

NIAID/DAIDS CRSS Team

PPD

NIAID HIV and Other Infectious Diseases Clinical Research Support Services (CRSS)

Contract No. 75N93021D00035

Task Order No.75N93024F00002

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NIAID/DAIDS CRSS Team

PPD

Specimen Repository Audit of

Harmonized ID (HID)	Repository Facility Name - Address

Conducted by PPD

Audit Type: Specimen Repository

Audit Date(s):

Final Report Issued:

NIAID HIV and Other Infectious Diseases Clinical Research Support Services (CRSS) contract team

Table of Contents

Report Summary 3

I. Organization and Personnel..... 3

II. Policies and Procedures..... 5

III. Quality Management 7

IV.Physical Facilities 8

V. Equipment..... 9

VI. Records and Reports 13

VII.Specimen Transport and Management..... 14

VIII.Personnel Safety 16

IX. Laboratory Data Management System (LDMS)..... 19

Specimen Repository Report

Report Summary

Repository Facility Name/Location	
Visit Date(s)	
Audit Requestor	
Laboratory Auditor	
Repository Management	
Quality Assurance Unit Manager	
Safety Officer	
Date(s) Last Audited	

Comments:

I. Organization and Personnel

A. Is an organizational chart inclusive of all repository personnel present?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

B. Is there a policy or process for determining authorized designees? (If "Yes," please describe.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

C. Personnel Records

1. Are personnel records kept? (If "Yes," describe how these records are organized and securely stored.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Is a job description/delegation of duties documentation present for all repository personnel involved with protocol-related activities?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3. For each repository position, is there a documented profile that lists requirements such as education, experience, and certification/license requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4. Are education records maintained for all repository personnel involved with protocol-related activities?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

5.	Are training records for repository personnel kept on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6.	Have all personnel involved in processing and/or testing of DAIDS-supported protocol specimens completed DAIDS Good Clinical Laboratory Practice training? (If "No," indicate the total number of trained versus untrained personnel.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7.	Is documentation maintained, indicating the repository has assessed the competency of each employee to perform his/her assigned duties in accordance to the requirements for waived and non-waived testing? (If "Yes," report the methods utilized to assess competency and the frequency of evaluation.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
8.	Are personnel identification lists (signature/initial/code) present to verify responsible personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
9.	Has the repository defined and established a process for auditing personnel records?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

D.	Does the repository have a policy that prohibits retaliation against personnel who communicate study integrity, quality, and/or safety concerns to repository management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

E. Communication with External Users		
1.	Does the repository provide training and/or instruction, and oversight for all aspects of interactions among external users (i.e. sites)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Is there a mechanism for the leadership of the repository and the external users to discuss performance issues?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

F.	Did the repository change location since the last audit visit?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

G.	Have any new repository employees been hired since the last audit? (If "Yes," document the changes in personnel and management positions.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

II. Policies and Procedures

A. Is a master list of currently used SOPs maintained by the laboratory?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

B. Standard Operating Procedures

Written Procedure Name	Review completed by repository management within two-year interval?	Repository management signature present?
1.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
8.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
9.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
10.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

C. Is there a written document control plan that addresses topics such as procedural relevance, authorization process, reviews, revisions and discontinuation of procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

D. Are all repository SOPs reviewed for accuracy and relevance within two-year intervals?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

E. Does the repository have a system of documenting that all personnel are knowledgeable of the contents of the SOPs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

F. Are the repository SOPs available in the work areas?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

G. Are superseded or retired versions of SOPs identified and archived in the repository? (If "Yes," explain the archiving process and provide the retention time.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

H. Was the auditor able to verify the repository personnel was adhering to the SOPs? (List the SOPs for which a vertical audit was performed.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

III. Quality Management

1. Does the repository have a Quality Assurance/Quality Management program? (If "No," skip to Question 3.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Does the program include a documented operational plan, to promptly record and investigate, correct (as appropriate), and trend nonconformities or other problems identified in the entire specimen management process?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3. Are key indicators of quality monitored and evaluated to detect problems and opportunities for improvement? (If "Yes," list the indicators.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4. Are appropriate corrective action and/or preventive actions taken when opportunities for improvement are identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5. Is there evidence that CAPAs are monitored through resolution?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6. Is quality management documentation surrounding key indicators of quality and CAPAs reviewed by the repository management? (If "Yes," indicate the frequency.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7. Does the repository have an internal auditing program?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

IV. Physical Facilities

1. Is there a documented policy/procedure in place for access control into the repository?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Is the ventilation, temperature (and humidity, where applicable) adequately controlled in all areas?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3. Are security measures in place to ensure the facility and equipment are protected against fire, other environmental hazards and personal intrusion?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4. Are ambient room temperature readings (and humidity, where applicable) taken/documented? (If "Yes," report the frequency)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5. Have tolerance limits been established/documented for ambient room temperature (and humidity, where applicable)? (If "Yes," list the limits)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6. Is there documentation of corrective actions taken in response to out-of-range values?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7. Is there adequate, conveniently located space, so the quality of work and safety of personnel are not compromised?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
8. Is there an established, documented inventory control system in operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

V. Equipment

A. Is all repository equipment used for DAIDS protocol-related activities listed on an inventory document?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

B. Is all out-of-service/not-in-use equipment clearly identified as such?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

C. Are there documented PM and calibration plans for repository equipment indicated?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

D. Has any DAIDS-related repository equipment been replaced, added, or removed since the last audit? (If "Yes," list the equipment.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

E. Repository Equipment
Verify the following as it applies to equipment used for study-specific repository activities: (List the manufacturer and model of the equipment, where applicable.)

1. Are freezers present? (If "No," skip to Question 2.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
a. Are PM activities performed/documented by repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
b. Are PM activities/services performed and documented by outside vendors and/or company technical representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
c. Are temperature readings taken/documented? (If "Yes," report the frequency.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
d. Have tolerance limits been established/documented for temperature readings? (If "Yes," list the limits.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
e. Is there documentation of corrective actions taken, in response to out-of-range values?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
f. Is there sufficient freezer storage space? (If "Yes," note the specimen storage capacity of the facility.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

2. Are liquid nitrogen freezers present? (If "Yes," describe the capacity available. If "No," skip to Question 3.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
a. Are PM activities/services performed and documented by repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
b. Are PM activities/services performed and documented by outside vendors and/or company technical representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
c. Are liquid nitrogen levels taken and documented? (If "Yes," report the frequency.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
d. Have tolerance limits been established and documented for liquid nitrogen levels? (If "Yes," list the limits.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
e. Is there documentation of corrective actions taken in response to out-of-range values?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

3.	Is oxygen monitoring equipment present in areas where liquid nitrogen is used? (If "No," skip to Question 4.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
a.	Are PM activities/services performed and documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
b.	Are calibration procedures performed as described by the manufacturer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
c.	Are oxygen levels taken and documented? (If "Yes," report the frequency.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
d.	Have tolerance limits been established and documented for oxygen levels? (If "Yes," list the limits.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
e.	Is an alarm system with oxygen setpoints available? (If "Yes," report the frequency of alarm testing.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
f.	Is there documentation of corrective actions taken in response to out-of-range values?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>

Comments:

4.	Are thermometers present? (If "No," skip to Question 5.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
a.	Is a known standard thermometric device available (NIST certified)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
b.	Have all non-certified thermometers been tested against a standard device? (If "No," to 5.a. and "Yes" to 5.b., describe the procedure performed.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>

Comments:

5.	Are timers present? (If "No," skip to Question 6.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
a.	Are calibration procedures performed and documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>

Comments:

6.	Are weighing scales present? (If "No," skip to Question 7.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
a.	Are calibration procedures performed, as described by the manufacturer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>

Comments:

7.	Are additional equipment used for protocol-related assays present? (If "Yes," describe in the "Comments" section.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments <input type="checkbox"/>
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Comments:

