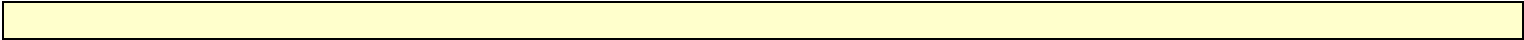




Advancing Excellence

Laboratory Accreditation Program Self-Evaluation Instructions & Verification Form



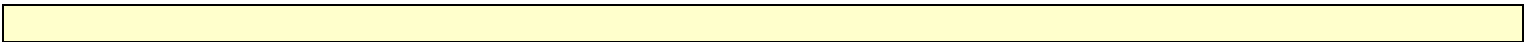
The College of American Pathologists' Laboratory Accreditation Program records indicate that your laboratory is due for its interim self-evaluation. The Commission on Laboratory Accreditation considers this activity an important educational and managerial tool, providing an opportunity to involve technologists, residents, and other physicians in the evaluation process.

To complete your self-evaluation, you should:

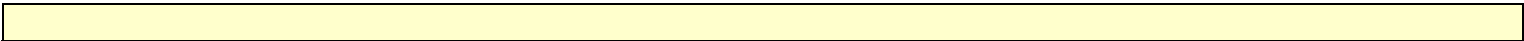
- Mark each checklist question with the appropriate answer. Deficiencies are any questions answered "NO."
- List all deficiencies on the Self-Evaluation Deficiency Summary Form.
- Complete the Self-Evaluation Verification Form below and **return** this page to the CAP. This form must be signed by the **laboratory director** (MD, DO, PhD). This is the only document to be returned to the CAP. You may fax it to 847-832-8174, if you wish.
- Correct all deficiencies as soon as possible, documenting the corrective action for each.
- Retain** the following documents for inspector review at your next on-site inspection:
 - Completed self-evaluation checklists
 - Self-Evaluation Verification Form signed by the laboratory director
 - Self-Evaluation Deficiency Summary Form with all deficiencies listed
 - Documentation of corrective action for each deficiency with question number noted

The self-evaluation is mandatory for all accredited laboratories. To maintain accreditation, the Self-Evaluation Verification Form must be completed and returned to the CAP within 35 days of receipt of your self inspection materials.

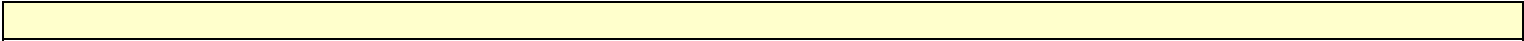
Please contact the Laboratory Accreditation Program if the checklists enclosed do not correspond to your current test menu. Call 847-832-7000 or 800-323-4040, extension 6516, with any updated information or questions.



Please complete and return this form. Checklists should not be returned. Retain results on file for review by the inspection team at your next on-site inspection.



| | | |
|--------------------------|------------------|-------------|
| Date of Self-Evaluation: | Laboratory name: | LAP or AU#: |
|--------------------------|------------------|-------------|



All deficiencies noted will be corrected; documentation will be retained and provided to the inspection team at the next on-site inspection.

Medical Director's Signature:

RETURN TO:

**College of American Pathologists
Laboratory Accreditation Programs
325 Waukegan Road
Northfield, Illinois 60093**

**Attention: Accreditation ProductionFax:
847-832-8174**



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Laboratory Accreditation Program Self-Evaluation Deficiency Summary Form

| | | |
|--------------------------|------------------|-------------|
| | | |
| Date of Self-Evaluation: | Laboratory name: | LAP or AU#: |

| Question Number | Phase | Brief Explanation (if required) |
|-----------------|-------|---------------------------------|
| | | |

For your records/next on-site inspection. Do not return to the CAP.