Checklist for ASVCP Quality Assurance Guideline Section 12, Postanalytical Factors Important in Veterinary Clinical Pathology (v.3, 2019)

The purpose of these checklists is to facilitate guideline implementation/practical application and may be further detailed in laboratory-specific standard operating procedures (SOPs). The numbers in the first column correspond to the section numbers in the guideline. The N/A option (listed here only for applicable items) should only be employed for items not pertaining to the laboratory, with an explanation in the additional comment box.

Guideline Recommendation	Compliant?	Additional Comment(s) by Auditor
12.1 There is an established procedure (SOPs) for appropriate review of data generated in the laboratory, with particular attention to results from any testing methods which have required recent analytical troubleshooting, implausible results, data drifts, and results with critical clinical significance.	□ Yes □ No	
12.2, 12.3 Data and reports are presented in a standard format, with appropriate accessioning and contact information, and with appropriate reference intervals/decision limits/previous patient data.	□ Yes □ No	
12.2, 12.3 Critical/life threatening values (once re-run/validated) are communicated to the clinician immediately, and this communication (or any telephone reporting) is recorded in written/electronic format.	□ Yes □ No	
12.3 Report formats are designed for each type of test performed and are clearly organized to minimize the possibility of misunderstanding. Reports are archived for a specified time.	□ Yes □ No	
12.3.1 A list of send-out tests and the laboratory to which they are sent should be available to clients upon request.	□ Yes □ No	

12.3.2 Suspect inaccuracies have a comment on the report that clearly states which value(s) may be inaccurate/misleading for interpretation, with explanation.	□ Yes □ No	
12.3.3 For external clients, reports generated are delivered to the appropriate client in a predefined, timely manner. There is a detection mechanism	☐ Yes ☐ No	
for report transmission failure.	L N/A	
12.4 Any interpretive comments attached to lab	□ Vaa □ Na	
results are periodically reviewed and updated as	☐ Yes ☐ No	
needed to reflect any testing or reference interval changes/improvements.	□ N/A	
12.5 Specimens, slides, data, and reports are		
stored under appropriate conditions and for an		
established period defined by biologic stability,	□ Yes □ No	
laboratory policy and/or certificate/accreditation		
requirements.		
12.6 Materials and samples will be disposed of	☐ Yes ☐ No	
appropriately and safely.		
12.6 Previous versions of laboratory documents		
will be eliminated or permanently archived in a		
way that prevents that prevents in advertent	☐ Yes ☐ No	
circulation and use of obsolete operational		
documents.		
12.7 Laboratory spaces and equipment are clean,		
organized, and well-maintained, with logs to	☐ Yes ☐ No	
record cleaning/maintenance activities.		
12.8 The laboratory shall maintain a complete		
reagent and supply inventory with approved	☐ Yes ☐ No	
suppliers.		
12.2, 12.9, Table 2 For larger labs, key quality		
indicators for the post-analytical phase are	☐ Yes ☐ No	
identified and tracked, with number/percentage of		

errors/non-conformities evaluated at routine
intervals against pre-defined goals. Preventive
and corrective actions are taken as appropriate to
decrease/minimize errors, with scheduled periodic
review to assess their effectiveness. Smaller
laboratories may keep an incident log.