FAILED PATIENT RUN RESULT VERIFICATION

☒ **St. Joseph Medical Center Tacoma, WA** ☒ **St. Clare Hospital Lakewood, WA** ☒ **St. Elizabeth Hospital Enumclaw, WA**
☒ **St. Francis Hospital Federal Way, WA** ☒ **St. Anthony Hospital Gig Harbor, WA** ☐ **PSC**

Date/Time: _____ Initials/Tech ID: _____

Analyte: _____ Instrument: _____

Patient Normal range: _____

Clinically acceptable repeat limits:_____

Timeframe of potentially affected patient results: Beginning:_____ Ending:_____

(Time of last good QC for that test up to the time that patients were no longer run.)

Brief description of QC problem: State which level was out, the QC result, and the range for that control.

_____

_____

Brief description of problem resolution:

_____

_____

1. Use Instrument Files to find the 5 most recently run patient samples, prior to the realization that there was a problem.

2. If the variation is clinically significant (based on the failed patient run procedure guideline or result interpretation changed from Normal to Abnormal and vice versa), then keep back-tracking until you can identify when you think the problem occurred, i.e. to a point where results were not significantly different.

3. Consult with department manager or pathologists if you are unsure of how to determine if the variation is clinically significant.

4. If the variation is clinically significant then corrected results must be generated and the patients' locations notified.

5. **Prior to correcting any results**, please notify the Dept. Manager or Pathologist.

6. In the relevant Electronic QC file, footnote that a look back was done

Recheck Accn#	Original Result	Repeated Result	Variation Acceptable Y/N

Please attach all instrument patient printouts/reruns together and submit the documents to MTC/Manager.

Comments:_____

_____

Reviewed by:_____ Date:_____