

CCMG APPLICATION FOR ACCREDITATION OF CENTRE

BIOCHEMICAL GENETICS LABORATORY SERVICE

1. General

Complete this section for each biochemical genetics lab that is associated with this genetics centre.

- a. Provide the name of the lab, and its location.

- b. If this centre does not have a biochemical genetics lab, identify the lab(s) that are used.

2. Laboratory Geneticists / Laboratory Directors

- a. List all biochemical geneticists (CCMG-certified or equivalent) providing service in this laboratory.

Name	Qualifications	FTE

- b. If there is only one CCMG-certified biochemical geneticist, who issues reports in his/her absence? Provide their name(s), qualifications, and locations.

- c. List all other professionals who are regarded as laboratory directors or co-directors, e.g. certified clinical chemists or biochemists, medical geneticists.

Name	Qualifications	FTE

3. Other Laboratory Staff

In the table below, provide aggregate information for each category of staff.

Function	Degrees/Certification	FTEs
Scientist / analyst		
Supervisory technologist		
Biochemistry or molecular genetics technologist		
Lab assistant		
Other lab staff - specify		
Genetic Counsellor		
Clerical		

4. Specimens

- a. Provide the number of specimens in a recent 12-month period.
- b. Specify the time period that is described.

5. Test numbers

Provide information for all tests that the laboratory performs, for a 12-month period. Provide average turnaround times (TAT) in days.

Test	# of tests	Rush TAT	Routine TAT

6. Techniques performed

Provide a list of the techniques used to perform the above tests.

7. Sendouts

- a. Complete the following table for a 12-month period, including only those tests for which at least 10 samples were sent out in the last year.

Test	# samples sent out	Site(s) sent to

- b. What is the source of funding for sendouts, and restrictions, if any?

8. Accreditation

- a. Is this laboratory accredited by a provincial/other body?
Yes No
- b. When does the current accreditation expire?

9. External quality assurance

- a. Check/list all the EQA programs to which the lab subscribes:
CAP ERNDIM Other (Specify):
- b. Total number of proficiency challenges involving diagnostic interpretation of results that were performed in the last five years: _____
- c. List the EQA diagnoses that were judged unacceptable, with the reason for being unacceptable:
- d. List all tests or techniques NOT covered by the above EQA challenges, and describe how QA is accomplished for those.

10. Internal quality assurance/quality control

- a. Does the laboratory have an internal quality control manual?
Yes No If no, comment:
- b. Are there written procedures in place for the monitoring of tests and results?
Yes No If no, comment:
- c. List the quality indicators other than TAT and EQA that are actively tracked and monitored in the laboratory.

11. Resources

Are the following adequate for safe and efficient delivery of service?

	Yes	If no, please comment
space		
staff		
equipment		

12. Records

- a. How are records, reports, and data stored?

- b. Which records are stored off site? How quickly can they be accessed?

- c. Is there a written QA/QI procedure for the content of lab records and reports?
Yes No

13. Development

- a. Briefly describe the process for evaluating requests for service expansion.

- b. List the techniques or tests that are currently under development, with anticipated date of implementation.

14. Comments

If necessary, provide additional brief comments to describe the biochemical genetics service provided by this laboratory.