

Healthcare Lab Procedure Checklist: Quality Control & Documentation

Sample Reception & Logging

Ensures proper receiving, labeling, and tracking of all incoming samples.

Enter date	
Sample Volume (mL)	
Enter a number	
Sample Type	
Blood	
Urine	
Tissue	
Other	
Requisition Number	
Write something	

Write something	
mage of Sample Label	
♣ Upload File	
Received By (Initials)	
Write comething	
	Maintenance librated and maintained according to sched
quipment Calibration & ifies that all lab equipment is properly cal	
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quipment Calibration & ifies that all lab equipment is properly calest Calibration Date Enter date Calibration Reading (Current)	

Calibration Standard Used	
☐ NIST traceable	
☐ Internal Standard	
Other	
Technician Performing Calibration	
Write something	
Nove Calibration Day Data	
Next Calibration Due Date	
Enter date	
Calibration Notes / Deviations	
Write something	
Calibration Certificate (Optional)	
♣ Upload File	
Reagent Preparation & Storag	е

Confirms accurate preparation and appropriate storage conditions for all reagents.

Reagent Lot Number	
Write something	

Preparation Date (YYYY-MM-DD)
Enter a number
Reagent Type
Buffer
☐ Enzyme
☐ Standard
☐ Stain ☐ Other
Expiry Date (YYYY-MM-DD)
Enter a number
Decrease the attraction of Eallers and (Detailed)
Preparation Instructions Followed (Detailed)
Write something
Storage Location
Refrigerator (2-8°C)
Freezer (-20°C)
Liquid Nitrogen
Room Temperature

Special Stora	age Conditions (e.g., light sensitive, humidity)	
Write somethi	ng	
rocedur	e Execution & Data Recording	
	performing tests correctly and documenting results precisely.	
	performing tools correctly and documenting results precisely.	
Patient Identi	ification Verification	
Write somethi	ng	
Sample Volui	ne (mL)	
Enter a number	er	
Reagent Lot	Number	
Lot #12345		
Lot #67890		
Lot #13579		
Procedure St	art Time	
ncubation Te	emperature (°C)	
Enter a number		
	····	

Write something	
Reading/Result Value	
Enter a number	
Procedure Date	
Enter date	
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Target Value (Mean)	

Acceptance Range (Upper Limit) Enter a number	
Measured Value	
Enter a number	
Result (Pass/Fail) Pass Fail	
Comments/Notes (if Fail) Write something	
Date of QC Run Enter date	
Time of QC Run	

Result Verification & Reporting

Covers steps to confirm result accuracy and appropriate reporting channels.

Patient Age
Enter a number
Result Verified by (Initials)
Technician 1
Technician 2
Supervisor
Verification Time
Verification Notes (e.g., discrepancies, corrections)
Write something
Result Status
Normal
Abnormal
☐ Critical
Date of Verification
Enter date

Reporting Instructions (if applicable)	
Write something	
	<u> </u>
ocumentation & Record Keeping	
sures complete and accurate record keeping for all lab procedures.	
Date of Procedure	
Enter date	
Time of Procedure	
Technician Notes/Observations	
Write something	
Sample Volume (mL)	
Enter a number	
Result Status (Verified/Pending/Rejected)	
☐ Verified☐ Pending	
Rejected	

Attachment: QC Data Sheet	
♣ Upload File	
Reviewer Signature	
	\supset
Result ID/Accession Number	
Write something	
Vaste Disposal & Safety Protocols onfirms adherence to proper waste disposal procedures and safety guidelines.	
Vaste Disposal & Safety Protocols onfirms adherence to proper waste disposal procedures and safety guidelines. Sharps Container Status Full Half Full Less Than Half Full	
onfirms adherence to proper waste disposal procedures and safety guidelines. Sharps Container Status Full Half Full	

Enter a number				
Spill Response Docume	entation			
Write something				
∟ast Chemical Waste Pi	ckup Date			
Enter date				
PPE Inspection				
Satisfactory				
Needs Replacement				
Damaged				
Waste Disposal Verifica	tion			
othod Volidati	on ⁰ Do:	iow		
ethod Validati				
ails steps for initial and o	ngoing method	validation proces	ses.	

Enter date...

Number of Validation Runs
Enter a number
Acceptance Criteria (e.g., % Recovery)
Enter a number
Validation Method Used
☐ Comparative ☐ Recovery
Linearity Other
Validation Results & Analysis (Detailed Description)
Write something
Method Validation Status
☐ Approved ☐ Needs Bayisian
Needs Revision□ Rejected
Last Review Date
Enter date

Reviewer Signature	
ncident Reporting & Corrective Action Provides a framework for reporting incidents and implementing corrective actions.	
Date of Incident	
Enter date	
Time of Incident	
Detailed Description of Incident	
Write something	
Severity Level (e.g., Minor, Moderate, Major)	
Minor	
☐ Moderate	
Major	

Critical

Type of Incident (e.g., Equipment Malfunction, Human Error, Process Failure)
Equipment Malfunction
Human Error
Process Failure
Environmental Hazard
Other
Number of Patients Affected (if applicable)
Enter a number
Root Cause Analysis
Write something
Corrective Actions Taken
Write something
Supporting Documentation (e.g., Photos, Logs)
♣ Upload File
Signature of Person Completing Report