F. Temperature Monitoring	
1. Is there a written policy/procedure in place, explaining how temperatures are monitored during the absence of repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Is a computerized alarm system with setpoint temperature ranges utilized for continuous monitoring of freezer and ambient room temperature? (If "Yes," report the frequency of alarm testing; if "No," specify the system used for continuous temperature monitoring.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

G. Is there an SOP in place that describes backup power resources? (If yes, specify how backup power equipment is maintained e.g., logs or SOPs that detail the frequency of maintenance).	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

H. Are maintenance, repair, and calibration records reviewed and signed monthly by repository management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

VI. Records and Reports

A. Are copies of network lab-specific manuals, protocols and appendices available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

B. Specimen Tracking Forms	
1. Are forms readily available and retrievable within 24 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Are the forms retrievable for the entire protocol? (If "Yes," explain how archiving is accomplished and provide the retention time[s].)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

C. Specimen Chain of Custody	
1. Is specimen chain of custody/audit trail adequately documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2. Does documentation reflect that specimens are received within the acceptable amount of time from shipping?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

3.	Are samples checked against the shipping manifest upon receipt of incoming shipments in the repository?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Are specimens received (without discrepancies) inventoried and committed within an acceptable timeframe? (Indicate the time to commitment.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5.	Are discrepancies with each shipment documented, tracked and recorded in a standardized format, and communicated with the site within an acceptable amount of time from shipment receipt? (If "Yes," describe the report and timeframe.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6.	Are corrective actions taken and documented for discrepancies within an acceptable timeframe, with the assistance of the appropriate site? (Indicate the time to resolution.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7.	Does the tracking system provide secure transport of specimens, and ensure that specimens are delivered to the intended recipient?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

D.	Does the repository archive records (e.g. shipping, CAPAs, PM and calibration etc.)? (If "Yes," explain how archiving is accomplished, and how long records are archived. If "No," skip to Section VII.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

E.	Are the archived records accessible to only authorized personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

F.	Are records protected from flood and fire?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

VII. Specimen Transport and Management

A.	Is there a documented policy/procedure to identify and assess the quality of specimens received in the repository?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

B. Specimen Transport		
1.	Are systems in place to differentiate specimens that have similar identification information (e.g., serum and plasma on same PID)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

2.	Are systems in place to recognize and handle specimens drawn at different visits (e.g., if specimens from more than one visit are included in the same batch)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	For specimens submitted to the repository from remote sites, is there a documented tracking system to ensure all specimens are actually received?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Are documented procedures available for checking the condition of the shipment upon receipt? (If 'No', skip to question 5)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
a.	Is there an adequate process for documenting and communicating problems identified during shipment receipt?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5.	Is there a policy/procedure in place for transporting samples (transported in a sturdy, non-breakable, closable container labeled "biohazard")? (If "No," skip to Question 6.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
a.	Does the document address transport within the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
b.	Does the document address transportation between clinics/laboratories and the repository?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6.	Are appropriate shipping containers utilized to ensure required temperatures are maintained during transit?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7.	Do the shipping containers comply with current domestic and international transportation regulations and International Air Transportation Associations (IATA) guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
8.	Are required shipping licenses and permits on file for specimen import, storage, and distribution?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
9.	Does the repository monitor the time required to disburse specimens to domestic and international sites from the point of requisition? (If "Yes," describe the time to disbursement achieved by the repository.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

C. Shipping Certification/Training		
1.	Is there a training plan in place for shipping certification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Is there documentation of persons trained for shipping?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Are shipping certifications renewed every 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Is there a policy in place for shipping samples internationally?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

VIII. Personnel Safety

A. Safety-Related Incidents

1.	Is there a safety manual/program in place to document safety-related incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Is there documentation of all safety-related incidents? (If "No," skip to Question 4.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Is the documentation reviewed and signed monthly by the repository management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Is there a mechanism to evaluate safety incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5.	Is prophylaxis treatment available (e.g., hepatitis B vaccinations and post-pathogen exposure options)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
6.	Does a physician provide a documented review of all exposure events?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

B. Safety Data Sheets (SDS) or Material Safety Data Sheets (MSDS)

1.	Are SDS or MSDS on file or available online? (If "No," skip to Section C.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Are SDS or MSDS readily available to all repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

C. Is there an initial and ongoing safety training program with documented participation of all repository personnel? (If "Yes," briefly describe the training and list the provider as well as the frequency of training.)

