

<p>Approved by:</p> <p><u>/s/</u> <u>03/21/2023</u> Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service Date</p> <p><u>/s/</u> <u>03/21/2023</u> Christine Stesney-Ridenour Chief Operating Officer - UTMC Date</p> <p>Review/Revision Completed By: Danielle Weinau, MLS(ASCP)^{CM}</p>	<p>Review/Revision Date:</p> <p>9/00 1/05 1/2008 6/9/2008 03/22/2011 3/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 03/20/2023</p>
<p>Next Review Date: 3/1/2025</p>	
<p>Policies Superseded by This Policy:</p>	

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: