

AUTOVERIFICATION- RAPID SUSPENSION VALIDATION FORM

- 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
 Highline Medical Center Burien, WA
 Harrison

Analyte: _____ Instrument: _____

Autoverification Problem: Test Method or Instrument or Middleware or LIS
(circle appropriate problem)

Date: _____ Time Off: _____ Date: _____ Time On: _____

Validation Performed by: _____

Accession #:	Validation Condition Tested	Auto Verified	Acceptable Performance
		Yes or No	Yes or No
		Yes or No	Yes or No
		Yes or No	Yes or No
		Yes or No	Yes or No
		Yes or No	Yes or No
		Yes or No	Yes or No

Comments: _____

Reviewed by: _____ Date: _____

Explanation: Validation: Approved or Not Acceptable

Site Manager/Technical Services Manager
Reviewed by: _____ Date: _____