Yes ☐ No ☐ Comments ☐

Comments:

D. Safety Policies

1.	Is a written Standard Precautions Policy available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Is a written Chemical Hygiene/Hazardous Materials Plan available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Is there a written policy for the handling and disposal of biohazardous materials and regulated medical waste? (If "Yes," list what mechanism is used for disposing biohazardous waste.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
4.	Are policies, procedures and practices in place for use of liquid nitrogen?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
5.	Are policies, procedures and practices in place for use of dry ice (solid carbon dioxide)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

6.	Is an emergency preparedness policy available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
7.	Are safety policies and procedures readily available to all personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
8.	Is there evidence of review within a two-year interval of all safety policies and procedures by the repository management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

E.	Is safety equipment such as eyewashes, safety showers, fire extinguishers, and sharps containers, spill kits, smoke detectors/fire alarms, hand washing sinks, and basic first aid kits present in the repository? (If "Yes," provide frequency of documented functional checks for the equipment.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

F. Personal Protective Equipment (PPE)		
1.	Is PPE (gloves, gowns, masks/respirators, eye protectors, etc.) available to repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Is PPE correctly worn and utilized by repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Is PPE maintained in a sanitary and reliable condition in all technical work areas in which blood and body substances are handled and in circumstances during which exposure is likely to occur?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

G. Emergency Evacuation		
1.	Does the repository have a documented and workable evacuation plan that is available to all repository employees and visitors?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
2.	Have all repository employees (and visitors, if appropriate) been properly trained in the evacuation plan/policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
3.	Are annual fire drills conducted with documented participation by repository personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>

Comments:

H.	Are reviews of safe work practices performed and documented at least annually?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

IX. Laboratory Data Management System (LDMS)

A. Does this laboratory facility contain an LDMS? (If "Yes," provide the LDMS ID in the comments section; If "No," disregard the rest of Section IX and explain how specimen storage/shipping data are maintained.)

Yes ☐ No ☐ Comments ☐

Comments:

B. LDMS Reports Verified by the Auditor

1. Detailed Imported Specimen Report

Yes ☐ No ☐ Comments ☐

2. Storage Detail Report

Yes ☐ No ☐ Comments ☐

3. Shipped Specimen Report–Detail

Yes ☐ No ☐ Comments ☐

Comments:

C. Specimen Verification

1. Can the PID, date, protocol, derivative, and additive for specimens be verified with the LDMS?

Yes ☐ No ☐ Comments ☐

2. Does the LDMS accurately reflect the number, type, and volume of all specimen aliquots as well as their storage location and shipping record?

Yes ☐ No ☐ Comments ☐

3. Is a unique identifier utilized for samples received by the repository? (If "Yes," describe the system of identification.)

Yes ☐ No ☐ Comments ☐

4. Can the physical presence of specimens be verified with the LDMS Storage Detail Report?

Yes ☐ No ☐ Comments ☐

Comments:

D. Is the current LDMS manual available in the repository?

Yes ☐ No ☐ Comments ☐

Comments:

E. LDMS Backup

1. Is the LDMS backed up daily?

Yes ☐ No ☐ Comments ☐

2. Is the LDMS backup device stored in a different location than the LDMS computer?

Yes ☐ No ☐ Comments ☐

Comments:

F. Is the LDMS connected to a backup power source?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:

G. Do the repository SOPs include implementation and compliance with DAIDS-network mandates regarding LDMS usage?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments <input type="checkbox"/>
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Comments:
