Checklist for validation of test results

Perform a validation of patient results using this checklist. Only when a complete validation is performed the report may be authorized to be sent to the requester.

Patient ID: _____

Pre-analytical phase
- ☐ Patient was correctly identified
- ☐ Patient was properly prepared for sample collection
- ☐ The person collecting the samples was correctly identified
- ☐ Sample was labeled correctly and clear
- ☐ The request form matches the specimen
- ☐ The request form contains correct and clear contact details of the requester
- ☐ The date and time of collection is indicated on the request form
- ☐ The specimen was transported appropriately to the laboratory
- ☐ The specimen was received in acceptable condition
- ☐ The log book entry matches the specimen label

Analytical
- ☐ Reagents and test kits used were within expiry date
- ☐ Quality controls associated with the result were acceptable
- ☐ There were no flags on the analyzer's results that need investigation
- ☐ If diluted, the final results were calculated correctly with the correct dilution factor
- ☐ Results are within the biological reference intervals
- ☐ Panic (critical) values are confirmed
- ☐ The results make clinical sense
- ☐ Confirmatory testing or established testing algorithms were completed
- ☐ If applicable: previous patient results are available to assist with interpretation of current sample's result

Post Analytical
- ☐ The report shows an appropriate result including test and result match for each test requested
- ☐ Proper concentration units for results are used
- ☐ The decimal place is correct (if results have decimals)
- ☐ The persons performing the tests are identified
- ☐ All results and documentation are legible
- ☐ In case of results within critical intervals the need for immediate notification is indicated on the report and an immediate notification form is used to verify correct reception of the result report by the requester
- ☐ If applicable, the report contains interpretative information to assists the clinician
- ☐ The release of the results is dated and timed

Remarks:

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Authorizer's name, signature and date for completion of validation and correctness of results:

Date: _____ **Name:** _____ **Signature:** _____