Methodist Health Services Corporation & UnityPoint Health Methodist	Page 1 of 2	Section: UPM CHEMT	Policy #: 06.007.001
Laboratory	Approved by: see signature block at end of document		Date: 04/06/17
	Date Revised:		
	Date /Reviewed:		
	Policy/Revision Submitted by: Amy Gibbs		
	CAP Standard: NA		

POLICY GUIDELINE ON: Alternative Assessment Program for Cotinine confirmation

I. POLICY STATEMENT:

Alternative Assessment Program for Cotinine confirmation

II. PURPOSE:

To establish written policy for alternative assessment for Cotinine confirmation according to CAP COM.01300

III. GENERAL INFORMATION:

UnityPoint Health Methodist utilizes the Agilent GC/MS instrument for cotinine confirmation from screening assays performed at UnityPoint Health Proctor for employee health screening. We have currently been using the UT survey from CAP, but the likelihood of obtaining specimen with cotinine is low.

COM.01500 states alternative assessment must be performed at least semi-annually to determine reliability of testing and can include: split specimen analysis with a reference or other laboratories; it is the responsibility of the laboratory director to define procedures and the criteria for acceptable performance.

IV. PROCEDURE

Going forward, we will be using an alternative assessment program for our proficiency testing for cotinine. We will be doing a split specimen analysis on our GC/MS compared to ARUP (our reference lab) Nicotine and Metabolites, Urine, Quantitative (ARUP 0092356), once in January and once in July. The technical coordinator will collect five specimens from random urine drug screens and assign the proficiency testing on a rotating basis to all techs that are competent on the GC/MS. The coordinator will work with our referral tech who will order all tests as comparison studies. The technologist will submit their answers to the chemistry technical coordinator prior to sending ARUP the specimens. An acceptable comparison would be 80%, in line with the CAP proficiency testing requirement.

Once the comparison study and data analysis has been performed and approved, all information and will be housed Lab Operations with other proficiency testing samples.

V. MAINTENANCE AND STORAGE:

A. All policies and procedures are reviewed every two years by Laboratory Administration and or the Medical Director of the Laboratory or designee.
B. The Laboratory Administration and Medical Director review policies and procedures when there are changes in practice standards, or requirements.
C. All policies and procedures are reviewed every two years by staff or at the time new or revised ones are put in effect.

D. All policies are retained 8 years after being discontinued or revised.
E. All procedures are retained 2 years after being discontinued or revised

UnityPoint Health Methodist Laboratory is a CAP accredited facility, as of 7/1/11 the responsibility of new and/or substantially revised policies and procedures will be restricted the Laboratory Director whose name appears on the CLIA certificate, whose signature appears below. The biennial review will be completed by the Administrative Director.

POLICY CREATION :		
Author:	***Lori Rasca, D.O.***	***April 6, 2017***
Medical Director:	***Elizabeth Bauer-Marsh, M.D.*** Elizabeth A. Bauer-Marsh, MD	***April 6, 2017***

MEDICAL DIRECTOR		
DATE	NAME	SIGNATURE
March 6, 2017	Elizabeth A. Bauer-Marsh, M.D.	Elizabeth A. Bauer-Marsh, MD
SECTION MEDICAL DIRECTOR		
March 6, 2017	Lori Rasca, D.O.	L Rasca D.O.

REVISION HISTORY (began tracking 2011)			
Rev	**Description of Change**	**Author**	**Effective Date**
1	Initial Release	D. Schick/ Ray Gross	4/12/17

Reviewed

Lead	Date	Coordinator/Manager	Date	Medical Director	Date
Ray Gross	4/6/17	Amy Sisk Stephanie Brinton	4/11/17	Elizabeth A. Bauer-Marsh, MD	4/6/17