College of American Pathologists

Laboratory Accreditation Program Deficiency Response Form Instructions

Thank you for participation in the Laboratory Accreditation Program. The inspector will leave a copy of part B of the Summation Report with the laboratory director at the conclusion of the inspection. This report is the official listing of the deficiencies cited at the inspection. If deficiencies are noted, please use the enclosed Deficiency Response Form to record your responses. The laboratory director must sign the first page of the response forms. Duplicate the response sheets provided as needed. Please do not address deficiencies from more than one section unit on a page. Refer to the checklist and commentary listed on the College of American Pathologists (CAP) Web site at www.cap.org (checklist download under Laboratory Accreditation) for additional information regarding specific deficiencies.

All Phase I and II deficiencies must be addressed. For Phase I deficiencies, a statement as to the corrective action being taken is sufficient. Recurring Phase I deficiencies will be reviewed critically as to the effectiveness of proposed actions.

For Phase II deficiencies, corrective actions must be accompanied by appropriate documentation, such as policies or procedures, plus supporting records, such as patient reports, log sheets, purchase orders, photographs, memos or minutes from meetings. These records must demonstrate compliance with the policy or procedure. Failure to provide this documentation will delay your accreditation.

Examples of deficiencies and suggestions for appropriate documentation are as follows:

1. Deficiency: Laboratory did not conduct periodic fire drills.
   Documentation: A policy describing the nature and frequency of fire drills. Log sheet or roster, documenting individual participation as evidence that all personnel on all shifts participate at least once annually.

2. Deficiency: Reagents were not labeled and dated.
   Documentation: A copy of the reagent labeling policy specifying all required elements. Staff meeting minutes with attendance documented or signed memo as evidence that policy was communicated to all personnel. Audit list or inventory checklist noting any unlabeled reagents. Instances are brought to the attention of appropriate personnel and documented.
Please respond to each item separately. All supporting documentation must be labeled with the number of the corresponding deficiency. If you believe a deficiency was cited in error, please indicate this in your reply and enclose documentation that supports your claim.

Please return your letter of reply, response forms, and documentation within 30 days of your inspection to:

Technical Specialist
Laboratory Accreditation Program
College of American Pathologists
325 Waukegan Road
Northfield, Illinois 60093-2750
847-832-7000 or 800-323-4040, extension 6065

The CAP’s Laboratory Accreditation Program must adhere to strict timelines in order to maintain its relationships with other accrediting and oversight agencies. Failure to submit deficiency responses, accompanied by appropriate documentation, to the CAP office within 30 days from the date of inspection, will cause a lapse in the laboratory’s accreditation. Appropriate government agencies will be notified that the laboratory’s CAP accreditation has lapsed.

**Your participation in this important CAP program is appreciated. If you have any questions, please contact a technical specialist at 847-832-7000 or 800-323-4040, extension 6065.**