MESA Laboratory Processing Certification / Supervisor Checklist

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  | **Field Center:** |  |
|  | **mo** |  | **day** |  | **year** |  |  |
|  |  |  |  |  |  | **Technician Name/ID:** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Supervisor:** |  |
|  |  |  |  |  |  |  |  |

Please check the appropriate box if technician performance is satisfactory for each line item. Please note any comments or remedial action taken in ‘Comments’ section if performance was not satisfactory.

Preparation:

|  |  |  |
| --- | --- | --- |
| 1. |  | Aliquot racks organized and cryovials correctly labeled |
| 2. |  | Non-permeable lab coats, gloves, and face shields used. |

Stage 1:

|  |  |  |
| --- | --- | --- |
| 3. |  | Time checked to ensure tubes 1,3,4 & 6 are processed within 30 minutes of venipuncture – tubes centrifuged at 4 oC for 30,000 g-minutes. |
| 4. |  | EDTA plasma pooled and aliquoted into purpl-coded cryovials #1 - 7. |
| 5. |  | Citrate plasma correctly aliquoted into blue-coded cryovials #8 – 11. |
| 6. |  | SCAT-1 plasma correctly aliquoted into yellow-coded cryovials #12 – 15. |
| 7. |  | New pipet tip used for each sample type. |
| 8. |  | Filled cryovials checked off on form and frozen upright @ -70 oC |

Stage 2:

|  |  |  |
| --- | --- | --- |
| 12. |  | Time monitored to ensure tubes 2 & 5 held at room temperature for > 40 minutes and < 90 minutes. |
| 13. |  | Centrifuged tubes 2 & 5 @ 4 oC for 30,000 g-minutes. |
| 14. |  | Serum pooled and aliquoted into red-coded cryovials #16 - 22. Filled cryovials checked off on form and frozen upright @ -70 oC. |

Processing Completion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15. |  | All used draw tubes, used pipet tips, any excess blood products, used gloves, etc discarded in biohazardous waste container. | | |
| 16. |  | Centrifuge, and blood processing areas wiped down with 10% bleach solution or equivalent disinfectant. | | |
| 17. |  | Processing form completely filled out, confirm all start times, cryovials obtained, and any comments noted in comment section. | | |
| **Comments:** | | | |  | |
|  | | | | | |
|  | | | | | |
| ***Supervisor Signature*** | | | | |  |

For QC activity, Make sure to complete the Web-based QC procedures/activities form