**Chapter B16 – Pathology / Laboratory Service**

1. **Basic Information**

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| --- | --- | --- |
| Name of Service |  | |
| Location of Service |  | |
| **Scope of Service** | | |
| Provision of 24-hour blood bank service | | Choose an item. |
| Provision of emergency laboratory service | | Choose an item. |
| Provision of medical laboratory at biosafety level 3 or above | | Choose an item. |
| Provision of eye bank service | | Choose an item. |
| Provision of bone bank service | | Choose an item. |
| Others, please specify: | | |
| Operating hours |  | |

1. **Medical Practitioner-in-charge**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Medical Laboratory Technologist-in-charge**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Staffing** 
   1. Manpower\* (including the Medical Laboratory Technologist-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |  |  |
|  |  |  |
| Medical Laboratory Technologists |  |  |
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|  |  |  |
|  |  |  |
| Others |  |  |
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*\* “Proposed manpower” for new hospital*

1. **Critical or Major Equipment**
   1. Equipment list *(e.g. Analysers, refrigerator of blood bank, etc.)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
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*# Not applicable for new hospital*

* 1. Other requirements

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| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment | Choose an item. |

1. **Service Delivery and Care Process**

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| 1. Where special pathology services are not available, appropriate arrangements can be made for the collection and transportation of pathology specimens to be performed in another institution by medical laboratory technologists | Choose an item. |
| 1. There are policies and procedures on the following areas: |  |
| 1. safety aspect of the laboratory | Choose an item. |
| 1. maintenance of performance standards including quality control | Choose an item. |
| 1. recording of all specimens received and processed by the laboratory | Choose an item. |
| 1. arrangements for notification of urgent test results | Choose an item. |
| 1. collection, labelling, transportation and storage of pathology specimen, both from other hospital services and within the laboratory | Choose an item. |
| 1. protection of staff handling pathology specimens | Choose an item. |
| 1. procurement of reagents | Choose an item. |
| 1. checking on the expiry dates of reagents | Choose an item. |
| 1. disposal of specimens and reagents | Choose an item. |
| 1. contingency plans for various emergencies including chemical spillage | Choose an item. |
| 1. There is a clinical laboratory quality assurance programme | Choose an item. |
| 1. Records are kept for calibration and quality control programmes | Choose an item. |
| 1. Records are kept for drills on various emergencies | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity | Choose an item. |

1. **Blood Bank**

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| --- | --- |
| 1. The operation of the blood bank is in line with the recommendations of the Hong Kong Red Cross Blood Transfusion Service | Choose an item. |
| 1. Contingency plan are in place to meet demands for a large amount of blood for transfusion | Choose an item. |
| 1. There is proper documentation of use and disposal of all blood products maintained in the bank | Choose an item. |

1. **Quality Assurance Programme and Accreditation Status**

|  |  |
| --- | --- |
| Participation in any quality assurance / accreditation programme  *(Please choose “NA” for new hospital)* | Choose an item. |
| If yes, please provide elaborations: | |
| For new hospital, please provide the plan for participation in any quality assurance / accreditation programme | |