## 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 available to clients to offer input on appropriate test selection(s). | ☐ Yes ☐ No ☐ N/A | |
| 3.3 Offsite laboratory clients (i.e. not 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. | ☐ Yes ☐ No | |
| 3.3 Laboratory clients are advised to ideally 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. | ☐ Yes ☐ No | |
| 3.3 Sample couriers have a means to 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. | ☐ Yes ☐ No | |
| 3.4 Laboratory clients are advised to label all tubes/slides directly with specimen type and unique patient ID, plus anatomic location for cytology slides. | ☐ Yes ☐ No | |

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| 3.4, 3.5 Accession forms contain filled out areas for:<br>• submitting clinic contacts<br>• date/time of collection<br>• patient ID<br>• complete signalment<br>• sample type/site source<br>• collection method (for urinalysis/cytology)<br>• brief, pertinent history as indicated by sample type (cytology/ histopathology/microbiology)<br>• requested test(s) | ☐ Yes ☐ No | |
| 3.4 Any handwritten information on the accession form should be neatly legible. | ☐ Yes ☐ No | |
| 3.6 Accession/test information is entered completely into the laboratory information management system (LIS/LIMS). | ☐ Yes ☐ No | |
| 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. If testing of a compromised sample is requested by the client after notification, a disclaimer for extremely cautious interpretation is clearly indicated on the report. | ☐ Yes ☐ No | |
| 3.7 Communication between laboratory personnel and clients should be timely and courteous regarding preanalytical factors influencing laboratory test results (e.g., inappropriate test choice for the clinical | ☐ Yes ☐ No | |

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| 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 notices, and personal protective equipment (PPE). Safety training is documented. Appointment of a health/safety officer is recommended. | ☐ Yes ☐ No | |
| 3.10 Personnel are adequately trained in laboratory SOPs and have ongoing competency evaluations at appropriate intervals for their area(s) of specialization, with documentation. Appointment of a training manager is recommended. | ☐ Yes ☐ No | |
| 3.11 The laboratory information system (LIS) is periodically reevaluated and updated for maximal efficiency. Records are archived for an appropriate time. | ☐ Yes ☐ No | |
| 3.12 There is an organized protocol for any send-out testing, to include a clear policy for postanalytical responsibilities of each lab. | ☐ Yes ☐ No | |