SUNY DOWNSTATE MEDICAL CENTER UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No:	LAB- 8
Page:1 of _	1
Original Issue Date:	01/02
Supersedes:	01/09
Review Date:	02/10
SThe CAP Standards:	
Issued by: Pathology	
	Page: 1 of _ Original Issue Date: Supersedes: Review Date: The CAP Standards:

POLICY:

To detect and correct data transferring errors generated from automated instruments and/or data transcription errors from manual workstations in the Laboratory Information System.

PROCEDURE:

- Periodically, the supervisor or assistant supervisor for each laboratory will review results entered into the Laboratory Information System as defined in the laboratory section policy. (See each laboratory policy and procedure)
- 2. The selection of results to be reviewed will be made on a random basis as per laboratory section.
- The results written on the worksheet for each manual workstation will be reviewed and compared with the results verified in the LIS system for data transcription errors.
- 4. The results printed from each instrument will be reviewed and compared with the results verified in the LIS system for data transferring errors.
- 5. The supervisor or assistant supervisor for each laboratory will verify the reviewed results by initiating the worksheets and instrument printouts.
- 6. Discrepancies will be documented in an Investigation Report.
- 7. A copy of all Investigation Report will be sent to the laboratory QA/PI committee.
- 8. A new corrected report will be generated and forwarded t the patient's chart immediately.
- 9. All other areas of reporting will be notified.
- 10. The patient's cumulative report will show the corrected result.
- 11. The physician in charge will be notified of the corrective action.