**Form B: Request for Pre-, Post-, Non-, or Analytic Work Document Creation or Revision**

Requestor Name/Title: John Frey / Supervisor, Chemistry and Urinalysis

Date: 09/08/2017

○ Facility SRMC ○ Policy X Change to existing document

○ Process (attach proposed changes)

X Procedure ○ Create new document

○ Instructional resource ○ Form

Rationale for requesting new document or document change: Updating existing SRMC procedure to reflect that Clinitest test for urine reducing substances is no longer available and/or in use at SRMC. Removed reference to Ictotest bilirubin confirmatory test and sulfosalicylic acid test, as these are also no longer in use at SRMC. Removed reference to manual backup testing – as this is no longer performed.

### Document Name: Operation of Iris iChem 100 Urine Analyzer

### Doc # and Version: UA.ANA.09.05-/-RV.02

Supporting Documents:

|  |  |
| --- | --- |
| NAME | NUMBER AND VERSION |
|  |  |
|  |  |
|  |  |

### Validation Needed? ○ Yes X No

### In-Service Acknowledgement Required? X Yes ○ No (If yes, see below.)

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor | X | Lab Assistant |  |
| Clinical Lab Scientist (CLS) | X | All Lab Staff |  |
| Senior Lab Assistant / CLS Assistant |  | Other (list here): |  |

Written By: Review/Comment Completed: X Yes ○ No ○ N/A

X Revised By: John Frey, Supervisor

## APPROVAL

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE | FACILITY | SIGNATURE | DATE |
| Laboratory Medical Director |  |  |  |
| Laboratory Manager / Director |  |  |  |

|  |  |
| --- | --- |
| **Date Issued For Training:** | **Date Issued For Operations:** |

*End*