



State of Florida
 Agency for Health Care Administration
 Health Facility Regulation – Laboratory Unit/Mail Stop #32
 2727 Mahan Drive
 Tallahassee, Florida 32308-5403

MICROSCOPY EVALUATION SURVEY

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP** _____

PHONE : _____ **FLORIDA STATE LABORATORY LICENSE NUMBER: 8000** _____

| | | REGULATORY REQUIREMENTS |
|-----|----|---|
| YES | NO | |
| | | 1. Do you understand that the laboratory testing performed in your facility is subject to survey by the State of Florida at any time during its hours of operation to evaluate complaints from the public, determine whether your facility is performing laboratory tests consistent with your licensure certificate, and to determine compliance with applicable requirements of Rule 59A-7, F.A.C., and Ch. 483, Part I, F.S.? (Ref. 483.061, F.S.) |
| | | 2. Has the office been issued a biomedical waste permit issued by the Department of Health, as required by s.381.0098, F.S., or documentation of exemption from such permitting? (Ref. 59A-7.023(1), F.A.C.) |
| | | 3. Do you have written policies and procedures designed to maintain the environment so that the safety and well being of patients and personnel are assured (such as the prohibition of food, drink, or patient care and treatment items in areas where laboratory testing is being performed)? (Ref. 59A-7.023(5), F.A.C.) |
| | | 4. Do you and other personnel performing testing have available and follow written laboratory policies and procedures for patient preparation, specimen collection, labeling and processing? This includes all specimens collected for transport to outside laboratories for testing. (Ref. 59A-7.028(2), F.A.C.) |
| | | 5. Are laboratory tests performed only at the written or electronic request of an authorized person? (Ref. 59A-7.028(3), F.A.C.) |
| | | 6. Is a reliable record system that ensures identification of patient specimens maintained in the office? (Ref. 59A-7.028(4), F.A.C.) |
| | | 7. Are laboratory patient results documented and maintained for a period of at least two years? (Ref. 59A-7.028(4), F.A.C.) |
| | | 8. Is there a written laboratory procedure manual describing each step of the testing process, the performance of quality control, the reporting of patient results, and the maintenance of equipment that is reviewed and signed biennially by the director maintained by the office? (Ref. 59A-7.029(3), F.A.C.) |
| | | 9. Is the microscope used for testing in good working order and has routine maintenance been documented and retained? (Ref. 59A-7.029, F.A.C.) |
| | | 10. Are reagents, solutions, control materials, and other supplies used for laboratory testing labeled to indicate identity, expiration date and other pertinent information required for proper use? (Ref. 59A-7.029, F.A.C.) |
| | | 11. Is written criteria available and followed for the proper storage of reagents and specimens? (Ref. 59A-7.029, F.A.C.) |
| | | 12. Do you and other testing personnel have a quality assurance program to address problems experienced during laboratory testing, including specimen handling, test results and reporting of test results? (Ref. 59A-7.031, F.A.C.) |
| | | 13. Do you and other testing personnel determine and document action taken when inconsistencies occur between patient information and patient test results? (Ref. 59A-7.031, F.A.C.) |

