Name of Policy: **Process and Equipment Validation Protocol**

Policy Number: 3364-108-111

Department: Pathology/Laboratory – Blood Bank

Approving Officer: Chief Executive Officer - UTMC
Associate Professor, Director, Clinical Pathology/Hematopathology

Responsible Agent: Blood Transfusion Service Supervisor (Lynne Timpe, MT(ASCP))
Administrative Director, Lab (Cynthia O’Connell)

Scope: Pathology/Laboratory – Blood Bank

**Effective Date:** 03/01/2019

Initial Effective Date: 9/2000

| A | New policy proposal | B | Minor/technical revision of existing policy | X | Major revision of existing policy | C | Reaffirmation of existing policy |

(A) **Policy Statement**

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

(B) **Purpose of Policy**

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

(C) **Procedure**

**Process Control**

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. 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. New equipment is installed by manufacturer’s representative or Biomedical personnel. Initial calibration and maintenance is demonstrated, performed and documented.
3. Training for BTS Supervisor and designated personnel is provided by the manufacturer, if applicable.
4. The BTS Supervisor or designated personnel develop and write procedures.
5. 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. 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. The BTS Medical Director reviews the validation data and approves data by signing the validation protocol forms.
8. The BTS Supervisor finalizes the written procedure.
9. The BTS Medical Director reviews and approves the final procedure.
10. The BTS Supervisor and designated personnel train all remaining personnel. The training is documented on the annual competency checklist.
11. Records of validation are maintained in BTS Supervisor office.
Approved by:

/s/ Robert L. Booth, Jr., M.D.
Associate Professor
Director, Clinical Pathology/Hematopathology

Date 02/27/2019

/s/ Daniel Barbee, RN, BSN, MBA
Chief Executive Officer - UTMC

Date 03/12/2019

Review/Revision Date: 9/00
1/05
1/2008
6/9/2008
03/22/2011
3/01/2013
3/2/2015
3/1/2017
3/1/2019

Next Review Date: 3/1/2021

Policies Superseded by This Policy:

References:


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: