Verification Checklist

Account Information

Laboratory Department: _____ Date: _____

Tube Type: _____

Testing Completed By: _____

Tube Information

CONTROL TUBE

Manufacturer Part #: _____

Lot #: _____

Expiration Date: _____

Draw Volume: _____

EVALUATION TUBE

Manufacturer Part #: _____

Lot #: _____

Expiration Date: _____

Draw Volume: _____

Number of Patients/Donors for Evaluation: _____ Number of Tubes per Patient: _____

Note: *Randomize order of control and evaluation tube collection.*

Number of Inversions (note if different from manufacturer's recommendation): _____

Centrifugation Conditions

Centrifuge Manufacturer: _____ Model: _____

CONTROL TUBE

Time: _____

RCF: _____

RPM Setting: _____

Temperature Setting: _____

EVALUATION TUBE

Time: _____

RCF: _____

RPM Setting: _____

Temperature Setting: _____

Note: *Recommended manufacturer relative centrifugal force (RCF) can be converted to RPM using a nomograph or the formula RCF (g) = 1.118 x 10^{-5} x r x RPM^2 where r = radius of centrifuge rotor in cm.*

Visual Assessment

CONTROL TUBE (identify affected tubes)

Poor Barrier Formation:

Fibrin:

Hemolysis:

EVALUATION TUBE (identify affected tubes)

Poor Barrier Formation:

Fibrin:

Hemolysis:

Note: *Red cells trapped in the gel layer are not clinically significant.*

Platelet Count (if verification of adequate centrifugation is required): _____

Instrument Manufacturer: _____ Model: _____

Cap piercing? ☐ Yes ☐ No Uncapped tube? ☐ Yes ☐ No

Primary tube or aliquot tested? _____

Note: *Randomize order of tubes for analysis.*

Analytes Tested

Analyte	Analytical Measuring Range (with units of measure)	Reference Range (with units of measure)	Acceptance Limit (with units of measure)

Single or duplicate testing per tube? _____

Statistical Analysis

Perform statistical analysis according to facility policy.

Note: *Greiner Bio-One offers data analysis services using EP Evaluator® as part of customer conversion.*

When performing verification testing, the following points should be considered:

- The tourniquet should never be left in place for longer than one minute. If venipuncture cannot be carried out within one minute of tourniquet application, the tourniquet should be removed for two minutes and then reapplied.
- Adequate sample volume should be collected to ensure completion of all testing.
- Serum samples should be allowed to sit in an upright position for 30 minutes for complete clot formation prior to centrifugation.
- Gel tubes should be centrifuged within 2 hours of collection and should not be re-centrifuged once the gel barrier has formed.
- Both control and evaluation tubes should be analyzed within the same testing batch with appropriate calibration and QC performed and sufficient reagent loaded.

NOTE: *This document is only meant to provide a guideline for verification purposes. The specific protocol for tube verification should be based on what the facility's Medical Director deems medically necessary and is ultimately the responsibility of the testing laboratory in accordance with institutional policy and regulatory standards and guidelines.*