## Checklist for Checklist for ASVCP Quality Assurance Guideline Section 3, Preanalytical 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
3.2 If on staff, a veterinary clinical		
pathologist and/or other specialists is/are	□ Yes □ No	
available to clients to offer input on	□ N/A	
appropriate test selection(s).		
3.3 Offsite laboratory clients (i.e. not	□ Yes □ No	
pertaining to private practice in-clinic labs)		
are provided with a test submission manual		
that lists sample requirements, appropriate		
collection and transport procedures, and		
expected turnaround-time for results.		
3.3 Laboratory clients are advised to ideally	□ Yes □ No	
have monogastric animals fasted overnight		
(as permissible by clinical status) for routine		
hematology/biochemistry, with checkboxes		
to indicate 'Y/N fasted' on the laboratory		
submission form.		
3.3 Sample couriers have a means to	□ Yes □ No	
record and report to the laboratory any		
incidents during transportation that may		
affect sample quality or personnel safety. In		
turn, the laboratory should include this		
information to the client in the report.		
3.4 Laboratory clients are advised to label	□ Yes □ No	
all tubes/slides directly with specimen type		
and unique patient ID, plus anatomic		
location for cytology slides.		

3.4, 3.5 Accession forms contain filled out		
areas for:		
submitting clinic contacts		
date/time of collection		
patient ID		
complete signalment		
sample type/site source	□ Yes □ No	
collection method (for		
urinalysis/cytology)		
brief, pertinent history as indicated by		
sample type (cytology/		
histopathology/microbiology)		
<ul><li>requested test(s)</li></ul>		
3.4 Any handwritten information on the	□ Yes □ No	
accession form should be neatly legible.	□ Yes □ No	
3.6 Accession/test information is entered		
completely into the laboratory information	☐ Yes ☐ No	
management system (LIS/LIMS).		
3.6 Any problem with sample quality is		
recorded and communicated to offsite clients		
and appropriate laboratory staff. Testing is		
not performed on significantly corrupted		
samples, with repeat submission requested.	□ Yes □ No	
If testing of a compromised sample is	100 110	
requested by the client after notification, a		
disclaimer for extremely cautious		
interpretation is clearly indicated on the		
report.		
3.7 Communication between laboratory		
personnel and clients should be timely and		
courteous regarding preanalytical factors	☐ Yes ☐ No	
influencing laboratory test results (e.g.,		
inappropriate test choice for the clinical		

scenario, incomplete submission		
forms/container labeling, inappropriate		
sample type or sample handling, poor		
sample quality, etc.). Feedback from clients		
to the laboratory should be encouraged.		
There is a formal system for discharging and		
evaluating any necessary corrective actions		
in response to client feedback.		
3.8, 3.9 The laboratory environment is safe		
and comfortable, organized for workflow,		
and compliant with biohazard regulations, to		
include all necessary safety training, posted	□ Yes □ No	
notices, and personal protective equipment	□ fes □ No	
(PPE). Safety training is documented.		
Appointment of a health/safety officer is		
recommended.		
3.10 Personnel are adequately trained in		
laboratory SOPs and have ongoing		
competency evaluations at appropriate		
intervals for their area(s) of specialization,	□ Yes □ No	
with documentation. Appointment of a		
training manager is recommended.		
3.11 The laboratory information system		
(LIS) is periodically reevaluated and updated	□ Voc. □ No.	
for maximal efficiency. Records are archived	□ Yes □ No	
for an appropriate time.		
3.12 There is an organized protocol for any		
send-out testing, to include a clear policy for	□ Yes □ No	
postanalytical responsibilities of each lab.		