Laboratory Name:	Laboratory Address:	Completed By:

CHI Clinical Laboratory Addendum Annual Responsibilities Checklist CY 2018

As an aid to assist laboratory leadership in completing laboratory addendum review and monitoring expectations, the list below has been compiled to provide general guidance on tasks listed in the addendum which must be completed annually to assure a functioning laboratory compliance program. The results of these reviews and monitor tasks should be documented in the entity laboratory	Date of Completion	Comments
1. Review any Laboratory Addendum updates after 02/01/YY with laboratory compliance committee and laboratory staff.		
2. If required by entity policy or your specific accrediting agency, have appropriate laboratory personnel sign off on the annual reviewed/updated document. Laboratory Administrative Director, Laboratory Medical Director Etc.		
3. Perform an annual laboratory compliance review activity as described in The Clinical Laboratory Addendum, **Appendix A, paragraph three.** This requirement may be superseded by a National Compliance Committee assigned yearly monitor. Released in December each year.		
4. Review the Office of the Inspector General (OIG) annual work plan at: http://oig.hhs.gov/reports-and-publications/workplan/index.asp You can sign up for automatic notification of the yearly publication at: OIG Work Plan notification		
5. The Clinical Laboratory Compliance Officer or designee reports to the entity Corporate Responsibility Officer (CRO) on a regular basis or at a minimum annually the compliance activities of the laboratory as directed in the Clinical Laboratory Addendum. This task can be accomplished in the form of compliance meeting minutes or as a separate report to the entity compliance committee or CRO. **Appendix F, dot point two.** a. This report should also include the status of accomplishing the responsibilities listed in the addendum for the Laboratory Compliance Officer and the Laboratory Compliance Committee as listed in **Appendix F**.		
6. Review and update as needed the names of the Clinical Laboratory Compliance Officer and the members of the Laboratory Compliance committee. **Appendix G**		
7. Ensure all required compliance education requirements are met. **Appendix H**		
8. Any laboratory results "internal or outside" transcribed manually into the health record must be validated and comply with **Appendix K.**		
9. If laboratory tests are billed any other way than upon test completion. I.e. On receipt or order. The results of the developed monitoring program to ensure no incomplete or test not performed is billed in error are reported annually to the local CRO. **Appendix N**		
10. Laboratory supplies furnished to referral sources are tracked to ensure that said supplies are provided in quantities that are appropriate. **Appendix O**		
11. If appropriate, the results of the periodic monitoring of computers and interface contracts as required by the entity policy. **Appendix O**		
12. Review any local CRO approved referral source gifts as they apply to CHI CRP Policy View Items 1-2e in the CHI CRP Policy. The results of this monitor will be reported to the entity CRO. **Appendix O**		
13. Reported any non-routine information requests from govenmental or accrediting agencies to Corporate responsibility. **Appendix R**		
13. Review **Appendix T** Proficiency Testing Procedure Requirement and ensure that current policy meets the expectations within that Appendix.		
14. Review and complete HIPAA Laboratory Privacy Self-Assessment Checklist and review results with entity Privacy officer. HIPAA_Privacy_Self-Assessment_Checklist		

Click the link below to view the current CHI Clinical Laboratory Compliance Addendum:

Laboratory Compliance Addendum