



Holyoke Medical Center

RESPONSIBLE DEPARTMENT: LABORATORY	POLICY #: 401.ADM.4.08	PAGE: 1 of 2
SUBJECT: CORRECTION OF LABORATORY RECORDS	EFFECTIVE DATE: FEBRUARY 26, 2018	
REVIEWED/ REVISED:		
DISTRIBUTION: ALL LABORATORY EMPLOYEES		

Policy: 401.ADM.4.08

Laboratory

Category 3

CORRECTION OF LABORATORY RECORDS

Purpose

It is the policy of the laboratory to verify and document records, including quality control data, temperature logs, and intermediate test results or worksheets in a uniform manner.

All 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 records and when the record was changed, must be accessible to audit. (See policy 401.ADM.5.01 for correction of patient results)

It is the responsibility of the supervisor to routinely review QC logs, temperature charts and intermediate reports.

REFERENCES:

1. College of American Pathologists, Laboratory General Checklist, August, 2017.
2. College of American Pathologists, All Common Checklist, August 2017



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Approved By:	<i>[Signature]</i> UT (ASCP)	2/23/18
	Laboratory Manager / Designee	Date
	<i>[Signature]</i> MD	2/28/18
	Medical Director	Date

Prepared By: Joan M. Poutre,
 Adopted or Date initiated: 02/2018
 Reviewed:

Date	Lab Manager/Designee	Date	Lab Manager/Designee
10/31/18	<i>[Signature]</i> M.D. Thomas Buck New Medical Director Review		
11-5-18	<i>[Signature]</i>		

Version	Summary of Changes	Author	Date