**Questions from the CAP Common Checklist:**

**COM.01600 PT Integration Routine Workload Phase II**

**The laboratory integrates all proficiency testing samples within the routine laboratory**

**workload, and those samples are analyzed by personnel who routinely test patient/client**

**samples, using the same primary method systems as for patient/client/donor samples.**

*NOTE: Duplicate analysis of any proficiency sample is acceptable only if patient/client specimens*

*are routinely analyzed in the same manner. With respect to morphologic examinations*

*(identification of cell types and microorganisms; review of electrophoretic patterns, etc.), group*

*review and consensus identifications are permitted only for unknown samples that would*

*ordinarily be reviewed by more than one person in an actual patient sample.*

*If the laboratory uses multiple methods for an analyte, proficiency samples should be analyzed*

*by the primary method. The educational purposes of proficiency testing are best served by*

*a rotation that allows all testing personnel to be involved in the proficiency testing program.*

*Proficiency testing records must be retained and can be an important part of the competency*

*and continuing education documentation in the personnel files of the individuals. When*

*external proficiency testing materials are not available, the semiannual alternative performance*

*assessment process should also be integrated within the routine workload, if practical.*

**Evidence of Compliance:**

✓ Written policy describing proper handling of PT specimens **AND**

✓ Instrument printout and/or work records **AND**

✓ Completed attestation pages from submitted PT result forms

**COM.01700 PT Evaluation Phase II**

**There is ongoing evaluation of PT and alternative assessment results, with prompt**

**corrective action taken for each unacceptable result.**

*NOTE: Primary records related to PT and alternative assessment testing are retained for two*

*years (unless a longer retention period is required elsewhere in this checklist for specific analytes*

*or disciplines). These include all instrument tapes, work cards, computer printouts, evaluation*

*reports, evidence of review, and records of follow-up or corrective action.*

*For laboratories outside the US, PT failures relating to problems with shipping and specimen*

*stability should include working with local customs and health regulators to ensure appropriate*

*transit of proficiency testing specimens.*

**Evidence of Compliance:**

✓ Records of ongoing, timely review of all PT reports and alternative assessment results by the

laboratory director or designee **AND**

✓ Records of investigation of each "unacceptable" PT and alternative assessment result

including records of corrective action appropriate to the nature and magnitude of the problem

**COM.01800 PT Interlaboratory Communication Phase II**

**There is a policy that prohibits interlaboratory communication about proficiency testing**

**samples until after the deadline for submission of data to the proficiency testing provider.**

*NOTE: Results must be reported by personnel within the laboratory. There is a strict prohibition*

*against interlaboratory communications about proficiency testing samples or results until after*

*the deadline for submission of data to the proficiency testing provider. The laboratory director*

*is responsible for enforcing this prohibition. Records of training on the handling of PT samples*

*and prevention of interlaboratory communication are strongly recommended. The laboratory*

*must maintain the records of the proficiency testing event, including a copy of the proficiency*

*testing program's report forms. Copies of such records must not be shared with and should*

*be inaccessible to personnel of any laboratory including an affiliated laboratory until after the*

*deadline for submission of results.*

**COM.30000 Critical Result Notification Phase II**

**The laboratory has written procedures for immediate notification of a physician (or other**

**clinical personnel responsible for the patient's care) when results of designated tests**

**exceed established "critical" values that are important for prompt patient management**

**decisions. Records of notification are maintained.**

*NOTE: Alert or critical results are those results that may require rapid clinical attention to avert*

*significant patient morbidity or mortality. Each laboratory may define the critical values and critical*

*results that pertain to its patient population. The laboratory may establish different critical results*

*for specific patient subpopulations (for example, dialysis clinic patients). Critical results should be*

*defined by the laboratory director, in consultation with the clinicians served.*

*Allowing clinicians to "opt out" of receiving critical results is strongly discouraged.*

*Records must be maintained showing prompt notification of the appropriate clinical individual*

*after obtaining results in the critical range. These records must include: date, time, responsible*

*laboratory individual, person notified (the person's first name alone is not adequate*

*documentation), and test results. Any problem encountered in accomplishing this task should be*

*investigated to prevent recurrence.*

*Reference laboratories may report critical results directly to clinical personnel, or to the referring*

*laboratory. The reference laboratory should have a written agreement with the referring*

*laboratory that indicates to whom the reference laboratory reports critical results.*

*In the point-of-care setting, the identity of the testing individual and person notified need not be*

*recorded when the individual performing the test is the same person who treats the patient. In*

*this circumstance, however, there must be a record of the critical result, date, and time in the test*

*report or elsewhere in the medical record.*

**COM.30500 Reagent Kit Components Phase II**

**If there are multiple components of a reagent kit, the laboratory uses components of**

**reagent kits only within the kit lot unless otherwise specified by the manufacturer.**

**Evidence of Compliance:**

✓ Written policy defining allowable exceptions for mixing kit components from different lots

**COM.30800 Temperature Corrective Action Phase II**

**There is evidence of corrective action taken if acceptable temperature ranges for**

**temperature-dependent equipment and environmental temperatures are exceeded,**

**including evaluation of contents of refrigerators and freezers for adverse effects.**

*NOTE: If acceptable temperature ranges are exceeded, stored reagents, controls, calibrators,*

*etc. must be checked to confirm the accuracy or quality of the material before use and records*

*maintained. The check should follow a defined procedure*