Policy · LBT-POL-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 33.12

At a glance

- Each result is authorised by a qualified person before release (LBT-FRM-005).
- The authoriser is competent for the test (STF-FRM-001).
- The authoriser is recorded with the result.
- No result is released by a trainee without authorisation.
- Stop and get help straight away if: a result is released with no authoriser, or by someone not competent for the test.

1. Purpose

To make sure every result is checked by a competent person before it leaves the laboratory (33.12).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 16

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A result released without being checked by qualified staff can carry an error to the clinician. A review and authorisation before release is the last check.

5. Responsibilities

Role	Responsibility	Competence
Laboratory director	Names the authorisers for each test	Medical director
Authoriser	Checks and authorises each result	Laboratory director

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check.

- Check the result against the quality control, the patient history and the limits.

Key point: Checked.

Step 2. Authorise.

- Authorise the result and record the authoriser (LBT-FRM-005).

Key point: Authorised.

Step 3. Release.

- Release the result only after authorisation.

Key point: Released.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Results authorised before release	100%	Monthly	Laboratory director	Escalate to the medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
LBT-FRM-005	Result authorisation record	Record
STF-FRM-001	Staff credential register (existing, reused)	Register

17. Evidence

Reference	Note
E-009	Based on ISO 15189:2022 Medical laboratories: requirements for quality and competence, ISO 9001:2015 for supplier control, and the Global Patient Safety Action Plan 2021–2030 for critical results.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	—	Initial release	set Expert Committee approval

E-learning for this document

- **Credentialing, Competence and the Training Matrix** (T-14)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 33.12. (E-009)

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