NAME OF LABORATORY

Quality Assurance
Review Form

Review: IQCP ANNUAL REVIEW FOR METHOD:

Reviewer:

Month of Review: May **Review Period:**

Method of Review:

Performance Measures Related to Method:

1. Quality Control Satisfactory & Performed per IQCP Schedule	☐ Met	☐ Not Met
2. Proficiency Testing Performance is Satisfactory for each event	☐ Met	☐ Not Met
3. Complaints have been investigated by Supervisory Staff	☐ Met	☐ Not Met
4. Incidents related to test (method) properly investigated	☐ Met	☐ Not Met
5. Specimen Rejection Logs reviewed	☐ Met	☐ Not Met
6. Staff Competency Records reviewed	☐ Met	☐ Not Met
7. Risk Assessment elements reviewed:	☐ Met	☐ Not Met
- Specimens	☐ Met	☐ Not Met
- Testing Personnel	☐ Met	☐ Not Met
- Environment	☐ Met	☐ Not Met
- Reagents and Test System	☐ Met	☐ Not Met
- Pre-analytic, Analytic, Post-analytic phases of testing	☐ Met	☐ Not Met

Conclusion:

Reset

Reviewed by:

Laboratory Staff: **Date:**

Technical Consultant/Supervisor: **Date:**

Director: **Date:**