## TRAINING UPDATE

Lab Location: Department: GEC, SGMC & WAH All staff 
 Date Distributed:
 3/2/2017

 Due Date:
 3/21/2017

 Implementation:
 3/21/2017

## **DESCRIPTION OF PROCEDURE REVISION**

Name of procedure:

# **Retention of Records and Materials SGAH.L13 v8**

Note: this has been converted to a system SOP

**Description of change(s):** 

Section 5: add IQCP, BB competency, revise specimen retention (*note requirements for retaining micro raw samples and malaria slides*)

Section 9: update addendum A

This revised SOP will be implemented on March 21, 2017

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

#### Non-Technical SOP

Title	<b>Retention of Records and Materials</b>	
Prepared by	Leslie Barrett	Date: 1/22/2009
Owner	Robert SanLuis Lori Loffredo	Date: 2/16/2017

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

Review:		
Print Name	Signature	Date

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## 1. PURPOSE

Federal, state and local laws and regulations set forth specific retention periods for records and materials. This procedure describes the minimum retention time and process for off-site storage.

#### 2. SCOPE

Laboratory records and materials will be retained for at least the minimum time frame required by the College of American Pathologists (CAP) and AABB (formerly the American Association of Blood Banks), and in accordance with the Quest Diagnostics Record Management Program.

## **3. RESPONSIBILITY**

All Laboratory staff must comply with this procedure.

## 4. **DEFINITIONS**

Record Class Codes – numbering sequence that categorizes similar records with the same retention time frame.

## 5. **PROCEDURE**

#### A. Retention Guidelines

#### MATERIAL/RECORD

## PERIOD OF RETENTION

## **CLINICAL LABORATORY RECORDS**

Patient test results	11 years
Accession records	2 years
Specimen requisitions (downtime/manual)	11 years
Quality control records	2 years
Proficiency Testing	2 years
Quality Management records	3 years
Discontinued/Revised Procedures	2 years [maintained on electronic
	document control system (EDCS)]
Instrument printouts	2 years
Instrument maintenance records	For the life of the instrument
Instrument/method performance specifications	while in use, plus 2 years
Individualized Quality Control Plan (IQCP)	while in use, plus 2 years
IQCP quality assessments	2 years (Maintained on EDCS)

#### TRAINING & COMPETENCY MATERIALS

Competency Materials	3 years onsite in Competency File Offsite storage for Active staff + 3yrs; Active + 5yrs for Blood Bank	
<ul><li>Training Documents for</li><li>a. Specific Job Assignments</li><li>b. Other general training</li></ul>	<ul> <li>a. Onsite for active employee</li> <li>b. 3 years onsite in Training File Offsite storage for Active staff + 3yrs; Active + 5yrs for Blood Bank</li> </ul>	
Inactive employee (personnel, training and competency files)	Onsite for 1 year, offsite storage for 3years; 5 years for Blood Bank	

#### **BLOOD BANK**

Refer to Blood Bank Procedure, "Record Management Process, Transfusion Service."

#### **SPECIMENS**

<b>SI ECHINE</b> IND	
CSF / Body Fluid / Tissue	1 month
Serum / Plasma / Urine	7 days
Urine specimens in cups	8-24 hours (until next QC performed)
Micro raw specimens (swab, stool, nasal wash, aspirate)	8-24 hours
Specimens for Blood Bank Recipients	7 days post transfusion (or 10 days post cross match)
Peripheral blood/body fluid smears	7 days

MATERIAL/RECORD	PERIOD OF RETENTION
Permanently stained slides micro (gram)	<del>7 days</del>
Gram stain slides	7 days
Malaria slides, negative	1 month
Malaria slides, positive	Indefinitely
Zika hold specimens	6 weeks frozen, minimum

## **LABORATORY INFORMATION SYSTEM**

Transave tapes (transactions)

Indefinitely (see Transave Search SOP)

**Note:** In the event the Laboratory should cease operation, all records and materials will be removed to offsite storage and maintained for at least the minimum period of retention.

<b>B.</b>	Sending	Records	for	<b>Off-Site</b>	Storage
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Step	Action			
1	Documents must be separated into appropriate Record Class Code and placed into storage box(es). Do <b>not</b> mix Record types.			
	• Refer to Appendix for a list of commonly used codes. The complete list of codes is available on Quest Diagnostics Intranet, refer to Related Documents section.			
	• The Record Class Codes and Schedule are maintained by the QD Legal / Compliance department. At a minimum, the Addendum is reviewed			
	annually for accuracy and updated as necessary. <b>Note</b> : Do not overfill boxes.			
2	Record a description of the box contents in the appropriate space on one end of the box. The description must be complete, concise and accurate.			
	<b>Note:</b> The ability to retrieve records one or more years in the future may depend on the description.			
3	Complete the Iron Mountain Transmittal Form (Addenda B), one form per box The person who initially prepares the box will complete the form. Include the following information:			
	a. Customer ID (WAH = V057 or SGMC = V056)			
	<ul> <li>b. Record Code (from Appendix or Quest Diagnostics Intranet)</li> <li>c. Date range / FROM</li> <li>d. Date range / TO (information to be added when box is full)</li> <li>e. Reference #1 – the name of the owner of the records. If records do not specifically belong to a person (ie, lab records), document as follows</li> <li>BB records – BB manager's name</li> </ul>			
	<ul> <li>LIS / IT records – IT project manager's name</li> <li>All other Lab records – Operations manager or Core lab supervisor's name</li> </ul>			
	f. Major description (same as that written on the outside end of the box)			
	g. Minor description may be used if major description does not provide enough			

	detail.
	h. Preparer's name
	i. Date
	j. Phone number
4	Record customer ID # on barcode box label. Affix label to end of box. Place
	pink copy of transmittal form inside box.
5	Store full, labeled box in a designated central location:
	WAH – inside the core lab
	SGMC – hallway across from time clock
6	Arrange for pickup weekly or when 10 boxes are complete via
	website <u>www.ironmountainconnect.com</u> or phone 1-800-FastFile.
7	Retain yellow copy of transmittal form and file in department.
8	White copy of form is given to driver upon pick-up.

