


<b>Name of Policy:</b> <b>Document Management System</b> <b>Policy Number:</b> 3364-107-316 <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> 03/30/2005	
Key words: Policies and procedures, approval authority, administrative policies, pathology handbook, retention period for discontinued policies.			
<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

All laboratory documents are to be kept in an organized manner consistent with CAP standards.

(B) Purpose of policy

To ensure consistent standards of practice concerning maintenance of laboratory documents.

(C) Procedure

1. Documents are written by appropriate staff.
2. Approval authority:
  - a. Medical Director signs and authorizes all new and revised policies.
  - b. Administrative Director, Lab Managers, Coordinators, Supervisors and/or Lead Technologists may do the mandatory review of policies and procedures every two years.
3. Staff review relevant policies and procedures annually, with records maintained as part of annual competency.
4. Policy and Procedure locations:
  - a. Administrative policies are located at this link: <http://utoledo.edu/policies/>.
  - b. Pathology Handbook is located at this link <https://utmc.utoledo.edu/clinics/pathology/index.html>.

- c. Clinical procedure and policy manuals are located in each section for the clinical laboratory as appropriate.
  - d. Document control files are located on the common “Z” drive.
  - e. Each department maintains their document control files and updates as necessary.
5. Obsolete method procedures are retained for a minimum of two years.
  6. Medical director must initially approve all procedures. Appropriate staff, identified above, or medical director must review each procedure at least every two years. All changes must be documented on the master copy. All changes must be signed and dated by appropriate personnel.

<p>Approved by:</p> <p><u>/s/</u> Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology</p> <p><u>1/10/2025</u> 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-11b</i></li></ul> <p>Initial effective date: 03/30/2005</p> <p>Review/Revision Date: 01/04/2025</p> <p>Next review date: 01/04/2027</p>
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