COLLEGE of AMERICAN PATHOLOGISTS

Instructions for Completing the List of Individualized Quality Control Plans (IQCP) Form

When is the form needed

- Complete the form if both of the following criteria apply:
  - The laboratory is performing a nonwaived test that meets the CAP's eligibility requirements for IQCP; AND
  - The laboratory has implemented an IQCP that allows for the frequency of external control materials to be at least as stringent as the manufacturer's instructions, but less stringent than defined in the CLIA regulations and the CAP Checklist.

Required Information

1. **Laboratory section/department** – List the names of laboratory sections where an IQCP is used.
   - If multiple laboratory sections (same CLIA and CAP number) share a single IQCP for an instrument or device, include all section names in the field.
2. **Instrument/Device** – List specific instruments or test kits involved and the number of instruments in use (where applicable).
3. **Tests** – Include the names of all tests that are covered under a single IQCP.
   - If separate IQCPs are in place for different tests performed on one instrument/device, list as separate IQCPs on a different line.
4. **Test Sites** – List the testing locations within a section (eg, point-of-care testing) under the same CLIA and CAP number that are included under each IQCP.
5. **Revision/Implementation Date** – List the date (day/month/year) that the IQCP was implemented or the date it was revised (if applicable).
6. Update the form as IQCPs are implemented or changed.

Helpful Hints

- Complete one form for the entire laboratory or use separate forms for each laboratory section. ***An example is included on page 2 for your reference.***
- Do not include information on this form for any IQCPs implemented where the type and frequency of external quality materials defined in the plan already meet or exceed the minimum quality control requirements defined in the CLIA regulations and the CAP Checklist requirements.
- Retain the form and present to the inspection team at the beginning of the on-site inspection. Records for the development and approval of the IQCP and on ongoing quality assessment monitoring must be available per each individual IQCP and for all IQCPs in place during the last two-year period.

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List of Individualized Quality Control Plans

Laboratories: Complete the fields below for each IQCP in use and present to the inspector during the on-site inspection. Laboratories with different CAP and/or CLIA numbers must complete separate forms.
Inspectors: Refer to Inspector Instructions in the IQCP section of the All Common Checklist for instructions on identifying a sampling of IQCP records to review in detail.

Laboratory Name:	**Northfield Laboratory**	**CAP Number:**	**11111-11**

Laboratory Section/ Department	**Instrument/Device** Include name, manufacturer, model, and number of instruments (if applicable)	**Tests** List all tests included under the IQCP	**Test Sites** If used in more than one area	**Implementation /Revision Date**
Point-of-Care Testing - Surgery	Brand A Coagulation Analyzer - 3	ACT		8/1/2015
Point-of-Care Testing	Brand B Critical Care Analyzer - 10	pH, PCO2, PO2, sodium, chloride, potassium, creatinine, BUN, glucose, lactate	ER, CCU, ICU	8/15/2015
Chemistry	Brand C Rapid Cardiac Panel	CK-MB, myoglobin, troponin		10/1/2015
Serology	Brand D Pregnancy Test Kit	Qualitative serum hCG		10/19/2015
Microbiology	Brand E Media	Bacterial culture media		12/20/2015
Microbiology	Brand F Microbiology ID System	Bacterial identification		12/20/2015
Respiratory Therapy	Brand G Blood Gas Analyzer - 2	pH, PCO2, PO2		3/5/2016