[](http://depts.washington.edu/labweb/index.htm)

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| **University of Washington,**  **Harborview Medical Center**  **325 9th Ave. Seattle, WA, 98104**  **Transfusion Services Laboratory**  **Policies and Procedures Manual** | **Original Effective Date:**  **January 1, 2013** | **Number:**  **F6007-1** |
| **Revision Effective Date:** | **Pages:** |
| **TITLE: Procedure and Process Validation Checklist** | | |

**Procedure or Validation Title:**

**Validator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acceptance Criteria:** Task can be performed correctly and completely with valid results obtained, using only this procedure or process for direction. All questions must be answered in the affirmative.

**Instructions:** *Complete the following checklist by placing a check mark by the appropriate response. Add comments as needed.*

*Questions 1-5 to be completed by validator*

1. Is the title of the procedure or process defined and specific? \_\_\_\_yes\_\_\_\_no

Initials\_\_\_\_Date\_\_\_\_\_

2. Is the purpose clearly defined and specific? \_\_\_\_yes\_\_\_\_no

Initials\_\_\_\_Date\_\_\_\_\_

3. Is text sufficiently detailed to be understood and followed by \_\_\_\_yes\_\_\_\_no

Staff?

Initials\_\_\_\_Date\_\_\_\_\_

4. Can the task be completed correctly by following the \_\_\_\_yes\_\_\_\_no

Instructions?

Initials\_\_\_\_Date\_\_\_\_\_

5. Do the procedure or process outcomes or results meet the \_\_\_\_yes\_\_\_\_no

acceptance criteria?

Initials\_\_\_\_Date\_\_\_\_\_

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*Questions 6-7 to be completed by Manager or Designee*

6. Is the procedure or process or revision in compliance with \_\_\_\_yes\_\_\_\_no

Regulatory requirements, if applicable?

Initials\_\_\_\_Date\_\_\_\_\_

7. Analysis and Evaluation:

Attach end product / recommendation. Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_