


<u>Name of Policy: Process and Equipment Validation Protocol</u> <u>Policy Number: 3364-108-111</u> <u>Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service</u> <u>Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab</u> <u>Scope: Pathology/Laboratory – Blood Bank</u>		 <u>Effective date: 03/01/2025</u> <u>Original effective date: 09/2000</u>	
<u>Key words: Process, Equipment, Validation, Protocol, Install</u>			
<input type="checkbox"/>	<u>New policy proposal</u>	<input checked="" type="checkbox"/>	<u>Minor/technical revision of existing policy</u>
<input type="checkbox"/>	<u>Major revision of existing policy</u>	<input type="checkbox"/>	<u>Reaffirmation of existing policy</u>

(A) ~~(A)~~ Policy Statement

The Blood Transfusion Service (BTS) has a plan to define, test and document new processes, procedures and equipment.

(B) ~~(B)~~ Purpose of Policy

To describe the process of validation for new processes, procedures and equipment

(C) ~~(C)~~ Procedure

(1) Process Control

(a) ~~1.~~—The execution of the validation protocol provides documented evidence and a high degree of assurance that a specific process, procedure or equipment will consistently produce a specific, intended result. Validation is performed on new processes, new procedures or new equipment.

1.(i) _____ The BTS Supervisor writes a validation protocol with consideration for applicable laboratory regulation, risk assessment, accreditation standards, and manufacturer's instructions. The validation protocol is approved by the BTS Medical Director.

2.(ii) _____ New equipment is installed by manufacturer's representative or Biomedical personnel. Initial calibration and maintenance is demonstrated, performed and documented.

3.(iii) _____ Training for BTS Supervisor and designated personnel is provided by the manufacturer, if applicable.

4.(iv) _____ The BTS Supervisor or designated personnel develop and write procedures.

- ~~5.~~(v) A validation protocol is developed, containing essential elements (Attachment A). The specific validation protocol is outlined and documented on the validation protocol template (see attachment B). The validation protocol recommended by the vendor may be used as a guide.
- ~~6.~~(vi) The process is validated through execution of a documented plan. The BTS Supervisor and designated personnel perform the validation procedures and document the procedures accordingly.
- ~~7.~~(vii) The BTS Medical Director reviews the validation data and approves data by signing the validation protocol forms.
- ~~8.~~(viii) The BTS Supervisor finalizes the written procedure.
- ~~9.~~(ix) The BTS Medical Director reviews and approves the final procedure.
- ~~10.~~(x) The BTS Supervisor and designated personnel train all remaining personnel. The training is documented on the annual competency checklist.
- (xi) Records of validation are maintained in the BTS Supervisor Core Lab Manager office.

(D) References

- (1) Food and Drug Administration, Center for Biologics Evaluation and Research. Guideline on General Principles of Process Validation. Rockville, MD: Food and Drug Administration, 1987.
- (2) Food and Drug Administration, Center for Biologics Evaluation and Research. Guideline for Quality Assurance in Blood Establishments. Rockville, MD: Food and Drug Administration, 1995. (Docket No. 91N-0450).
- (3) A Model Quality System for the Transfusion Service, AABB, 1997.

<p><u>Approved by:</u></p> <p>_____ <u>Lauren Stanoszek, M.D.</u> <u>Assistant Professor</u> <u>Director, Blood Transfusion Service</u></p> <p>_____ <u>Date</u></p> <p>_____ <u>Russell Smith Pharm D, MBA, BCPS, CPEL,</u> <u>FACHE</u> <u>Senior Hospital Administrator</u></p> <p>_____ <u>Date</u></p> <p><u>Review/Revision Completed by:</u> <u>Danielle Weillnau MLS(ASCP)^{CM}</u></p>	<p><u>Policies Superseded by This Policy:</u> • <u>None</u></p> <p><u>Initial effective date: 09/2000</u></p> <p><u>All Review/Revision Dates:</u> <u>9/00</u> <u>1/05</u> <u>1/2008</u> <u>6/9/2008</u> <u>03/22/2011</u> <u>3/01/2013</u> <u>3/2/2015</u> <u>3/1/2017</u> <u>3/1/2019</u> <u>3/1/2021</u> <u>03/20/2023</u> <u>03/01/2025</u></p> <p><u>Next review date: 03/01/2027</u></p>
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Approved by:		Review/Revision Date:	
<hr/>		9/00	
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<hr/>		1/2008	
Lauren Stanoszek, M.D.		6/9/2008	
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		Next Review Date: 3/1/2025	
Policies Superseded by This Policy:			

~~References:~~

~~Food and Drug Administration, Center for Biologics Evaluation and Research. Guideline on General Principles of Process Validation. Rockville, MD: Food and Drug Administration, 1987.~~

~~Food and Drug Administration, Center for Biologics Evaluation and Research. Guideline for Quality Assurance in Blood Establishments. Rockville, MD: Food and Drug Administration, 1995. (Docket No. 91N-0450).~~

~~A Model Quality System for the Transfusion Service, AABB, 1997.~~

~~ATTACHMENTS:~~

~~Attachment A: Essential elements of Process Validation~~

~~Attachment B: Process Validation Protocol~~

Attachment A

ESSENTIAL ELEMENTS OF A PROCESS VALIDATION PROTOCOL

Title

Purpose

System description

Validation activities

- Installation qualification – verification of correct installation of systems and support; capability of consistent operation as required by design and process.
- Operational qualification – system produces effective and reproducible results
- Process/product qualification – process produces effective and reproducible results

Acceptance criteria – as determined by BTS Medical Director and Supervisor

Test results

Results summary

Review and approval/disapproval

Signature and dates

Attachment B

PROCESS VALIDATION PROTOCOL

Process Title: _____

I. Purpose of Validation

II. System Description

III. Responsibilities

Installation Qualification to be performed by: _____

Installation Qualification to be reviewed by: _____

Maintenance / Calibration to be performed by: _____

Support Services required and provided by: _____

Validation to be performed by: _____

Validation to be reviewed by: _____

IV. Validation Protocol

A. SOPs/Personnel/Equipment/Materials Required

B. Test Samples Required

C. Testing Conditions

D. Data Collected

E. Acceptance Criteria

Protocol prepared by: _____ Protocol approved: Yes No

Protocol reviewed by: _____ Protocol approved by: _____

V. Conclusion

A. Validation Results

B. Comments/Actions:

C. Signatures

Performed by: _____ Date: _____

Approved by: _____ Date: _____

Medical Director Review: _____ Date: _____

D. Result Acceptable?

Yes No

Comments: