

## 7. LABORATORY DIRECTOR SITE VISIT FORM \*DISCLAIMER: FOR REFERENCE ONLY

Laboratory Location: \_\_\_\_\_

Date: \_\_\_\_\_

Check box for items discussed or reviewed during visit

	Discussed Items	Comments
<input type="checkbox"/>	Quality Control	
<input type="checkbox"/>	Quality Management Plan (QI Monitors)	
<input type="checkbox"/>	Proficiency Testing	
<input type="checkbox"/>	Safety/Physical and Environmental Conditions	
<input type="checkbox"/>	Instrumentation, Service Contracts, Maintenance	
<input type="checkbox"/>	Staffing + Personnel + Budgets	
<input type="checkbox"/>	IT/Laboratory Medical Records Review	
<input type="checkbox"/>	Clinical Consultation	
<input type="checkbox"/>	Continuing Education	
<input type="checkbox"/>	Method Validation	
<input type="checkbox"/>	Recalls + Backorders + FDA notices	
<input type="checkbox"/>	Policies and Procedures	
<input type="checkbox"/>	Point of Care Testing	
<input type="checkbox"/>	CAP Preparedness and Accreditation	
<input type="checkbox"/>	Other	

Medical Director \_\_\_\_\_