

Standardized Testing / Operating Protocol Request


General Information			
Title of STOP:	Annual Autoverification Validation procedure revision and Document Form		
Requestor Name:	Wendy Turner	Submission Date:	06/27/19
Description:	Revised annual testing to 10 samples per interface from 50	Target Date:	07/30/19
X	Performing Location(s)	X	Affected Location(s)
X	Alamance Cancer Center	X	Alamance Cancer Center
	High Point Cancer Center		High Point Cancer Center
	Wesley Long Cancer Center		Wesley Long Cancer Center
X	Alamance Regional	X	Alamance Regional
X	Annie Penn Hospital	X	Annie Penn Hospital
X	MedCenter @ High Point	X	MedCenter @ High Point
X	MedCenter @ Mebane	X	MedCenter @ Mebane
X	Moses Cone Hospital	X	Moses Cone Hospital
X	Wesley Long Hospital	X	Wesley Long Hospital
X	Women's Hospital	X	Women's Hospital
X	Affected Department(s)		
X	Blood Bank		
	Cytology		
	Flow Cytometry		
	Histology		
X	Microbiology		
	Phlebotomy		
	Point Of Care		
X	Rapid Response Lab		
	Respiratory Therapy		
	Specimen Processing		
Training / Competency			X Section Not Applicable
	Yes *	No	*If Yes, Explain
Training Required?	<input type="checkbox"/>	<input type="checkbox"/>	
Training checklist needs to be created or revised?	<input type="checkbox"/>	<input type="checkbox"/>	
Competency Log, Observation form or Blind Sample form needs to be created or revised?	<input type="checkbox"/>	<input type="checkbox"/>	
Quiz need to be created or revised?	<input type="checkbox"/>	<input type="checkbox"/>	
Quality			Section Not Applicable
Document updates needed?	X	<input type="checkbox"/>	
	New / Revised Docs: AR and Mebane LIS-109 AutoVerification Validation 77420.98 Autoverification 77420.1630 Autoverification Annual Revalidation Form		
	Retired Documents:		
Does Current Test have a IQCP?	<input type="checkbox"/>	X	
Will New Test need a IQCP?	<input type="checkbox"/>	X	
Memo/Notification to Client Needed?	<input type="checkbox"/>	X	* If yes, mark below & include with Request
	<input type="checkbox"/>	<input type="checkbox"/>	GSO/Reidsville Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	ARMC Medical Staff
	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy - DeAnne Brooks / Jim Hasspacher
	<input type="checkbox"/>	<input type="checkbox"/>	#Nursing Leadership (Director., Asst. Director, Clin Nurse Mgr)
	<input type="checkbox"/>	<input type="checkbox"/>	Infection Prevention - Melissa Morgan
<i>Memo/Notification Notes:</i>			
CAP/COLA Test Menu Changes?	<input type="checkbox"/>	X	
CMS Analyte Form Changes Needed?	<input type="checkbox"/>	X	
PT Survey Changes / Orders Needed?	<input type="checkbox"/>	X	

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Safety: Chemicals / Reagents		<input checked="" type="checkbox"/>	Section Not Applicable
Chemical Inventory Changes Needed?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes, Send Chemical Inventory Update Form to Mathieu Vestal</i>
	Name of Product(s):		
	Retired Product(s):		
Billing		<input checked="" type="checkbox"/>	Section Not Applicable
	Yes *	No	*If Yes, Explain
Billing Changes Required?	<input type="checkbox"/>	<input type="checkbox"/>	CPT/LOINC Code:
	CDM #:		CDM Modifier:
Technical Changes		<input checked="" type="checkbox"/>	Section Not Applicable
Select One: <input type="checkbox"/> New Test / Instrument <input type="checkbox"/> Existing Test / Instrument Please indicate any necessary changes / additions below or mark "X" under N/A <i>Explain Changes / Additions & Attach patient report example or instrument printout</i>			
N/A			
Reference Range:	<input type="checkbox"/>		
Critical Result:	<input type="checkbox"/>		
Delta Check:	<input type="checkbox"/>		
Technical/Clinical Range:	<input type="checkbox"/>		
Autodilution:	<input type="checkbox"/>		
Middleware Rules:	<input type="checkbox"/>		
Text/Comment Code:	<input type="checkbox"/>		
QC Code:	<input type="checkbox"/>		
Specimen Requirements:	<input type="checkbox"/>		
Specimen Type:	<input type="checkbox"/>		
Container/ Tubes:	Preferred:		
	Acceptable:		
	Required Volume:		
	Minimum Volume:		
Special Collection Instructions:			
	Yes *	No	N/A
Autoverification Desired:	<input type="checkbox"/>	<input type="checkbox"/>	X
ITS Tech Review been initiated / scheduled? Required if on Network	<input type="checkbox"/>	<input type="checkbox"/>	X
Technical Description of Change			

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IT Information						X	Section Not Applicable		
				Pre-live Docs Needed?			Completed?		
				Yes	No	Yes	N/A	Yes	No
Computer Systems Involved:	Sunquest			Sunquest					
	CHL			CHL					
	PowerPath			PowerPath					
	WindowPath			WindowPath					
				Yes	No	Instrument / Manual Test			
Analyzer Interface Required?									
Middleware Needed?									
Order Code Assigned?						Order Code:			
						Worksheet:			
<p align="center">Select the necessary Medical Director Approval below</p> <p align="center"><i>Signatures completed in MediaLab</i></p>									
						Yes	No		
Alamance Regional Medical Director						X			
MedCenter Mebane Medical Director						X			
Greensboro/Reidsville Medical Director						X			
Cancer Centers Medical Director						X			

 <p>STOP Notification</p>	<h2 style="color: blue;">Annual Autoverification Validation procedure revision and Document Form Standardization</h2>	
<p>When:</p>	<p>Tuesday, July 30, 2019</p>	
<p>What?</p>	<p>Revised annual testing to 10 samples per interface from 50</p>	
<p>Who is Affected:</p>	<p style="text-align: center;">Affected Location(s)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alamance Cancer Center High Point Cancer Center Wesley Long Cancer Center <input checked="" type="checkbox"/> Alamance Regional <input checked="" type="checkbox"/> Annie Penn Hospital <input checked="" type="checkbox"/> MedCenter @ High Point <input checked="" type="checkbox"/> MedCenter @ Mebane <input checked="" type="checkbox"/> Moses Cone Hospital <input checked="" type="checkbox"/> Wesley Long Hospital <input checked="" type="checkbox"/> Women's Hospital 	<p style="text-align: center;">Department(s)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Blood Bank Cytology Flow Cytometry Histology <input checked="" type="checkbox"/> Microbiology Phlebotomy Point Of Care <input checked="" type="checkbox"/> Rapid Response Lab Respiratory Therapy Specimen Processing
<p>Why?</p>	<p>Simplification of annual testing process for autoverification</p>	
<p>What you will need to do to prepare:</p>	<p>Each location needs to be familiar with the form</p>	
<p>Manager / Supervisor Responsibility:</p>	<p>Send Post Live Documentation to IT Manager within 5 days of the effective date for test systems marked with an "X"</p>	
	<p>Sunquest</p>	<p>WindowPath</p>
	<p>CHL</p>	<p>Instrument / Manual Test</p>
	<p>PowerPath</p>	
<p>Need Help?</p>	<p style="text-align: center;">Contact your Manager / Supervisor</p>	