


<b>Name of Policy:</b> External Audits  <b>Policy Number:</b> 3364-107-310  <b>Approving Officer:</b> Medical Director, Clinical Pathology  <b>Responsible Agent:</b> Director, Clinical Pathology Administrative Director, Lab  <b>Scope:</b> Pathology Laboratory University of Toledo Medical Center		  <b>Effective date:</b> 01/04/2025  <b>Original effective date:</b> 07/01/1999	
Key words: Laboratory service, quality, external audit, accreditations, certifications.			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The quality of laboratory service is assessed and verified by external audit through consultation with various accrediting agencies.

(B) Purpose of policy

To ensure reliability and accuracy of tests and services offered by the laboratories.

(C) Procedure

The laboratories maintain accreditations and certifications through, and participates with the following auditing agencies:

- ❖ College of American Pathologists accreditation for all services offered by the laboratories.
- ❖ Membership and accreditation by the American Society for Histocompatibility and Immunogenetics (ASHI), National Committee for Clinical Laboratory Standards (NCCLS), and Joint Commission (TJC).
- ❖ Hospital committees including Medical Staff Executive Committee, Service Excellence Committee (s), Organizational Leadership Team, Infection Control Committee, and Blood Utilization Review Committee.
- ❖ Consultation with external experts for Anatomical Pathology as appropriate.
- ❖ Ad hoc Laboratory Performance Improvement Committee to collect data, identify opportunities for improvement and work with hospital Quality Management Department to complete audits of processes and operations.

- ❖ Periodic surveillance by hospital Safety Officer, Risk Management and City/State Fire Marshall.

Readiness for external audit is maintained through regular (at least biennial) review and revision of laboratory policies, procedures and processes by the Clinical Lab Director, Administrative Lab Director, Laboratory Managers, Supervisors, and Medical Directors.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology</p> <p>1/10/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Joshua Otiso, Administrative Director, Lab</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>Q-10</i></li></ul> <p>Initial effective date: 07/01/1999</p> <p>Review/Revision Date: 01/04/2025</p> <p>Next review date: 01/04/2027</p>
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