

CHECKLIST FOR ASSESING MEDICAL LABORATORY SAMPLE COLLECTION CENTERS

Name and Address of the Sample Collection Centre:

1. Premises

			Remarks
1.1	Type of the Collection Centre	Owned /	
		Managed /	
		Franchisee	
1.2	Size of premises	Sq.	
		feet/meters	
1.3	Collection Centre is operational since (date)		
1.4	Does it meet the requirement of the workload	Yes / No	
1.5	Reception and waiting area separate from	Yes / No	
	collection area		
1.6	Hand washing facilities	Yes / No	
1.7	Clean toilet facilities	Yes / No	
1.8	Provision of privacy during collections	Yes / No	
1.9	Hours of operation have been displayed	Yes / No	

2. Accommodation and Environmental Conditions

			Remarks
2.1	Is it adequately lit and clean	Yes / No	
2.2	Is the humidity and temperature suitable	Yes / No	
2.3	Are cleaning policies available	Yes / No	
2.4	Is it adequately ventilated and prevented from	Yes / No	
	dust		
2.5	Does it have adequate space & separation to	Yes / No	
	avoid cross contamination		
2.6	Is the house keeping adequate	Yes / No	

3. Equipment

			Remarks
3.1	Refrigerators available	Yes / No	
3.2	Centrifuge, if needed, available	Yes / No	
3.3	Proper storage of supplies	Yes / No	
3.4	Suitable chair and/ or couch for collection of	Yes / No	
	blood, etc.		
3.5	Basic first-aid materials	Yes / No	
3.6	Telephone facility	Yes / No	
3.7	AC for controlling temperature, if needed	Yes / No	
3.8	Power backup for equipment	Yes / No	

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4. Materials

			Remarks
4.1	Material required for specimen collection eg.	Yes / No	
	evacuated blood collection tubes, syringes,		
	tubes, swabs etc.		
4.2	No expired or outdated material in the	Yes / No	
	premises		

5. Staff

			Remarks
5.1	Staff members related to sample collection	nos.	
5.2	Is it appropriate to the workload?	Yes / No	
5.3	Initial training records available?	Yes / No	
5.4	Ongoing training records available?	Yes / No	
5.5	Does the staff possess knowledge of first-aid	Yes / No	
	measures to deal with situations they are		
	likely to encounter in the course of specimen		
	collection?		
5.6	Appropriate identification to be worn by the	Yes / No	
	staff		

6. Documentation

			Remarks
6.1	List of services provided	Yes / No	
6.2	List of services excluded	Yes / No	
6.3	Sample collection manual available	Yes / No	
6.4	Records of Internal audit	Yes / No	
	(Available at laboratory)		

7. Health and Safety

	•		Remarks
7.1	Collection staff to observe universal precautions (to wear gloves, lab coat & protective mask)	Yes / No	
7.2	Vaccinated against Hepatitis B	Yes / No	
7.3	Vaccinated against other preventive diseases	Yes / No	

8. Safety and Waste Disposal

			Remarks
8.1	Approved receptacles for sharps and for contaminated waste available	Yes / No	
8.2	Transport and disposal of waste is in	Yes / No	
	accordance with applicable regulatory		
	requirements		

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9. Sample Collection and separation

			Remarks
9.1	Are samples collected by the SCC sent only to the Laboratory?	Yes / No	
9.2	Are Samples collected by the SCC sent to other	Yes / No	
	Laboratories?		
9.3	Are samples sent from other centers are	Yes / No	
	accepted by the SCC and sent to the		
	Laboratory?		
9.4	If yes, is the identity of such centers	Yes / No	
	maintained?		
	Are all samples sent by all centers covered?		
9.5	Are there any measures to control conditions of	Yes / No	
	such centers?		
9.6	Are samples separated at the SCC?	Yes / No	
9.7	If so are necessary resources available for	Yes / No	
	maintaining integrity of samples?		

10. Packing

			Remarks
10.1	Is the primary container containing specimen leak proof tube or vial?	Yes / No	
10.2	Does the secondary container possess sufficient absorbent material to absorb the contents if the primary container leaks?	Yes / No	
10.3	Are both the above containers properly labelled?	Yes / No	
10.4	Is the secondary container packed into appropriate outer packing and labelled appropriately?	Yes / No	
10.5	Is cooling agent included in the outer package if cold chain is to be maintained?	Yes / No	
10.6	Is the outer package labelled, addressed and taped securely	Yes / No	
10.7	Are the pap smears mailed in rigid slide mailers to prevent breakage of the slide?	Yes / No	

11. Transportation of specimens

			Remarks
11.1	List of services provided	Yes / No	
11.2	Has the specimen collection staff participated in	Yes / No	
	training in specimen collection, transport,		
	handling of emergencies etc?		
11.3	Has the above staff participated in retraining	Yes / No	
	undertaken at not greater than two year		
	interval?		
11.4	Is the parcel of infectious substances attached	Yes / No	
	with a plastic envelope containing document –		
	'Bio-hazardous diagnostic specimens'?		

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12. Delivery of Reports

			Remarks
12.1	Does the SCC deliver reports issued by the Laboratory	Yes / No	
12.2	If so, does the report cover the test requested for?	Yes / No	
12.3	If so, does the report indicate whether the sample has been collected from SCC?	Yes / No	
12.4	Does the report include only the tests performed by the Laboratory? Is SLAB logo unambiguously displayed in reports?	Yes / No	
12.5	Are the reports delivered to the customers with in stated time frame?		

13. Complaints and Feedback

			Remarks
13.1	Does the collection centre has provision for	Yes / No	
	receiving of complaints / feedback	I es / No	
13.2	Are the complaints / feedback reviewed and	Yes / No	
	resolved by the laboratory		

Overall Comments:	

Note to Assessors -

- 1. Indicate any important points that will support or hinder the decision of assessment under the 'Remarks' column of each aspect.
- 2. Summarize the findings of each SCC assessed in the technical assessor's report and raise discrepancies, if any as nonconformities or observations in the relevant assessment formats provided.

Date:	Signature of Technical Assessor:

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