

	<b>INODAYA Hospitals - Kakinada</b>		<b>Documentation code:</b> INH/AAC.Doc.No:20
	<b>Policy on Quality Assurance - Lab</b>		Prepared Date: 11/11/2025
	<b>Reference:</b> AAC.7. NABH Standards –6 <sup>th</sup> Edition		<b>Issue date:</b> 11/11/2025
	<b>Issue No:</b> 2	<b>Review NO:</b> 01	<b>Review Date:</b> 10/11/2026

## AAC. 7 Policy on Quality Assurance - Lab

### 1.0 POLICY

Neugenix Path Labs & Quality Care Labs shall implement a comprehensive Quality Assurance program that includes internal quality control, external quality assessment, internal audits, corrective and preventive actions, and periodic review of performance indicators.

The Quality Assurance system shall be reviewed and verified by Inodaya Hospital every six months to ensure compliance with applicable standards and hospital requirements.

The laboratory shall ensure compliance with accreditation requirements of:

- National Accreditation Board for Testing and Calibration Laboratories
- National Accreditation Board for Hospitals & Healthcare Providers

### 2.0 PURPOSE

- Neugenix Path Labs & Quality Care Labs is committed to maintaining the highest standards of accuracy, reliability, and patient safety in all laboratory services provided to Inodaya Hospital.
- This policy establishes a structured Quality Assurance (QA) system to ensure continuous monitoring, evaluation, and improvement of laboratory processes.

### 3.0 SCOPE:

This policy applies to all laboratory services including pre-analytical, analytical, and post-analytical processes carried out by Neugenix Path Labs & Quality Care Labs for Inodaya Hospital.

<b>Prepared by:</b> 	<b>Verified By:</b> 	<b>Approved by:</b> 
<b>Dr. Deepthy Saranya</b>	<b>Dr. Gowtham Krishna</b>	<b>Mrs. G. Lakshmi Lavanya</b>
Pathologist	Medical Director	Accreditation Coordinator

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#### 4.0 RESONSIBILITY

Quality Assurance Team, HOD-Laboratory shall be responsible for its implementation. lab team will verify with laboratory.

#### 5.0 DISTRIBUTION

Policy is available for reference on the Quality Intranet Site for all departments & Staff members

#### 6.0 PROCESS DETAIL

### 6.1. Quality Assurance Activities Neugenix Path Labs & Quality Care Labs

#### Neugenix Path Labs & Quality Care Labs

(Attached to Inodaya Hospital)

1. Daily Internal Quality Control (IQC) is performed for all applicable laboratory tests before releasing patient reports.
2. IQC results are reviewed and documented, and any deviation beyond acceptable limits is investigated immediately.
3. Participation in External Quality Assurance Scheme (EQAS) is ensured to compare performance with peer laboratories.
4. EQAS reports are reviewed by the Laboratory In-charge, and corrective action is taken for unsatisfactory performance.
5. All laboratory equipment undergoes scheduled calibration and preventive maintenance as per manufacturer guidelines.
6. Calibration and maintenance records are properly maintained and verified.
7. Pre-analytical errors such as sample rejection, labeling errors, and incomplete requisition forms are monitored regularly.

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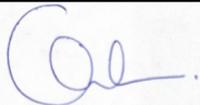
8. Analytical processes are monitored through analyzer performance checks, delta checks, and reagent verification.
9. Post-analytical processes are monitored to ensure accurate data entry, validation, and timely report dispatch.
10. Critical values are communicated immediately to the concerned clinician at Inodaya Hospital, and communication details are documented.
11. Turnaround Time (TAT) for tests is monitored regularly, and delays are analyzed for improvement.
12. Internal audits are conducted periodically to assess compliance with SOPs and quality standards.
13. Non-conformities identified during audits are addressed through Corrective and Preventive Actions (CAPA).
14. Root Cause Analysis is conducted for significant errors, and preventive measures are implemented.
15. Staff training programs are conducted regularly to maintain competency and technical skills.
16. Competency assessments of laboratory personnel are carried out periodically.
17. All SOPs and quality documents are controlled, reviewed, and updated as required.
18. Complaints and feedback from Inodaya Hospital are recorded, analyzed, and addressed promptly.
19. Quality indicators are monitored and reviewed during management meetings.

### 7. Six-Month Verification by Inodaya Hospital

Every six months, Inodaya Hospital shall conduct verification of the laboratory's Quality Assurance system. The verification shall include:

- Review of IQC and EQAS records.
- Review of audit findings and CAPA status.
- Evaluation of TAT compliance.
- Review of complaint register and corrective actions.
- Assessment of equipment maintenance records.
- Review of staff training and competency records.

Observations, if any, shall be documented and corrective actions shall be implemented within a defined time frame.

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