Checklist for Observation of Biospecimen Collection and Processing

Instructions: This checklist documents observation of technicians responsible for biospecimen collection processing and shipping by supervisors. Quarterly checklists and logs are summarized onto the **Summary of Observation and Equipment Checklists** (Appendix 1). Copies of this log may be requested by the CC.

TECH ID NUMBER: ☐☐☐ SUPERVISOR ID NUMBER: ☐☐☐ DATE: ☐☐/☐☐/☐☐☐☐
Month Day Year

Biospecimen Collection	**Satisfactory/ Unsatisfactory**	**Comments**
1. Labels checked	___	_____
2. Participant prepared and procedure explained	___	_____
3. Tourniquet application and release	___	_____
4. Venipuncture technique	___	_____
5. Tube collection sequence	___	_____
6. Inversion technique	___	_____
7. Tube incubation location	___	_____
8. Stasis obtained	___	_____
9. Needle disposal	___	_____
10. Biospecimen Collection form completion	___	_____

Biospecimen Processing		
1. Knowledge of centrifuge operation	___	_____
2. Aliquoting supply set-up	___	_____
3. Stage 1 tube spin	___	_____
4. Stage 2 aliquoting	___	_____
5. Stage 3 tube spin and processing	___	_____
6. Stage 4 urine and processing	___	_____
7. Volume correct for each aliquot	___	_____
8. Vials sealed	___	_____
9. Biospecimen Form completed	___	_____
10. Freezer organization	___	_____
11. Time constraints	___	_____
12. Disposal of contaminated supplies	___	_____

Biospecimen packing and shipping		
1. Specimens bagged	___	_____
2. Adequate dry ice used in shipping	___	_____
3. Shipping paperwork	___	_____

Miscellaneous

1. Incident(s) documented on Biospecimen (BIO) Form ___ _____
2. QC Procedure ___ _____
3. Containers correctly labeled for shipping ___ _____

Comments:

_____
_____
_____
_____
_____
_____

ARIC

Daily Centrifuge, Freezer, Refrigerator and Room Temperature Log

Tech ID	Date	Centrifuge	Freezer	Refrigerator	Room
______	___/___/___				
______	___/___/___				
______	___/___/___				
______	___/___/___				
______	___/___/___				
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______	___/___/___				

QC Reference Ranges:
Centrifuge: 4°C ± 2°C
Freezer: -80°C ± 5°C
Refrigerator: 4°C ± 2°C
Room temperature: 20°C ± 5°C

Monthly Equipment Quality Control Checklist

CENTER: _____
DATE: _____
CERTIFIER: _____
ID NUMBER: _____
TECHNICIAN: _____
ID NUMBER: _____

SET UP:	(S)atisfactory/(U)nsatisfactory	Comments
1. Daily QC records		
refrigerator temperature	___	_____
centrifuge temperature	___	_____
freezer temperature	___	_____
room temperature	___	_____
2. Annual QC records		
centrifuge tachometer check	___	_____
3. Equipment and Supplies		
refrigerated centrifuge	___	_____
non-refrigerated centrifuge	___	_____
refrigerator	___	_____
-80 C freezer	___	_____