Standard operating procedure (SOP) · LBT-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 33.4

At a glance

- Quality control material is run at the set interval and with each analytical run (LBT-REG-003).
- Results are reviewed against the defined rules before patient results are released.
- An out-of-control run is held, not released.
- Every corrective action is recorded.
- Stop and get help straight away if: patient results are released from a run whose control is out of limit.

1. Purpose

To make sure each analytical run is in control before patient results leave the laboratory (33.4).

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 15

3. Definitions

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

4. Background

Quality control shows whether a test is working on the day. A result released before the control has been run and accepted may be wrong.

5. Responsibilities

Role	Responsibility	Competence
Laboratory technician	Runs and reviews quality control for each run	Senior scientist
Senior scientist	Investigates out-of-control runs	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. Run.

- Run the control material with the patient samples at the set interval.

Key point: Run.

Step 2. Review.

- Review the control results against the rules before release (LBT-REG-003).

Key point: Reviewed.

Step 3. Hold and correct.

- Hold any out-of-control run, correct it and repeat before release.

Key point: Corrected.

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
Runs with quality control reviewed before release	100%	Monthly	Senior scientist	Escalate to the laboratory 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 years

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-REG-003	Internal quality control log	Register

17. Evidence

Reference	Note
E-009	
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Equipment, calibration, maintenance and environment (L-05)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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