring within the next 4 weeks will be flagged so that they can be removed from inventory promptly.

A. **Purpose:** To define the audit process to ensure that supplies and reagents are in date.

B. Responsible Department/Scope:

- i. Procedure owner/Implementer: Julie H Simmons
- ii. Procedure prepared by: Julie H Simmons, MT(ASCP)SBB
- iii. Who performs procedure: Department Staff/Management

2. **Procedure:**

Audit Procedure for expired or expiring reagents/supplies

1. Obtain the Expired Reagents and Supplies Checklist the last week of the month and the Expired Supplies and Reagents Monthly Audit.

Refer to: Attachment 1: Expired Reagents and Supplies Checklist and Attachment 2: Expired Supplies and Reagents Monthly Audit.

2. Check the expiration date for each area listed on the Expired Reagents and Supplies Checklist.
3. Pull any supplies/reagents that are expiring within the next month and/or are expired and notify management.
 - a. Discard expired supplies.
 - b. Flag any supplies/reagents expiring in the next 4 weeks.
NOTE: Ensure that any expired reagents are located on the appropriate expired reagent shelf. Ensure that expired antisera is moved to the student refrigerator and a red "X" is placed on the vial.
4. Check each area on the checklist to make sure nothing is expiring.
i.e. blood collection tubes, disinfectant, anything with an expiration date.
 - a. Discard expired supplies. Check with management if expiring soon to see if it should be discarded.

- b. Flag any supplies expiring in the next four weeks.
 - c. Ensure expired reagent red cells are on the appropriate shelf.
5. Record any supplies/reagents that had to be discarded or check mark if all supplies/reagents were in date on the Expired Supplies and Reagents Monthly Audit.
6. Sign and date the Expired Supplies and Reagents Monthly Audit. Record the month of the audit on the blank at the top of the form beside 'MONTH'.

7. Return the completed checklist and the completed audit form to management.

3. Review/Revision/Implementation:

All procedures must be reviewed according to document control protocol.

- All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.
- All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director.

4. Related Procedures: NA

5. References: (N/A)

6. Attachments:

Attachment 1: Expired Reagents and Supplies Checklist

Attachment 2: Expired Supplies and Reagents Monthly Audit

7. Revised/Reviewed Dates and Signatures:

Refer to document change control

Document Change Control									
Title: Auditing Reagents and Supplies for Expiration									
Previous title:									
Written date	12/23/19			Written by:	Julie H Simmons				
Validation date	12/30/19			Validation by	<i>Benjamin</i>				
Reviewed date				Reviewed by					
Approved date	12/30/19			Approved by	<i>JH</i>				
Approved date				Approved by					
Effective date in use	2-1-2020			In use by	<i>Julie H Simmons</i>				
Revisions									
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
Validate Date	By	Revisions:							
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
Validate Date	By	Revisions:							
Revised Date	By	MD Date	By	MD Date	By	Review Date	By	Effective Date	By
Validate Date	By	Revisions:							
Locations				Out of Use: Date:			By		
				Reason					

Reviews: Record date/initials

Date	Initials	Date	Initials	Date	Initials	Date	Initials

Expired Reagents and Supplies Checklist

Location	Racks	Cabinets	Drawers	Misc.	Fridge/Freezer
Storeroom				1	
Supply Room	2, 3, 4	5, 6, 7, 18	8, 9, 10, 11, 12, 13, 15, 16, 17	14	
Dance Hall				19	20, 21, 22, 23, 24
Student Area				25	
CP		28, 30, 31, 32, 33, 34, 35, 42, 45	26, 36, 37, 38, 39, 40, 41, 43, 44, 46, 47, 93, 94	27, 29	
Echo/Neo	48, 49			50, 51	52, 95
XM		96	53, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72	97, 98	
FD	77		54, 74, 75, 76,	73, 99	
Freezer Room			78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88		89, 90, 91, 92



Wake Forest University Baptist Medical Center
Winston-Salem, NC 27157

TIME FRAME: 2020

INTERNAL ASSESSMENT

DEPARTMENT: Blood Bank

SYSTEM/MONITORED: Expired Supplies and Reagents Monthly Audit

MONTH: _____

ASSESSMENT/AUDIT: Complete and return to management by:

PROCESS IMPROVEMENT

ANNUAL REVIEW

Audit created by: Julie H Simmons Date: 12/23/19

OBJECTIVES: To ensure that all supplies and reagents in Blood Bank are in-date or properly labeled.

TASK: This should be done the last week of the month.

Audit for Expired or expiring reagents/supplies

1. Obtain the Expired Reagents and Supplies Checklist the last week of the month.
2. Check the expiration date for each item location from the Expired Reagents and Supplies Checklist.
3. Pull any supplies that are expiring within the next 7 days and/or are expired and notify management.
 - o Discard expired supplies.
 - o Flag supplies expiring within the next four weeks.
 - o Verify expired reagent red cells and antisera are in appropriate locations.
4. Return the completed checklist to management.
 - o Note below any supplies/reagents that had to be discarded or check mark if all supplies reagents were in date.
 - o Sign and date the form.

The following items were found and were expired and/or expiring with 7 days.

Supply/Reagent	Quantity	Date expired/expiring

There were no supplies/reagents expired or expiring within 7 days.

Signature _____

Date _____

MANAGEMENT ASSESSMENT:

QUALITY IMPROVEMENT:

Ensures that all reagents/supplies are in-date.

PROCESS IMPLEMENTATION:

DATE IMPLEMENTED:

METHOD: Memo _____

DATE:

MANAGEMENT REVIEW:

DATE:

MEDICAL DIRECTOR REVIEW: