CAP Standard”

|  |  |  |
| --- | --- | --- |
| GEN.20450 | Correction of Laboratory Records | Phase II |
|  | The laboratory follows a written policy for the management and correction of laboratory records, including quality control data, temperature logs, and intermediate test results or worksheets.  NOTE: Laboratory records and changes to such records must be legible and indelible. Original (erroneous) entries must be visible (i.e. erasures, white and correction fluid are unacceptable) or accessible (e.g. audit trail for electronic records). Corrected data, including the identity of the person changing the record and when the record was changed, must be accessible to audit. This requirement does not apply to changes to patient reports (refer to GEN.41310).  Evidence of Compliance:   * Records of corrections to laboratory records following the policy   **The Winchester Hospital Laboratory policy that address the CAP standard GEN.20450.**  Gen.01.0035.06   * 1. Proper laboratory documentation protocols must be followed when writing and revising laboratory policies and procedures, as well as when recording patient test results, and documenting quality control, equipment and instrument records.      1. All documentation must be done in pen, NOT pencil.      2. All dates must be written in the format mm/dd/yy or mm/yyyy if a specific day in the month is not specified.      3. Errors in documentation must be recorded by drawing single line through the error. The person making the change must initial and date the change. | |