## C. Retrieval of Records from Off-Site Storage

Step	Action
1	Records may be retrieved via request from the
	website www.ironmountainconnect.com or phone 1-800-FastFile or fax 1-800-
	934-5384.
2	Via the website refer to the customer handbook for specific instructions on
	retrievals. The Inventory Report and Supplemental Reports are utilized to
	determine carton number(s).
3	The retained copy of the Transmittal form can be used to determine carton (box)
	number.

#### **D.** Should this laboratory cease to exist

Step	Action
1	All records currently in storage would be managed by the Corporate Records
	Management Department

#### 6. **RELATED DOCUMENTS**

Records Management Program, *ourQuest online homepage*, (Units and Functions/Legal and Compliance)

Records Management Process, Transfusion Service; Blood Bank procedure Transave Search, IT procedure

#### 7. **REFERENCES**

- 1. Standards for Blood Banks and Transfusion Services, AABB, Current Edition.
- 2. College of American Pathologists, Laboratory Accreditation Manual, Laboratory General Checklist, current version.
- 3. Customer Handbook, Iron Mountain, Inc., Collegeville, PA, 2004.

## 8. **REVISION HISTORY**

Version	Date	<b>Reason for Revision</b>	Revised By	Approved By
		Supersedes SOP L032.01		
000	2/1/2010	Updated owner.	L. Barrett	L. Loffredo
		Section 5 -		
		<ul> <li>added Discontinued/Revised Procedures to</li> </ul>		
		Clinical Laboratory Records		
		• specified active and inactive records for Training		
		& Competency Materials		
		<ul> <li>deleted Bone Marrow reports</li> </ul>		
		<ul> <li>added Note describing cease of Lab operation</li> </ul>		
001	6/1/2010	Deleted PKU results and Bone Marrow slides from	L. Barrett	L. Loffredo
		item A.		
		Added off-site storage process and addenda		
002	8/13/2010	Section 5 –	L. Barrett	L. Loffredo
		<ul> <li>revised retention of training documents</li> </ul>		
		• added Reference #1 completion (item B.3.e)		
		Section 9 – updated A, added B		
003	9/21/2011	Section 5 –	L Loffredo	L. Loffredo
		<ul> <li>revised retention of QM records</li> </ul>		
		<ul> <li>removed trichrome stain</li> </ul>		
		Section 9 – updated A		
004	10/18/12	Section 5 – revised retention of UA specimens	L. Barrett	L. Loffredo
		Section 9 – updated A		
005	3/11/13	Section 5A – Removed Blood Bank retention	S. Codina	L. Loffredo
		information		
		Section 5 – added Blood Bank SOP		
		Section 9 – updated Addendum A to remove Blood		
0.0.4	0 11 5 11 5	Bank retention information		x x 00 1
006	3/16/15	Section 5A – updated retention time for procedures	L. Barrett	L. Loffredo
		and inactive employee files, remove microfiche	M. Sabonis	
		records		
		Section 6 – add LIS SOP		
		Footer – version # leading zero's dropped due to new EDCS in use of $10/7/12$		
7	2/16/17	new EDCS in use as of 10/7/13	L Barrett	R SanLuis
1	2/16/17	Updated owner Header: added other sites	L Barrell	K SanLuis
		Section 5: add IQCP, BB competency, revise specimen retention		
		Section 9: update addendum A		
		Section 9. update addendum A		

## 9. ADDENDA AND APPENDICES

- A. Record Class Codes and Schedules
- B. Iron Mountain Transmittal Form

Form revised 3/31/00

## Addenda A

## **Record Class Codes and Schedules**

Record Type Name	Customer Record Class Code	Retention
LIS Logs (Performance Monitoring)	ADM 100	3 Years
Disaster Recovery Plans	ADM 170	Active + 10
Application Documentation, Source Code, Version Changes	ADM 180	Active + 3
Workforce Central logs	ACC 110	8 Years
Competency and Training Materials, Inactive Personnel files	HRE 160	Active + 3
Competency and Training Materials, Transfusion Medicine (Immunohematology)	HRE 270	Active + 5
Medical Director Consultations	LAB 200	3 Years
Laboratory Operations Management Records	LAB 200	3 Years
Research and Development Records	LAB 220	Active + 10
Equipment/Instrument User Manuals	LAB 240	Active
Equipment/Instrument Maintenance, Calibration, Quality Control Records, Reagent Logs, Temperature Monitoring Logs, Audits	LAB 260	2 Years
IQCP	LAB 265	Active + 2
Validation	LAB 290	Active + 2
Patient Test Results	LAB 310	11 Years
Discontinued/Revised Procedures	LAB 350	2 Years
Lab Worksheets and Instrument Printouts	LAB 350	2 Years
Database Control / New Test Signoff Records	LAB 380	7 Years
Specimen Requisitions (Downtime/Manual/Standing Orders)	LAB 470	11 Years
Send Out Test Results	LAB 480	11 Years
Proficiency Testing	LAB 500	2 Years
Accession Records	LAB 640	2 Years
Quality Management Records	LEG 550	3 Years
Quality Improvement Plans, Metrics, Quality Measures	LEG 550	3 Years
HIPAA Patient Requests	LOS 140	6 Years
Supply Packing Lists	LOS 180	1 Year

#### Addenda B

