

JHML TEST MENU CHANGE NOTIFICATION

LABORATORY NAME:	CAP #
	SECTION UNIT #:
Laboratory Location:	
Test Name:	
1. Regulatory Requirements- (This form must be submitted 2 weeks prior to patient testing)	
Test Information:	
a. Sample Type: Serum/Plasma __ Whole Bld __ Urine __ Fluid: CSF __ Other (indicate): _____	
b. Test Complexity: __ Waived __ Moderate/High	
c. Methodology _____	
d. CAP Test/Activity Name _____	
e. CAP Activity Code # _____	
Effective Test Start Date _____	
Date Test Discontinued _____	
-Proficiency Test to be discontinued for this test _____ If yes PT name _____ (If discontinuing testing, STOP here and submit form)	
2. Personnel-	
Staff Training Completed?	DONE <input type="checkbox"/>
3. Pre - Analytical:	
a. Personnel Safety (Risk assessment performed)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
b. Requisition Update performed?	DONE <input type="checkbox"/>
c. Test Changes Communicated to LIS?	DONE <input type="checkbox"/> N/A <input type="checkbox"/>
d. Referral specimen received from out of state:	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, what state(s) _____	
4. Analytical:	
a. Validation- Completed and summary signed by the lab director?	DONE <input type="checkbox"/>
b. Procedure- Reviewed and signed by CLIA Director?	DONE <input type="checkbox"/>
c. New Instrument in use for test?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list equipment : _____	
d. Proficiency Testing:	
• Commercial Proficiency Test available?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
• New Proficiency enrollment needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
o If yes , list Proficiency kit _____	
• Proficiency test is Alternative Method?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5. Post - Analytical:	
- Critical Action Results Values for Test?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
• Added to Critical Test List?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

Change Submitted by _____ Date _____

Submit Form to Pathology CQI Office: Email: CQI-CAP@jhmi.edu or Fax# 614-7475

CQI Use only below line

Notification that changes are completed sent to Lab representative _____

CAP Notification made __ PT subscription change completed __ Changes needed to CLIA Certificate /State License _____