TRAINING UPDATE

Lab Location:	GEC, SGMC & WAH	**Date Distributed:**	8/28/2015
Department:	Technical Mgmt & QA	**Due Date:**	9/1/2015
		Implementation:	**9/1/2015**

DESCRIPTION OF PROCEDURE

Name of procedure:
Intermittent Testing GEC.QA237, SGAH.QA921, WAH.QA913 v0
Description:
This is a new SOP to describe the process for handling intermittent patient testing. It is needed to meet CAP requirements. This SOP and Form will be implemented on September 1, 2015

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 0)

Non-Technical SOP

Title	**Intermittent Testing**	
Prepared by	Leslie Barrett	Date: 8/6/2015
Owner	Cynthia Bowman-Gholston	Date: 8/6/2015

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

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1. PURPOSE

This procedure describes the process for how to handle intermittent patient testing.

2. SCOPE

This procedure applies to tests performed intermittently; i.e. tests are taken out of production for a time and then brought back into production.

3. RESPONSIBILITY

The technical supervisor is responsible for ensuring compliance with this procedure.

4. DEFINITIONS

None

5. PROCEDURE

A. A test is considered to be taken out of production when both of the following conditions are met:

1. Patient testing is not offered AND
2. Proficiency Testing (PT) or alternative assessment, as applicable, is suspended.

B. When a test is put back into production, the following requirements must be met:

1. Reinstate PT or alternative assessment performed within 30 days prior to restarting patient testing.
   Note: If a PT challenge is not offered during the 30-day period prior to restarting patient testing, an alternative assessment of the test is performed. The laboratory must participate in the next scheduled PT event.

2. Complete method performance specifications verified, as applicable, within 30 days prior to restarting patient testing
3. Ensure that competency has been assessed for analysts within 12 months prior to restarting patient testing

C. Documentation

1. Prior to re-instatement of intermittent tests, a validation plan must be prepared and approved by the Medical Director.
   a. The Equipment and Process Validation Protocol form is utilized to describe the performance specifications to be validated.
   b. The plan must include the requirements specified in section B above.
2. Upon approval, the validation and assessment are performed and documented using routine SOPs (refer to Related Documents)
3. The Technical Supervisor and Medical Director review the data and approve/disapprove via electronic document control system.

6. RELATED DOCUMENTS

QA procedures
Process and Equipment Validation Protocol
Laboratory Method Validation Protocol, QA procedure
Competency Assessment
Proficiency Test Handling and Result Submission
Proficiency Test Results Evaluation
Internal Proficiency Testing Policy
Equipment and Process Validation Protocol form (AG.F204)

7. REFERENCES

Laboratory General Checklist. College of American Pathologists, Laboratory Accreditation Program, Northfield, IL 60093

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By

9. ADDENDA AND APPENDICES

N/A